Comparison of UnitedHealthCare Plans for Part-time Faculty

This is intended to provide a general overview of benefits. Please refer to each plan's Summary of Benefits and Coverage (SBC) and Summary Plan Description for additional information.

	Choice Plus 1000		Choice EPO
PLAN FEATURES	In-Network	Out-of-Network	In-Network
Annual Calendar Year Deductible			
Individual	None	\$1,000	None
Family	None	\$2,000	None
Coinsurance*	None	30%	None
Out-of-Pocket Maximum**			
Individual	None	\$4,000	None
Family	None	\$8,000	None
Lifetime Maximum Plan Benefit	Unlimited	Unlimited	Unlimited
Primary Care Physician Selection	Not required	Not applicable	Not required
Specialist Referral Requirement	None	None	None
Precertification Requirements	Not required	Member responsible for hospital admissions and certain other services	Not required
Type of Service			
Physician Services Performed	\$30 copayment - Primary Care Physician Office	30% of UCR after deductible is met	\$25 Copayment - Primary Care Physician Office Visit
in an Office Setting (Includes Mental Health	Visit		\$40 Copayment - Specialist Office Visit
Practitioners)	\$50 copayment - Specialist Office Visit		
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Preventive Care (e.g. annual	Covered 100%	30% of UCR after deductible is met	Covered 100%
adult physical, well child care,			
gynecological exams)***			
Inpatient Hospitalization	Covered at 100% after \$100 copayment****	30% of UCR after deductible is met	Covered 100%
,			
Outpatient Hospitalization	Covered at 100% after \$50 copayment****	30% of UCR after deductible is met	Covered 100%
Maternity	\$30 Copayment for initial office visit, then covered 100%	30% of UCR after deductible is met	\$25 Copayment for initial office visit, then covered 100%
Emergency Room Care	\$100 Copayment waived if admitted		\$100 Copayment waived if admitted
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Retail Pharmacy Benefit (up to a 30-day or	\$15 Copayment Tier 1 medications \$25 Copayment Tier 2 medications	Not applicable	\$15 Copayment Tier 1 medications
one month supply)	\$50 Copayment Tier 3 medications		\$25 Copayment Tier 2 medications \$50 Copayment Tier 3 medications
	\$50 Copayment Tier 3 medications		\$50 Copayment Tier 5 medications
Mail Order Pharmacy Benefit (up to a 90-day	2x Retail Pharmacy Copayment	Not applicable	2x Retail Pharmacy Copayment
or 3 month supply)	Zartotan i namidoy oopayment		ZX Notall Finding Copaymont
o. o monur suppry,			
Routine Vision Exams and Eyewear			
	Coverage provided by UnitedHealthcare. See Vision Benefits Summary for details on coverage and costs.		

^{*} The percentage of the Usual and Customary Rate (UCR). You are also responsible for amounts charged in excess of the UCR. **Includes annual deductible. ***Subject to age and gender guidelines. ****Waived if readmitted in 90 days.