

Medical Plan Comparison Charts

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> <h2 style="margin: 0;">United Healthcare</h2> <p style="margin: 0;">Benefits At A Glance</p> </div> <div style="width: 55%; padding-left: 20px;"> <h3 style="margin: 0;">Low Option HMO</h3> <p style="font-size: small; margin: 0;">This 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 High Option HMO plan however, the out-of-pocket expenses are slightly higher than the High Option HMO plan.</p> </div> </div>	
Member Payments	In-Network Only
In-Patient Hospital Co-Insurance	20% of eligible expenses after deductible
Annual Out-of-Pocket Maximum	\$6,000 for Individual, \$12,000 for Family
Annual Medical Expense Deductible	\$500 for Individual, \$1,000 for Family
Co-Insurance Rate	20% 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 United Open Access directory. You may access any participating specialist without a referral.
Physician Office Visit (Primary Care)	\$40 Co-payment*** deductible does not apply
Specialist Office Visit Allergy Shots in Physician's Office	\$60 Co-payment*** deductible does not apply • No referral needed
Preventive Care	No charge
Outpatient Hospital and Surgical Services X-Ray Other Diagnostic Services (MRI, CT scan, Etc.) Laboratory	20% of eligible expenses after deductible
Out-Patient Rehabilitation Therapy	\$35 Co-payment per visit*** ¹ deductible does not apply
Approved Durable Medical Equipment	20% of eligible expenses after deductible, \$10,000 maximum/calendar year
Emergency Ambulance Trip	\$150 Co-payment per trip***
Hospital Pre-Admission Requirement	Your Physician will take care of all pre-notification requirements.
Emergency Room Care	\$250 Co-pay (waived if admitted)***
Urgent Care Co-pay	\$75 Co-payment*** deductible does not apply
Convenience Care Clinic	\$40 Co-payment*** deductible does not apply
Outpatient Mental Health & Substance Abuse Services	\$35 individual, \$25 group*** deductible does not apply
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 Rx deductible \$100 individual (retail) / \$200 family (retail) \$10 Tier 1, \$30 Tier 2, \$60 Tier 3, \$100 Tier 4 No deductible for Mail Order – \$25 Tier 1, \$75 Tier 2, \$150 Tier 3, \$250 Tier 4
Network www.myuhc.com . Network name "UnitedHealthcare Choice. This network is for both the High/Low Option HMO.	

***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.