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## United Healthcare Plan Summary

	<b>Standard Plan</b> (Preventive Coverage)		<b>Standard Plus Plan</b> (Catastrophic Coverage)	
Benefits	\$0 deductible Medical benefits up to: \$500,000 lifetime		\$500 deductible Medical benefits up to: \$500,000 lifetime	
Doctor Visits	\$10 co-pay Up to \$450 in office visits per year for In-network physicians		\$20 co-pay Up to \$1000 in office visits per year for In-network physicians	
Preventive Care	No co-pay for preventive services including: one annual adult exam, one annual gynecological, prostate, colorectal, cervical cancer screenings and mammograms.		No co-pay for preventive services including: one annual adult exam, one annual gynecological, prostate, colorectal, cervical cancer screenings and mammograms.	
Hospital Inpatient Services	N/A		10 days of inpatient hospital stays per year. Services up to \$2000 per day (in-network) and \$1000 per day (out-of-network) \$500 deductible	
Hospital Out-patient Services	100% in-network coverage up to \$600 per year in preventive services		100% in-network coverage up to \$600 per year in preventive services and \$400 per year in non preventive services (80% of charges covered in-network)	
Emergency Care	N/A		Hospital ER services up to \$2500 per year; 80% of charges covered for accident, trauma, heart attack and stroke Ambulance services covered up to \$500 per year with \$100 co-pay	
Prescription Drugs	\$10 co-pay for generic RX up to \$500 per year		\$10 co-pay for generic RX up to \$500 per year	
Other Services Included in Plans	<u>Durable Medical Equipment:</u> 80% of in-network charges covered, up to \$500 per year <u>Behavioral Health:</u> \$40 co-pay, 5 office visits/yr <u>Diabetic Supplies:</u> \$25 in-network co-pay, \$100 per year coverage.		<u>Diagnostic Services:</u> 80% of charges covered up to \$500 w/no co-pay for x-ray or other diagnostic services. <u>Durable Medical Equipment:</u> 80% of in-network charges covered, up to \$500 per year <u>Behavioral Health:</u> \$40 co-pay, 5 office visits/yr 5 day inpatient hospital coverage limit <u>Diabetic Supplies:</u> \$25 in-network co-pay, \$100 per year coverage.	
Monthly Rates (by age)	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>
0 – 18	\$83.75	\$83.75	\$218.50	\$218.50
19 – 29	\$126.81	\$77.04	\$330.85	\$200.98
30 – 39	\$133.49 to \$135.71	\$81.09 to \$98.30	\$348.26 to \$354.08	\$211.56 to \$256.47
40 – 49	\$134.31 to \$137.32	\$107.20 to \$120.26	\$350.41 to \$358.27	\$279.67 to \$313.75
50 – 59	\$148.53 to \$181.22	\$141.09 to \$180.48	\$387.52 to \$472.79	\$368.11 to \$470.88
60 – 64	\$181.22	\$180.48	\$472.79	\$470.88
65+	\$181.22	\$180.48	\$472.79	\$470.88
Average Rates	\$133.71		\$343.63	

Disclaimer: This sample benefit and premium information is for comparison purposes only. Consumers should carefully consider the benefits provided by each plan before purchasing. Additional information regarding each plan should be obtained by contacting the carrier directly.