







Side By Side Comparison

AVISPA Technology

Effective March 01, 2016

Zip Code 94070 - San Mateo

	 UnitedHealthcare HMO Focus 30-50/30% Gold	 UnitedHealthcare HMO Advantage 30-50/30% Gold	 UnitedHealthcare HMO Focus 45-65/40%/2000ded Silver	 UnitedHealthcare HMO Advantage 45-65/40%/2000ded Silver	 UnitedHealthcare HMO Focus 55-85/0%/6600ded Bronze	 UnitedHealthcare HMO Advantage 55-85/0%/6600ded Bronze
Deductible In Net	\$0	\$0	\$2,000	\$2,000	\$6,600	\$6,600
Out Net	N/A	N/A	N/A	N/A	N/A	N/A
PC/Specialist In Net	\$30/\$50	\$30/\$50	\$45/\$65 ded waived	\$45/\$65 ded waived	\$55/\$85 ded waived	\$55/\$85 ded waived
Out Net	N/A	N/A	N/A	N/A	N/A	N/A
Co-Insurance In Net	30%	30%	40%	40%	0%	0%
Out Net	N/A	N/A	N/A	N/A	N/A	N/A
OOP Limit In Net	\$5,000	\$5,000	\$6,500 (incl ded)	\$6,500 (incl ded)	\$6,850 (incl ded)	\$6,850 (incl ded)
Out Net	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient Hospital In Net	30%	30%	40% after ded	40% after ded	0% after ded	0% after ded
Out Net	N/A	N/A	N/A	N/A	N/A	N/A
Rx Generic In Net	\$15	\$15	\$20	\$20	\$25 ded waived	\$25 ded waived
Out Net	N/A	N/A	N/A	N/A	N/A	N/A
Rx Preferred In Net	\$35	\$35	\$50	\$50	\$50 after \$250	\$50 after \$250
Out Net	N/A	N/A	N/A	N/A	N/A	N/A
Rx Non-Preferred In Net	\$70	\$70	\$100	\$100	\$125 after \$250	\$125 after \$250
Out Net	N/A	N/A	N/A	N/A	N/A	N/A







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	 UnitedHealthcare PPO Core 40/6600/100% Bronze	 UnitedHealthcare PPO Select Plus 40/6600/100% Bronze	 UnitedHealthcare PPO(HSA) Core HSA 4500/60% Bronze	 UnitedHealthcare PPO(HSA) Select Plus HSA 4500/60% Bronze	 UnitedHealthcare PPO Core 30/1800/70% Silver	 UnitedHealthcare PPO Select Plus 30/1800/70% Silver
Deductible In Net	\$6,600	\$6,600	\$4,500	\$4,500	\$1,800	\$1,800
Out Net	\$13,200	\$13,200	\$9,000	\$9,000	\$3,600	\$3,600
PC/Specialist In Net	\$40/\$60 ded waived 1st 4 visits; 0% after OOP 5+ 50% after ded	\$40/\$60 ded waived 1st 4 visits; 0% after OOP 5+ 50% after ded	40% after ded	40% after ded	\$30/\$60 ded waived	\$30/\$60 ded waived
Out Net			50% after ded	50% after ded	50% after ded	50% after ded
Co-Insurance In Net	0%	0%	40%	40%	30%	30%
Out Net	50%	50%	50%	50%	50%	50%
OOP Limit In Net	\$6,850 (incl ded)	\$6,850 (incl ded)	\$6,500 (incl ded)	\$6,500 (incl ded)	\$6,500 (incl ded)	\$6,500 (incl ded)
Out Net	\$13,700 (incl ded)	\$13,700 (incl ded)	\$13,000 (incl ded)	\$13,000 (incl ded)	\$13,000 (incl ded)	\$13,000 (incl ded)
Inpatient Hospital In Net	0% after OOP	0% after OOP	40% after ded	40% after ded	\$250/admit + 30% after ded	\$250/admit + 30% after ded
Out Net	50% after ded	50% after ded	50% after ded	50% after ded	\$250/admit + 50% after ded	\$250/admit + 50% after ded
Rx Generic In Net	\$20 ded waived	\$20 ded waived	\$20 after ded	\$20 after ded	\$15 ded waived	\$15 ded waived
Out Net	\$20 ded waived	\$20 ded waived	\$20 after ded	\$20 after ded	\$15 ded waived	\$15 ded waived
Rx Preferred In Net	\$50 after \$250	\$50 after \$250	\$50 after ded	\$50 after ded	\$35 after \$200	\$35 after \$200
Out Net	\$50 after \$250	\$50 after \$250	\$50 after ded	\$50 after ded	\$35 after \$200	\$35 after \$200
Rx Non-Preferred In Net	\$100 after \$250	\$100 after \$250	\$100 after ded	\$100 after ded	\$70 after \$200	\$70 after \$200
Out Net	\$100 after \$250	\$100 after \$250	\$100 after ded	\$100 after ded	\$70 after \$200	\$70 after \$200

