

Medical Plan Comparison Charts

United Healthcare

Benefits At A Glance

PPO

Options PPO 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
In-Patient Hospital Co-Insurance	20% of contracted fee after deductible	40% of eligible expenses after deductible
Annual Out-of-Pocket Maximum Lifetime Maximum	\$5,000 for Individual and \$10,000 for Family \$1,000,000 per covered person	\$10,000 for Individual and \$20,000 for Family \$1,000,000 per covered person
Annual Medical Expense Deductible	\$500 for Individual and \$1,000 for Family	\$1,000 for Individual and \$2,000 for Family
Co-Insurance Rate	20% of contracted fee	40% of eligible expenses after deductible
Primary Care Physician Check United's provider directory before making your decision regarding your health care provider	Choose any Physician from the UHC Options PPO directory	Choose any licensed Physician
Physician Office Visit (Primary Care)	\$25 Co-payment***	40% of eligible expenses after deductible
Specialist Office Visit Allergy Shots in Physician's Office	\$40 Co-payment***	40% of eligible expenses after deductible
Preventive Care Office visit Routine Mammogram (subject to the specified age groups)	No charge No charge	40% of eligible expenses after deductible No charge
Outpatient Hospital and Surgical Services X-Ray Other Diagnostic Services (MRI, CT scan, Etc.) Laboratory	20% of contracted fee after deductible 20% of contracted fee after deductible 20% of contracted fee after deductible 20% of contracted fee after deductible	40% of eligible expenses after deductible 40% of eligible expenses after deductible 40% of eligible expenses after deductible 40% of eligible expenses after deductible
Out-Patient Rehabilitation Therapy	\$20 Co-payment per visit*** 1	40% of eligible expenses after deductible
Approved Durable Medical Equipment	20% after deductible, prior authorization required \$10,000 combined maximum/calendar year	40% after deductible, prior authorization required \$10,000 combined maximum/calendar year
Emergency Ambulance Trip	20% after deductible	40% of eligible expenses after deductible
Hospital Pre-Admission Requirement	Your Physician will take care of pre-notification	It is your responsibility to see that your Physician takes care of pre-notification
Emergency Room Care	\$150 Co-payment (waived if admitted)***	\$150 Co-payment (waived if admitted)***
Urgent Care Co-pay	\$50 Co-payment	40% of eligible expenses after deductible
Convenience Care Clinic	\$25 Co-payment	Select any Non-Network Physician, Specialist or Hospital
Outpatient Mental Health & Substance Abuse Services	\$20 individual/\$15 group	40% of eligible expenses after deductible
Prescription Drugs • 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	40% of eligible expenses after deductible Not covered

***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.