

UNITED HEALTHCARE 2019

Schedule of Benefit Summary	EPO Select Choice Plus	POS		HDHP w/ H SA	
		In Network	Out of Network	In Network	Out of Network
Annual Deductible/Family Maximum	None	\$200/\$400	\$500/\$1,000	\$1,350/\$2,700	\$3250/\$6500
Out of Pocket Maximum	\$2,600/\$5,200 no	\$2,600/\$5,200 no	\$3,000/\$6,000 no	aggregate yes	aggregate yes
Physician Office Visit	\$15 per visit	\$15 per visit	DED & 40%	DED & 20%	DED & 40%
Specialist (Non-Premium Designated)	\$30 \$40	\$30 \$40	DED & 40%	DED & 20%	DED & 40%
Preventative Care Services	No Copayment	No Copayment	DED & 40%	No Copayment	DED & 40%
Hospital- Inpatient Stay	\$100/Day \$300/Max	Ded & 20%	Ded & 40%	Ded & 20%	Ded & 40%
Hospital- Out Patient	\$200	Ded & 20%	Ded & 40%	Ded & 20%	Ded & 40%
High End Diagnostic Testing/MRI, CAT Scans, PET Scans, CT Scans	\$100	Ded & 20%	Ded & 40%	Ded & 20%	Ded & 40%
Low End Diagnostic Testing/ X-Rays, Lab work, Mammograms	No Copayment	Ded & 20%	Ded & 40%	Ded & 20%	Ded & 40%
Urgent Care Center Services	\$30 Co-Pay	\$30 Co-Pay	Ded & 40%	Ded & 20%	Ded & 40%
Emergency Room	\$200	\$200	Ded & 40%	100% after Ded	100% after Ded
Prescription Coverage	\$10 Tier I \$30 Tier II \$50 Tier III	\$10 Tier I \$30 Tier II \$50 Tier III	\$10 Tier I \$30 Tier II \$50 Tier III	Ded then \$10 Tier 1 Ded then \$30 Tier II Ded then \$50 Tier III	Ded then \$10 Tier 1 Ded then \$30 Tier II Ded then \$50 Tier III