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 UnitedHealthcare PPO Core 20/1000/80% Gold	 UnitedHealthcare PPO Select Plus 20/1000/80% Gold
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Deductible In Net	\$1,000	\$1,000			
Out Net	\$2,000	\$2,000			
PC/Specialist In Net	\$20/\$40 ded waived	\$20/\$40 ded waived			
Out Net	50% after ded	50% after ded			
Co-Insurance In Net	20%	20%			
Out Net	50%	50%			
OOP Limit In Net	\$5,400 (incl ded)	\$5,400 (incl ded)			
Out Net	\$10,800 (incl ded)	\$10,800 (incl ded)			
Inpatient Hospital In Net	\$250/admit + 20% after ded	\$250/admit + 20% after ded			
Out Net	\$250/admit + 50% after ded	\$250/admit + 50% after ded			
Rx Generic In Net	\$15	\$15			
Out Net	\$15	\$15			
Rx Preferred In Net	\$35	\$35			
Out Net	\$35	\$35			
Rx Non-Preferred In Net	\$60	\$60			
Out Net	\$60	\$60			

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Benefit Listing	UnitedHealthcare Focus 30-50/30% Gold		UnitedHealthcare Advantage 30-50/30% Gold		
	Benefit	In Net	Out Net	In Net	Out Net
Individual Ded	\$0		\$0		
Family Ded	\$0		\$0		
Individual OOP Max	\$5,000		\$5,000		
Family OOP Max	\$10,000		\$10,000		
Co-insurance	30%		30%		
Lifetime Max	Unlimited		Unlimited		
PC/Specialist	\$30/\$50		\$30/\$50		
Adult Preventive Care	No charge		No charge		
Child Preventive Care	No charge		No charge		
Pre/Postnatal Care	No charge		No charge		
Physical Therapy	\$30		\$30		
Chiropractic Care	\$15; 20 visits/cal yr		\$15; 20 visits/cal yr		
Inpatient Hospital	30%		30%		
Inpatient Surgery	No charge		No charge		
Maternity Delivery/IP	30%		30%		
Mental Health IP	30%		30%		
Substance Abuse IP	30%		30%		
Outpatient Facility	30%		30%		
Outpatient Surgery	30%		30%		
Lab/X-Ray	\$25		\$25		
Advanced Radiology	\$200		\$200		
Mental Health OP	\$40		\$40		
Substance Abuse OP	\$40		\$40		
Emergency Room	\$300		\$300		
Ambulance	\$100		\$100		
Urgent Care	\$30/\$75 (in/out of area)		\$30/\$75 (in/out of area)		
Rx Generic	\$15		\$15		
Rx Preferred	\$35		\$35		
Rx Non-Preferred	\$70		\$70		
Rx Specialty	25%; \$300 max/script		25%; \$300 max/script		
Rx Mail Order	2x Rx copay		2x Rx copay		
Home Health Care	\$30; 100 visits/cal yr		\$30; 100 visits/cal yr		
Skilled Nursing	30%; 100 days/yr		30%; 100 days/yr		
Infertility Treatment	Not covered		Not covered		
DME	\$50		\$50		
Hospice Services	30% IP; No charge OP		30% IP; No charge OP		
Pediatric Vision	Covered; See brochure		Covered; See brochure		
Pediatric Dental	Covered; See brochure		Covered; See brochure		

