

	UnitedHealthcare Gold Choice VRW (EPOc) (UCR=N/A)		UnitedHealthcare Silver Choice Plus VRX (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>				
Drug Card	8C(15/35/75/100 ded)		DM(15/35/75 IntDed)	
<b>Cost Share Information</b>				
Individual/Family Deductible	\$850/\$1,700		\$2,000/\$4,000	\$4,000/\$8,000
Individual/Family OOP Limit	\$4,000/\$8,000 (incl ded)		\$5,500/\$11,000 (incl ded)	\$10,000/\$20,000 (incl ded)
Co-Insurance	10%		10%	50%
<b>Office Visits</b>				
Primary Care	\$15 ded waived		\$30 after ded	50% after ded
Specialist	\$25 ded waived		\$60 after ded	50% after ded
Maternity Prenatal/Postnatal Care	\$15 ded waived		\$30 after ded	50% after ded
Chiropractic Care	\$15 ded waived; 20 visits/yr		\$30 after ded; 20 visits/yr	50% after ded; 20 visits/yr
<b>Inpatient Services</b>				
Inpatient Hospital	10% after ded		10% after ded	50% after ded
Mental Health Inpatient	10% after ded		10% after ded	50% after ded
Substance Abuse Inpatient	10% after ded		10% after ded	50% after ded
<b>Outpatient Services</b>				
Outpatient Facility	\$200 ded waived		\$200 after ded	50% after ded
Lab/X-Ray	10% after ded		10% after ded	50% after ded
Advanced Radiology	10% after ded		10% after ded	50% after ded
Mental Health Outpatient	\$15 ded waived		\$30 after ded	50% after ded
Substance Abuse Outpatient	\$15 ded waived		\$30 after ded	50% after ded
<b>Emergency Care</b>				
Emergency Room	\$200 ded waived		10% after ded	Paid as in-network
Ambulance	10% after ded		10% after ded	Paid as in-network
Urgent Care	\$75 ded waived		\$75 after ded	50% after ded
<b>Recovery/Special Needs</b>				
Home Health Care	10% ded waived; 60 visits/yr		10% after ded; 60 visits/yr	25% after ded; 60 visits/yr
Skilled Nursing	10% after ded; 200 days/yr		10% after ded; 200 days/yr	50% after ded; 200 days/yr
Durable Medical Equipment	10% after ded		10% after ded	50% after ded
Single	1 x \$643.78		1 x \$557.12	
EE with Spouse	0 x \$1,287.56		0 x \$1,114.24	
EE with Child(ren)	0 x \$1,094.43		0 x \$947.10	
Family	1 x \$1,834.78		1 x \$1,587.79	
Monthly Cost	2 \$2,478.56		2 \$2,144.91	
Annual Cost	\$29,742.72		\$25,738.92	

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible