

# Medical Plan Comparison Charts

## United Healthcare

Benefits At A Glance

### EPO Choice

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. The premiums are less than the HMO 39 plan however, the out of pocket expenses are slightly higher than the HMO 39 plan.

| Member Payments   | In-Network Only   |
|---|---|
| <b>In-Patient Hospital Co-Insurance</b>   | 20% of eligible expenses after deductible   |
| <b>Annual Out-of-Pocket Maximum</b>   | \$6,000 for Individual, \$12,000 for Family   |
| <b>Annual Medical Expense Deductible</b>  | \$500 for Individual, \$1,000 for Family  |
| <b>Co-Insurance Rate</b>  | 20% of eligible expenses after deductible   |
| <b>Primary Care Physician</b><br>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.   |
| <b>Physician Office Visit (Primary Care)</b>  | \$40 Co-payment***  |
| <b>Specialist Office Visit</b><br>Allergy Shots in Physician's Office   | \$60 Co-payment***<br>No referral needed  |
| <b>Preventive Care</b>  | No charge   |
| <b>Outpatient Hospital and Surgical Services</b><br>X-Ray<br>Other Diagnostic Services (MRI, CT scan, Etc.)<br>Laboratory   | 20% of eligible expenses after deductible   |
| <b>Out-Patient Rehabilitation Therapy</b>   | \$35 Co-payment per visit*** <sup>1</sup>   |
| <b>Approved Durable Medical Equipment</b>   | 20% of eligible expenses after deductible,<br>\$10,000 maximum/calendar year  |
| <b>Emergency Ambulance Trip</b>   | \$150 Co-payment per trip***  |
| <b>Hospital Pre-Admission Requirement</b>   | Your Physician will take care of all pre-notification requirements.   |
| <b>Emergency Room Care</b>  | \$250 Co-pay (waived if admitted)***  |
| <b>Urgent Care Co-pay</b>   | \$75 Co-payment***  |
| <b>Convenience Care Clinic</b>  | \$40 Co-payment***  |
| <b>Outpatient Mental Health &amp; Substance Abuse Services</b>  | \$35 individual, \$25 group***  |
| <b>Prescription Drugs</b><br>• 30-day supply per prescription at participating pharmacists<br><br>• Mail order for a 90-day supply of formulary maintenance medication per prescription | Annual deductible \$100 individual (retail) / \$200 family (retail)<br>\$10 Tier 1, \$30 Tier 2,<br>\$60 Tier 3, \$100 Tier 4<br><br>No deductible for Mail Order –<br>\$20 Tier 1, \$60 Tier 2, \$120 Tier 3, \$200 Tier 4 |

\*\*\*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.  
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