

# Medical Plan 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
<b>In-Patient Hospital Co-Insurance</b>	10% of eligible expenses
<b>Annual Out-of-Pocket Maximum</b>	\$3,000 for Individual, \$6,000 for Family
<b>Annual Medical Expense Deductible</b>	None
<b>Co-Insurance Rate</b>	10% of eligible expenses
<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.
<b>Physician Office Visit (Primary Care)</b>	\$25 Co-payment***
<b>Specialist Office Visit</b> Allergy Shots in Physician's Office	\$35 Co-payment*** No referral needed
<b>Preventive Care</b>	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
<b>Out-Patient Rehabilitation Therapy</b>	\$20 Co-payment per visit*** <sup>1</sup>
<b>Approved Durable Medical Equipment</b>	10% of eligible expenses, \$10,000 maximum/calendar year
<b>Emergency Ambulance Trip</b>	10% of eligible expenses
<b>Hospital Pre-Admission Requirement</b>	Your Physician will take care of all pre-notification requirements
<b>Emergency Room Care</b>	\$150 Co-pay (waived if admitted)***
<b>Urgent Care Co-pay</b>	\$50 Co-payment***
<b>Convenience Care Clinic</b>	\$25 Co-payment***
<b>Outpatient Mental Health &amp; Substance Abuse Services</b>	\$20 individual, \$15 group***
<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

\*\*\*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.