

United Healthcare

www.uhc.com or www.mvuhc.com

Group # 165058
1-866-211-4575

	Deductible-based Plan		Point of Service Plan	
	In Network	Out of Network	In Network	Out of Network
General Plan Information:				
Basic Design:	The Deductible-based Plan provides benefit coverage for network doctors/providers, hospitals and pharmacies subject to a deductible and coinsurance. A Primary Care Physician election is not necessary and referrals to specialists are not required.	The Deductible-based Plan also provides benefits for providers who do not participate in the network. Benefits will be subject to a calendar year deductible, coinsurance and reasonable and customary consideration.	The Point of Service Plan provides benefit coverage for network doctors/providers, hospitals and pharmacies subject to a co-pay. A Primary Care Physician election is not necessary and referrals to specialists are not required.	The Point of Service Plan also provides benefits for providers who do not participate in the network. Benefits will be subject to a calendar year deductible, coinsurance and reasonable and customary consideration.
Dependent Eligibility:	Spouse (documentation required); children to age 26 or disabled if medically certified and approved.	Spouse (documentation required); children to age 26 or disabled if medically certified and approved.	Spouse (documentation required); children to age 26 or disabled if medically certified and approved.	Spouse (documentation required); children to age 26 or disabled if medically certified and approved.
Calendar Year Deductible:	\$1,500 individual/\$3,000 family (medical and pharmacy combined).	\$2,500 individual/\$5,000 family (medical and pharmacy combined).	None.	\$1,000 individual/\$3,000 family.
Coinsurance Provision:	After deductible is met, plan pays 90% until maximum calendar year out-of-pocket expense is reached, including deductible.	After deductible is met, plan pays 70% until maximum calendar year out-of-pocket expense is reached, including deductible.	Plan pays 100% except where noted co-pays apply.	After deductible is met, plan pays 70% until maximum calendar year out-of-pocket expense is reached, including deductible.
Maximum Calendar Year Out of Pocket:	\$3,000 individual/\$6,000 family (medical and pharmacy combined). Plan then pays 100% for remainder of the calendar year.	\$5,000 individual/\$10,000 family (medical and pharmacy combined). Plan then pays 100% for remainder of the calendar year.	\$5,000 individual/\$10,000 family (combined with pharmacy). Plan then pays 100% for remainder of the calendar year.	\$5,000 individual/\$10,000 family (combined with pharmacy). Plan then pays 100% for remainder of the calendar year.
Lifetime Maximum:	No maximum.	No maximum.	No maximum.	No maximum.
Physician Services:				
Accidental Dental Care:	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached. Benefits limited to in-network only. Prior authorization required. Cosmetic correction is not covered.	Not covered.	No charge if the result of an accident. Benefits limited to in-network only. Prior authorization required. Cosmetic correction is not covered.	Not covered.
Chiropractic Care:	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached. Up to 30 visits per calendar year. In and out of network visits combined. Pre-authorization for services and treatment plan required; managed by ACN.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached. Up to 30 visits per calendar year. In and out of network visits combined. Pre-authorization for services and treatment plan required; managed by ACN.	\$30 co-pay. Up to 30 visits per calendar year. In and out of network visits combined. Pre-authorization for services and treatment plan required; managed by ACN.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached. Up to 30 visits per calendar year. In and out of network visits combined. Pre-authorization for services and treatment plan required; managed by ACN.
MRI, CAT or Pet scan	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.	\$75 co-pay per image.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.
Neurobiological Disorders - Autism Spectrum Disorder Services	Covered at 90% of contracted rate, after deductible is met per session for Partial Hospitalization /Intensive Outpatient Treatment until maximum out-of-pocket is reached.	Covered at 70% of reasonable and customary, after deductible is met per session for Partial Hospitalization /Intensive Outpatient Treatment until maximum out-of-pocket is reached. Pre-service notification is required for certain services.	Covered at 100% per session for Partial Hospitalization /Intensive Outpatient Treatment. Deductible does not apply.	Covered at 70% of reasonable and customary, after deductible is met per session for Partial Hospitalization /Intensive Outpatient Treatment until maximum out-of-pocket is reached. Pre-service notification is required for certain services.
Occupational Therapy:	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached. Up to 30 visits per calendar year. In and out of network visits combined. Pre-authorization for services and treatment plan required. May be determined by appropriate network.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached. Up to 30 visits per calendar year. In and out of network visits combined. Pre-authorization for services and treatment plan required. May be determined by appropriate network.	\$30 co-pay. Up to 30 visits per calendar year. In and out of network visits combined. Pre-authorization for services and treatment plan required. May be determined by appropriate network.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached. Up to 30 visits per calendar year. In and out of network visits combined. Pre-authorization for services and treatment plan required. May be determined by appropriate network.
Office Visits: (Primary & Specialist)	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.	\$30 co-pay.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.