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Benefit Listing

UnitedHealthcare Focus 45-65/40%/2000ded Silver

UnitedHealthcare Advantage 45-65/40%/2000ded Silver

Benefit	In Net	Out Net	In Net	Out Net
Individual Ded	\$2,000		\$2,000	
Family Ded	\$4,000		\$4,000	
Individual OOP Max	\$6,500 (incl ded)		\$6,500 (incl ded)	
Family OOP Max	\$13,000 (incl ded)		\$13,000 (incl ded)	
Co-insurance	40%		40%	
Lifetime Max	Unlimited		Unlimited	
PC/Specialist	\$45/\$65 ded waived		\$45/\$65 ded waived	
Adult Preventive Care	No charge		No charge	
Child Preventive Care	No charge		No charge	
Pre/Postnatal Care	No charge		No charge	
Physical Therapy	\$45 ded waived		\$45 ded waived	
Chiropractic Care	\$15 ded waived; 20 visits/cal yr		\$15 ded waived; 20 visits/cal yr	
Inpatient Hospital	40% after ded		40% after ded	
Inpatient Surgery	40% ded waived		40% ded waived	
Maternity Delivery/IP	40% after ded		40% after ded	
Mental Health IP	40% after ded		40% after ded	
Substance Abuse IP	40% after ded		40% after ded	
Outpatient Facility	40% after ded		40% after ded	
Outpatient Surgery	40% ded waived		40% ded waived	
Lab/X-Ray	\$25 ded waived		\$25 ded waived	
Advanced Radiology	\$200 ded waived		\$200 ded waived	
Mental Health OP	\$45 ded waived		\$45 ded waived	
Substance Abuse OP	\$45 ded waived		\$45 ded waived	
Emergency Room	\$400 ded waived		\$400 ded waived	
Ambulance	\$100 ded waived		\$100 ded waived	
Urgent Care	\$45/\$100 ded waived (in/out of area)		\$45/\$100 ded waived (in/out of area)	
Rx Generic	\$20		\$20	
Rx Preferred	\$50		\$50	
Rx Non-Preferred	\$100		\$100	
Rx Specialty	25%; \$300 max/script		25%; \$300 max/script	
Rx Mail Order	2x Rx copay		2x Rx copay	
Home Health Care	\$45 ded waived; 100 visits/cal yr		\$45 ded waived; 100 visits/cal yr	
Skilled Nursing	40% after ded; 100 days/yr		40% after ded; 100 days/yr	
Infertility Treatment	Not covered		Not covered	
DME	\$50 ded waived		\$50 ded waived	
Hospice Services	40% after ded IP; No charge OP		40% after ded IP; No charge OP	
Pediatric Vision	Covered; See brochure		Covered; See brochure	
Pediatric Dental	Covered; See brochure		Covered; See brochure	

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Benefit Listing

UnitedHealthcare Focus 55-85/0%/6600ded Bronze

UnitedHealthcare Advantage 55-85/0%/6600ded Bronze

Benefit	In Net	Out Net	In Net	Out Net
Individual Ded	\$6,600		\$6,600	
Family Ded	\$13,000		\$13,000	
Individual OOP Max	\$6,850 (incl ded)		\$6,850 (incl ded)	
Family OOP Max	\$13,700 (incl ded)		\$13,700 (incl ded)	
Co-insurance	0%		0%	
Lifetime Max	Unlimited		Unlimited	
PC/Specialist	\$55/\$85 ded waived		\$55/\$85 ded waived	
Adult Preventive Care	No charge		No charge	
Child Preventive Care	No charge		No charge	
Pre/Postnatal Care	No charge		No charge	
Physical Therapy	\$55 ded waived		\$55 ded waived	
Chiropractic Care	\$15 ded waived; 20 visits/cal yr		\$15 ded waived; 20 visits/cal yr	
Inpatient Hospital	0% after ded		0% after ded	
Inpatient Surgery	0% after ded		0% after ded	
Maternity Delivery/IP	0% after ded		0% after ded	
Mental Health IP	0% after ded		0% after ded	
Substance Abuse IP	0% after ded		0% after ded	
Outpatient Facility	0% after ded		0% after ded	
Outpatient Surgery	0% after ded		0% after ded	
Lab/X-Ray	\$25 ded waived		\$25 ded waived	
Advanced Radiology	\$250 ded waived		\$250 ded waived	
Mental Health OP	\$40 ded waived		\$40 ded waived	
Substance Abuse OP	\$40 ded waived		\$40 ded waived	
Emergency Room	0% after ded		0% after ded	
Ambulance	\$100 ded waived		\$100 ded waived	
Urgent Care	\$55/\$150 ded waived (in/out of area)		\$55/\$150 ded waived (in/out of area)	
Rx Generic	\$25 ded waived		\$25 ded waived	
Rx Preferred	\$50 after \$250		\$50 after \$250	
Rx Non-Preferred	\$125 after \$250		\$125 after \$250	
Rx Specialty	50% after \$250; \$300 max/script		50% after \$250; \$300 max/script	
Rx Mail Order	2x Rx copay		2x Rx copay	
Home Health Care	\$50 ded waived; 100 visits/cal yr		\$50 ded waived; 100 visits/cal yr	
Skilled Nursing	0% after ded; 100 days/yr		0% after ded; 100 days/yr	
Infertility Treatment	Not covered		Not covered	
DME	\$50 ded waived		\$50 ded waived	
Hospice Services	0% after ded IP; No charge OP		0% after ded IP; No charge OP	
Pediatric Vision	Covered; See brochure		Covered; See brochure	
Pediatric Dental	Covered; See brochure		Covered; See brochure	

