

MEDICAL INSURANCE



The medical plan provider is **United Healthcare**. To find individualized information on your benefit coverage, check the status of claims, and search for physicians and hospitals go to www.myuhc.com.

Services	In-Network Benefits	Out-of-Network Benefits
Individual Annual Deductible	\$2,000	\$4,000
Individual Out-of-Pocket Maximum (Copayments, Coinsurance and Deductibles accumulate towards the Out-of-Pocket Maximum)	\$6,000	\$12,000
Family Annual Deductible	\$4,000	\$8,000
Family Out-of-Pocket Maximum (Copayments, Coinsurance and Deductibles accumulate towards the Out-of-Pocket Maximum)	\$12,000	\$24,000
Lifetime Maximum	No Limit	No Limit
Wellness Benefits	100%	No Benefit
Co-Insurance (insurance carrier/employee portion)	80%/20%	60%/40%
Physician Office Visits	Primary Care - \$25 Co-pay Specialist - \$45 Co-Pay	Deductible + 40%
Urgent Care Facility	\$75 Co-pay	Deductible + 40%
Emergency Room	\$350 Co-pay	Deductible + 40%
Outpatient Surgery (incisions, excisions, biopsies, fracture treatments, casts/splints)	Deductible + 20%	Deductible + 40%
Inpatient Services (requires prior authorization)	Deductible + 20%	Deductible + 40%
CAT scans, PET scans, MRI (requires prior authorization)	Deductible + 20%	Deductible + 40%
Therapeutic Services	Deductible + 20%	Deductible + 40%
Prescription Drug Deductible	\$0	No Benefits
Prescription Drugs Co-pay	Category One - \$10 Category Two - \$35 Category Three - \$60	No Benefits

Medical Insurance bi-Monthly Premiums:

Medical Tiers/bi-Monthly Rates	
Employee Only	\$0.00
Employee/Spouse	\$292.18
Employee/Child(ren)	\$156.88
Employee/Family	\$472.73