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Outpatient Surgical Procedure:	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached. Notification may be required based on diagnosis.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached. Notification may be required based on diagnosis.	\$200 co-pay. Notification may be required based on diagnosis.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached. Notification may be required based on diagnosis.
Physical Therapy:	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached. Up to 120 visits per calendar year. In and out of network visits combined. Pre-authorization for services and treatment plan required.	Covered at 70% of reasonable and customary, after deductible is met until maximum out of pocket is reached. Up to 120 visits per calendar year. In and out of network visits combined. Pre-authorization for services and treatment plan required.	\$30 co-pay. Up to 120 visits per calendar year. In and out of network visits combined. Pre-authorization for services and treatment plan required.	Covered at 70% of reasonable and customary, after deductible is met until maximum out of pocket is reached. Up to 120 visits per calendar year. In and out of network visits combined. Pre-authorization for services and treatment plan required.
Prenatal and Postnatal Care	Covered in full for all prenatal care visits. Ultrasounds covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached.	Prenatal care visits and ultrasounds covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.	Covered in full for all prenatal care visits and ultrasounds.	Prenatal care visits and ultrasounds covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.
Preventive Care:	Covered in full (includes well adult, well woman, well child and well baby preventive care).	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.	Covered in full (includes well adult, well woman, well child and well baby preventive care).	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.
Speech Therapy:	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached. Up to 30 visits per calendar year. In and out of network visits combined. Limited to certain conditions. Pre-authorization for services and treatment plan required.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached. Up to 30 visits per calendar year. In and out of network visits combined. Limited to certain conditions. Pre-authorization for services and treatment plan required.	\$30 co-pay. Up to 30 visits per calendar year. In and out of network visits combined. Limited to certain conditions. Pre-authorization for services and treatment plan required.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached. Up to 30 visits per calendar year. In and out of network visits combined. Limited to certain conditions. Pre-authorization for services and treatment plan required.
Urgent Care Center:	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.	\$50 co-pay.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.
Virtual Visits	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached, this internet-based service option allows members to select and interact with a contracted provider without an appointment regarding non-emergency conditions.	None.	\$30 co-pay, this internet-based service option allows members to select and interact with a contracted provider without an appointment regarding non-emergency conditions.	None.
Vision Care:	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached. One routine eye exam every 24 months. Please see Health Allies Discount Program on www.myuhc.com for discounts on glasses and/or contacts.	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached. One routine eye exam every 24 months. Please see Health Allies Discount Program on www.myuhc.com for discounts on glasses and/or contacts.	\$30 co-pay. One routine eye exam every 24 months. Please see Health Allies Discount Program on www.myuhc.com for discounts on glasses and/or contacts.	\$20 co-pay. One routine eye exam every 24 months. Please see Health Allies Discount Program on www.myuhc.com for discounts on glasses and/or contacts.
X-Ray/Laboratory Exams:	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.	Covered in full.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.
Hospital Services:				
Notification	<i>Notification for inpatient and outpatient services/surgical procedures may be required based on diagnosis. Participating providers are responsible for notification. Please consult SPD for further details, call Member services at 1-866-211-4575 or log onto www.myuhc.com.</i>			
Emergency Services:	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached. Medical care and treatment provided after the sudden onset of a medical condition must be severe enough that lack of immediate medical attention could reasonably result in placing the patient's health in serious jeopardy. Non-emergency care provided in the ER is not covered.	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached. Medical care and treatment provided after the sudden onset of a medical condition must be severe enough that lack of immediate medical attention could reasonably result in placing the patient's health in serious jeopardy. Non-emergency care provided in the ER is not covered.	\$100 co-pay. Co-pay waived if admitted to hospital. Medical care and treatment provided after the sudden onset of a medical condition must be severe enough that lack of immediate medical attention could reasonably result in placing the patient's health in serious jeopardy. Non-emergency care provided in the ER is not covered.	\$100 co-pay. Co-pay waived if admitted to hospital. Medical care and treatment provided after the sudden onset of a medical condition must be severe enough that lack of immediate medical attention could reasonably result in placing the patient's health in serious jeopardy. Non-emergency care provided in the ER is not covered.
Inpatient Coverage				
Room and Board	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached. Notification required. \$500 non-notification penalty for out of network services.	\$500 co-pay for each hospitalization, then covered in full.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached. Notification required. \$500 non-notification penalty for out of network services.

This benefit comparison is intended only to highlight the plan design and should not be relied upon to fully determine coverage. If this comparison conflicts in any way with the Summary Plan Description (SPD), the SPD shall prevail.

