

# Healthcare Comparison Charts

## United Healthcare

Benefits At A Glance

### POS Choice Plus

Choice Plus plan gives you the freedom to see any Physician or other health care professional from our National Network, including specialists, without a referral. With this plan, you will receive the highest level of benefits when you seek care from a network physician, facility or other health care professional. You also may choose to seek care outside the Network, without a referral. However, you should know that care received from a nonnetwork physician, facility or other health care professional means a higher deductible and Co-payment.

Member Payments	In-Network	Out-of-Network
<b>In-Patient Hospital Co-Insurance</b>	10% of eligible expenses	30% of eligible expenses after deductible
<b>Annual Out-of-Pocket Maximum Lifetime Maximum</b>	\$4,000 for Individual, \$8,000 for Family None	\$8,000 for Individual, \$16,000 for Family \$1 million per covered member
<b>Annual Medical Expense Deductible</b>	None	\$1,000 for Individual, \$2,000 for Family
<b>Co-Insurance Rate</b>	10% of eligible expenses	30% of eligible expenses after deductible
<b>Primary Care Physician</b> 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.	Choose any licensed Physician
<b>Physician Office Visit (Primary Care)</b>	\$25 Co-payment***	No preventive/routine coverage 30% of eligible expenses after Deductible
<b>Specialist Office Visit</b> Allergy Shots in Physician's Office	\$40 Co-payment*** No referrals needed	30% of eligible expenses after Deductible
<b>Gynecological Services</b> Office visit and pap test Routine Mammogram (subject to the specified age groups)	\$40 Co-payment*** No charge	No preventive/routine coverage 30% after Deductible No charge
<b>Outpatient Hospital and Surgical Services</b> 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	30% of eligible expenses after deductible 30% of eligible expenses after deductible 30% of eligible expenses after deductible 30% of eligible expenses after deductible
<b>Out-Patient Rehabilitation Therapy</b>	\$40 Co-payment per visit*** <sup>1</sup>	30% of eligible expenses after deductible
<b>Approved Durable Medical Equipment</b>	10% of eligible expenses, \$10,000 combined maximum/calendar year	30% after deductible, \$10,000 combined maximum/calendar year
<b>Emergency Ambulance Trip</b>	10% of eligible expenses	10% (no deductible)
<b>Hospital Pre-Admission Requirement</b>	Your Physician will take care of all pre-notification requirements.	It is your responsibility to ensure that your Physician takes care of all pre-notification requirements
<b>Emergency Room Care</b>	\$150 Co-pay (waived if admitted)***	\$150 Co-payment (waived if admitted)
<b>Urgent Care Co-pay</b>	\$50 Co-payment***	30% of eligible expenses after deductible
<b>Convenience Care Clinic</b>	\$25 Co-payment	Indemnity level of benefits when you access a licensed provider not contracted with UnitedHealthcare
<b>Outpatient Mental Health &amp; Substance Abuse Services</b>	\$20 individual/\$15 group	30% of eligible expenses after deductible
<b>Prescription Drugs</b> <ul style="list-style-type: none"> <li>30-day supply per prescription at participating pharmacists</li> <li>Mail order for a 90-day supply of formulary maintenance medication per prescription</li> </ul>	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	30% of eligible expenses after deductible  No coverage

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