

UNITEDHEALTHCARE CHOICE DEDUCTIBLE HMO PLAN

Effective January 1, 2021 through December 31, 2021

ANNUAL DEDUCTIBLE	
Single	\$1,000
Family	Maximum of \$3,000
ANNUAL OUT OF POCKET MAXIMUM	
Single	\$1,000
Family	Maximum of \$3,000
PHYSICIAN COVERAGE	
Primary Care office visit	100% after \$30 copay
Specialist office visit	100% after \$50 copay
PREVENTIVE CARE COVERAGE	
Well child care at primary care physician	100% after \$30 copay, if applicable
Routine adult annual exam at primary care physician	100% after \$30 copay, if applicable
Preventive Lab and x-ray	100% after office visit copay, if applicable
HOSPITAL SERVICES COVERAGE	
Inpatient facility	100% after deductible is satisfied
Outpatient surgery	100% after deductible is satisfied
Maternity	100% after deductible is satisfied; dependent daughters covered
EMERGENCY ROOM COVERAGE	
Emergency room physician charges, visits for emergency, or accident care	100% after \$225 copay; waived if admitted
OTHER SERVICES COVERAGE	
Chiropractic Visits	100% after \$30 copay
Diagnostic Services (i.e. lab, x-ray, etc.)	100% after deductible is satisfied
Virtual Visits	100%, no copay
Urgent Care	100% after \$50 copay; coverage provided for in-network urgent care centers only
Home Health Care	100% after deductible is satisfied; limited to 60 medically necessary visits per calendar year.
Ambulance	100% after deductible is satisfied when medically necessary
Hospice	100% after deductible is satisfied; inpatient and/or outpatient services, prior auth required
Skilled Nursing	100% after deductible is satisfied; limited to 100 days per inpatient stay
Occupational/Physical Therapy	100% after \$30 copay limited to 60 visits of therapy per calendar year
Infertility Services	Not covered
Vision Exam	One routine exam every two years; 100% after copay, at participating provider only. Hardware not covered.
Podiatry	100% after \$50 copay, routine foot care excluded
Allergy Care	100% after \$50 copay; diagnostic services (i.e. allergy testing, etc.) subject to deductible
Durable Medical Equipment	100% after deductible is satisfied; subject to some limitations

This summary describes the health plan in general terms. **It is not intended to be a complete description of coverage.** All benefits are subject to the terms and conditions of the master contracts. A complete Certificate of Coverage is available at www.myuhc.com.

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Oral Surgery	100% after deductible is satisfied with maximum of \$900 per tooth and limit of \$3,000 per calendar year; services covered when related to an accidental injury
Surgical Treatment of Morbid Obesity	Not Covered
MENTAL HEALTH/ SUBSTANCE ABUSE	100% after \$30 copay for medically necessary mental health/substance abuse outpatient visits; 100% after deductible is satisfied for medically necessary inpatient and transitional treatment services.
PRESCRIPTION DRUG - Retail Copayments 31-day supply	One grace fill for maintenance prescriptions. Retail coverage for non-maintenance medications and members eligible for Medicare only.
Tier 1 (includes generic drugs)	\$10
Tier 2	\$35
Tier 3	\$60
Generic Substitution Policy for Mail order and Retail	If a generic is available and the physician requests brand by indicating "no substitution", the member will pay only the brand name copayment. If a generic is available and the member requests the brand, the member will pay the brand copayment plus the cost difference between the brand and generic drug.
PRESCRIPTION DRUG - Mail Order Copayments for a 90-day supply	Participation in this service is required for all active members and dependents as well as all pre-65 pensioners and dependents prescribed maintenance medications. A ninety (90) day supply of provider approved maintenance drugs on the formulary by mail order for two times the cost of the applicable co-payment. Optional service for non-maintenance medications and members eligible for Medicare.
Tier 1 (includes generic drugs)	\$20
Tier 2	\$70
Tier 3	\$120
MANDATORY MAIL ORDER FOR MAINTENANCE MEDICATIONS	A ninety (90) day supply of provider approved maintenance drugs on the formulary by mail order for two times the cost of the applicable co-payment.
DEPENDENT COVERAGE	
Child Dependents	Based on the Affordable Care Act, coverage for dependent children is through the end of the calendar year in which an adult child turns age 26, without regard to the adult child's school status, marital status or dependent status.

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