

Healthcare Comparison Charts

United Healthcare

Benefits At A Glance

HMO Choice 39

Choice plan gives you the freedom to see any Physician or other health care professional from our National Network, including specialists, without a referral. In addition, you do not have to worry about any claim forms or bills.

Member Payments	In-Network Only
In-Patient Hospital Co-Insurance	10% of eligible expenses
Annual Out-of-Pocket Maximum	\$3,000 for Individual, \$6,000 for Family
Lifetime Maximum	None
Annual Medical Expense Deductible	None
Co-Insurance Rate	10% of eligible expenses
Primary Care Physician Check United's provider directory before making your decision regarding your health care provider	Choose any Physician from the United Open Access directory. You may access any participating specialist without a referral.
Physician Office Visit (Primary Care)	\$25 Co-payment***
Specialist Office Visit Allergy Shots in Physician's Office	\$35 Co-payment No referral needed
Gynecological Services Office visit and pap test Routine Mammogram (subject to the specified age groups)	\$35 Co-payment*** No charge
Outpatient Hospital and Surgical Services X-Ray Other Diagnostic Services (MRI, CT scan, Etc.) Laboratory	10% of eligible expenses for surgery, therapeutic and major diagnostics No charge for X-rays and laboratory
Out-Patient Rehabilitation Therapy	\$35 Co-payment per visit*** ¹
Approved Durable Medical Equipment	10% of eligible expenses, \$10,000 maximum/calendar year
Emergency Ambulance Trip	10% of eligible expenses
Hospital Pre-Admission Requirement	Your Physician will take care of all pre-notification requirements
Emergency Room Care	\$150 Co-pay (waived if admitted)***
Urgent Care Co-pay	\$50 Co-payment***
Convenience Care Clinic	\$25 Co-payment
Outpatient Mental Health & Substance Abuse Services	\$20 individual, \$15 group
Prescription Drugs <ul style="list-style-type: none"> 30-day supply per prescription at participating pharmacists Mail order for a 90-day supply of formulary maintenance medication per prescription 	Annual deductible \$100 individual (retail) / \$200 family (retail) \$10 Tier 1, \$30 Tier 2, \$60 Tier 3, \$100 Tier 4 No deductible for Mail Order – \$20 Tier 1, \$60 Tier 2, \$120 Tier 3, \$200 Tier 4

***Does not apply to Out-of-Pocket maximum. ¹ 20 visits of physical, occupational, pulmonary and speech therapy per calendar year, per therapeutic type. 36 visits per year for Cardiac therapy.