	Deductible-based Plan		Point of Service Plan	
	In Network	Out of Network	In Network	Out of Network
Surgery	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.	Covered in full.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.
Anesthesia	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.	Covered in full.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.
Prescription Coverage				
Prescription Drugs:	Covered at 90% of the retail network pharmacy's reasonable and customary charge, after deductible is met until maximum out-of-pocket is reached. Up to 30-day supply. Certain specialty medications may require refills through United Healthcare's Specialty Pharmacy. Mail order services available, up to 90-day supply.	Not covered.	\$10 co-pay for generics (if less than \$10, actual cost of prescription), 25% co-insurance (minimum \$25 to maximum \$50) for preferred brand name drugs, 35% co-insurance (minimum \$40 to maximum \$80) for non-preferred brand name drugs. Up to 30-day supply. Certain specialty medications may require refills through United Healthcare's Specialty Pharmacy. Member pays twice the appropriate co-pay for mail order services, up to 90-day supply. Pharmacy co-pay accumulation to a maximum out of pocket of \$5,000 individual / \$10,000 family (combined with medical), then the plan pays 100%.	Not covered.
Mental Health				
<i>Notification</i>	<i>Notification for inpatient and outpatient services/surgical procedures may be required based on diagnosis. Participating providers are responsible for notification. Please consult SPD for further details, call Member services at 1-866-211-4575 or log onto www.myuhc.com.</i>			
Inpatient	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached. Notification required. \$500 non-notification penalty for out of network services.	\$500 co-pay for each hospitalization, then covered in full.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached. Notification required. \$500 non-notification penalty for out of network services.
Partial Hospitalization/Intensive Outpatient Treatment	Covered at 90% of contracted rate, after deductible is met per session for Partial Hospitalization /Intensive Outpatient Treatment until maximum out-of-pocket is reached.	Covered at 70% of reasonable and customary, after deductible is met per session for Partial Hospitalization /Intensive Outpatient Treatment until maximum out-of-pocket is reached. Pre-service notification is required for certain services.	Covered at 100% per session for Partial Hospitalization /Intensive Outpatient Treatment. Deductible does not apply.	Covered at 70% of reasonable and customary, after deductible is met per session for Partial Hospitalization /Intensive Outpatient Treatment until maximum out-of-pocket is reached. Pre-service notification is required for certain services.
Outpatient	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.	\$30 co-pay.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.
Substance Abuse (Alcohol and Drug)				
<i>Notification</i>	<i>Call must be made to medical management within one working day of confinement for approval. Notification may be required based on diagnosis. Please consult SPD for further details, call Member services at 1-866-211-4575 or log onto www.myuhc.com.</i>			
Inpatient	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached. Notification required by calling United Behavioral	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached. Notification required by calling United Behavioral	\$500 co-pay for each hospitalization, then covered in full. Notification required by calling United Behavioral Health (1-866-211-4575).	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached. Notification required by calling United Behavioral Health (1-866-211-4575).
Partial Hospitalization/Intensive Outpatient Treatment	Covered at 90% of contracted rate, after deductible is met per session for Partial Hospitalization /Intensive Outpatient Treatment until maximum out-of-pocket is reached.	Covered at 70% of reasonable and customary, after deductible is met per session for Partial Hospitalization /Intensive Outpatient Treatment until maximum out-of-pocket is reached. Pre-service notification is required for certain services.	Covered at 100% per session for Partial Hospitalization /Intensive Outpatient Treatment. Deductible does not apply.	Covered at 70% of reasonable and customary, after deductible is met per session for Partial Hospitalization /Intensive Outpatient Treatment until maximum out-of-pocket is reached. Pre-service notification is required for certain services.
Outpatient	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.	\$30 co-pay.	Covered at 70% of reasonable and customary, after deductible is met until maximum out-of-pocket is reached.

	Deductible-based Plan		Point of Service Plan	
	In Network	Out of Network	In Network	Out of Network
Out of Country Benefits:				
Emergency	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached. Medical care and treatment provided after the sudden onset of a medical condition must be severe enough that lack of immediate medical attention could reasonably result in placing the patient's health in serious jeopardy. Record the day, time and name of the person that you spoke to at United Healthcare. Pay by credit card. The bill must be translated into English and the amount of the bill should be converted to American dollars. Submit this claim with a claim form when you return to the states. Non-emergency care provided in the ER is not covered.	Covered at 90% of contracted rate, after deductible is met until maximum out-of-pocket is reached. Medical care and treatment provided after the sudden onset of a medical condition must be severe enough that lack of immediate medical attention could reasonably result in placing the patient's health in serious jeopardy. Record the day, time and name of the person that you spoke to at United Healthcare. Pay by credit card. The bill must be translated into English and the amount of the bill should be converted to American dollars. Submit this claim with a claim form when you return to the states. Non-emergency care provided in the ER is not covered.	\$100 co-pay (waived if admitted). Call 1-866-211-4575 as soon as possible to notify United Healthcare of the emergency. Medical care and treatment provided after the sudden onset of a medical condition must be severe enough that lack of immediate medical attention could reasonably result in placing the patient's health in serious jeopardy. Record the day, time and name of the person that you spoke to at United Healthcare. Pay by credit card. The bill must be translated into English and the amount of the bill should be converted to American dollars. Submit this claim with a claim form when you return to the states. Non-emergency care provided in the ER is not covered.	\$100 co-pay (waived if admitted). Call 1-866-211-4575 as soon as possible to notify United Healthcare of the emergency. Medical care and treatment provided after the sudden onset of a medical condition must be severe enough that lack of immediate medical attention could reasonably result in placing the patient's health in serious jeopardy. Record the day, time and name of the person that you spoke to at United Healthcare. Pay by credit card. The bill must be translated into English and the amount of the bill should be converted to American dollars. Submit this claim with a claim form when you return to the states. Non-emergency care provided in the ER is not covered.