

# UnitedHealthcare Choice Plus POS Plan **Benefits At-A-Glance**

	UnitedHealthcare Choice Plus POS Plan	
	Network	Non-Network
<b>Annual Deductible</b>	None	\$200 per covered persons per policy year, not to exceed \$400 for all covered persons in a family
<b>Lifetime Maximum</b>	None	
<b>Out-of-Pocket Maximum</b>	None	\$1,250 per covered person per plan year not to exceed \$2,500 for all covered persons in the family
<b>Physician Office Visits</b>		
Primary Care Physician	\$20 copayment per visit	Plan pays 80% of Eligible Expenses after deductible
Specialist Physician	\$30 copayment per visit	Plan pays 80% of Eligible Expenses after deductible
<b>Ambulance Service</b> – Emergency only	Ground or Air covered in full	Same as In-Network benefit
<b>Rehabilitation Services</b> – Outpatient Therapy, Occupational Therapy, Physical Therapy, Speech Therapy, and Spinal Treatment	\$30 copayment per visit	Plan pays 80% of Eligible Expenses after deductible
	Network and Non-Network benefits are limited as follows: 100 combined visits of physical therapy, occupational therapy, speech therapy and spinal treatment per policy year (July 1 - June 30).	
<b>Outpatient Diagnostic</b>		
Laboratory/X-rays	\$20 copayment per visit	Plan pays 80% of Eligible Expenses after deductible
Therapeutic Services – CT Scans, Pet Scans, MRI, Nuclear Medicine	\$20 copayment per visit	Plan pays 80% of Eligible Expenses after deductible
<b>Hospital Care</b>		
Inpatient Facility Services	\$100 copayment per Inpatient stay	Plan pays 80% of Eligible Expenses after deductible
Outpatient Surgery	Covered in full	Plan pays 80% of Eligible Expenses after deductible
<b>Emergency Care</b>		
Life-threatening condition	Covered in full	Same as In-Network benefit
Non-emergencies	\$75 copayment per visit	Plan pays 80% of Eligible Expenses after deductible
Urgent Care Center	Covered in full	Plan pays 100% of Eligible Expenses. No deductible applies.
<b>Mental Health</b>	<b>Must receive prior notification through United Behavioral Health.</b>	
Inpatient and Intermediate Care	100% of Eligible Expenses after \$100 per Inpatient Stay	Plan pays 80% of Eligible Expenses after deductible
Substance Abuse Services – Inpatient and Intermediate	100% of Eligible Expenses after \$100 per Inpatient Stay	Plan pays 80% of Eligible Expenses after deductible
Mental Health – Outpatient	\$20 copayment per visit	Plan pays 80% of Eligible Expenses after deductible
Substance Abuse Services – Outpatient	\$20 copayment per visit	Plan pays 80% of Eligible Expenses after deductible
<b>Maternity Care</b>		
Delivery	\$100 copayment per Inpatient stay	Plan pays 80% of Eligible Expenses after deductible
Prenatal Care	No copayment applies to office visits for prenatal care after first visit.	Plan pays 80% of Eligible Expenses after deductible
<b>Home Health Care</b>	Covered in full	Plan pays 100% of Eligible Expenses. No deductible applies.
	Network and Non-Network benefits are limited to 40 days of unlimited home care visits per policy year.	
<b>Hospice Care</b>	Covered in full	100% of Eligible Expenses. No deductible applies.
	Network and Non-Network benefits are unlimited.	
<b>Prosthetic Devices</b>	Covered in full	80% of Eligible Expenses after deductible
<b>Durable Medical Equipment</b>	Covered in full	100% of Eligible Expenses. No deductible applies.

