

UHC Choice Plus

Benefits In and Out of the United Healthcare Network (NO PCP required)

Co-pays

BENEFITS	In Network	Out-of-Network
Deductible	none	\$500 ind./\$1,500 family
Yearly Maximum out-of-pocket	none	\$2,100 individual/ \$6,300 family
Physician visit	\$25	30%
Routine Annual Physicals	\$0 <i>(New in 2010)</i>	30%
Routine GYN Exam	\$25	30%
Mammography	\$25	30%
Specialist visit	\$25	30%
x-rays, lab tests	\$25	30%
Urgent Care Services	\$35	30%
Emergency room	\$50	\$50
Inpatient Admission Deductible	\$100 per day/\$600 max.	30% - Notify Care Coordinator
Outpatient Hospital Services	\$200 per incident	30% - Notify Care Coordinator
CIGNA Behavioral Health:		
Outpatient Mental Health/ Substance Abuse (20 sessions)	\$25	30%
Inpatient Mental Health/ Substance Abuse	\$100 per day/\$600 max.	N/A
Chiropractic Care	\$10	20%
Durable medical equipment	\$0	30%

EyeMed Vision Care Benefits available In and Out of Network
 For plan details visit: www.eyemedvisioncare.com

Prescription Drugs (Medco)	Retail	Mail Order
Annual Deductible	\$50 per person	None
Copays (Generic/formulary/non-formulary)	\$10/\$30/\$50	\$25/\$70/\$120
Use Generic or Pay-the-Difference	YES	YES
Maintenance Medications	3 fills allowed (original script & 2 refills)	Mandatory after 3 rd refill

List of network providers available on the web at: http://unitedhealthcare.com/find_physician
 Customer Service: 800 357-0978