

	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 \$720.57		1 x \$623.57	
EE with Spouse	0 x \$1,441.14		0 x \$1,247.14	
EE with Child(ren)	0 x \$1,224.97		0 x \$1,060.07	
Family	1 x \$2,053.63		1 x \$1,777.18	
Monthly Cost	2 \$2,774.20		2 \$2,400.75	
Annual Cost	\$33,290.40		\$28,809.00	