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Benefit Listing	UnitedHealthcare Core 40/6600/100% Bronze		UnitedHealthcare Select Plus 40/6600/100% Bronze	
	Benefit	In Net	Out Net	In Net
Individual Ded	\$6,600	\$13,200	\$6,600	\$13,200
Family Ded	\$13,200	\$26,400	\$13,200	\$26,400
Individual OOP Max	\$6,850 (incl ded)	\$13,700 (incl ded)	\$6,850 (incl ded)	\$13,700 (incl ded)
Family OOP Max	\$13,700 (incl ded)	\$27,400 (incl ded)	\$13,700 (incl ded)	\$27,400 (incl ded)
Co-insurance	0%	50%	0%	50%
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited
PC/Specialist	\$40/\$60 ded waived 1st 4 visits; 0% after OOP 5+	50% after ded	\$40/\$60 ded waived 1st 4 visits; 0% after OOP 5+	50% after ded
Adult Preventive Care	No charge	Not covered	No charge	Not covered
Child Preventive Care	No charge	Not covered	No charge	Not covered
Pre/Postnatal Care	Refer to carrier	Refer to carrier	Refer to carrier	Refer to carrier
Physical Therapy	\$40 ded waived	50% after ded	\$40 ded waived	50% after ded
Chiropractic Care	\$40 ded waived; 24 visits/yr	50% after ded; 24 visits/yr	\$40 ded waived; 24 visits/yr	50% after ded; 24 visits/yr
Inpatient Hospital	0% after OOP	50% after ded	0% after OOP	50% after ded
Inpatient Surgery	0% after OOP	50% after ded	0% after OOP	50% after ded
Maternity Delivery/IP	0% after OOP	50% after ded	0% after OOP	50% after ded
Mental Health IP	0% after OOP	50% after ded	0% after OOP	50% after ded
Substance Abuse IP	0% after OOP	50% after ded	0% after OOP	50% after ded
Outpatient Facility	0% after OOP	50% after ded	0% after OOP	50% after ded
Outpatient Surgery	0% after OOP	50% after ded	0% after OOP	50% after ded
Lab/X-Ray	0% after OOP	50% after ded	0% after OOP	50% after ded
Advanced Radiology	0% after OOP	50% after ded	0% after OOP	50% after ded
Mental Health OP	No charge	50% after ded	No charge	50% after ded
Substance Abuse OP	No charge	50% after ded	No charge	50% after ded
Emergency Room	0% after OOP	Paid as in-network	0% after OOP	Paid as in-network
Ambulance	0% after OOP	Paid as in-network	0% after OOP	Paid as in-network
Urgent Care	\$150 ded waived	50% after ded	\$150 ded waived	50% after ded
Rx Generic	\$20 ded waived	\$20 ded waived	\$20 ded waived	\$20 ded waived
Rx Preferred	\$50 after \$250	\$50 after \$250	\$50 after \$250	\$50 after \$250
Rx Non-Preferred	\$100 after \$250	\$100 after \$250	\$100 after \$250	\$100 after \$250
Rx Specialty	25% after \$250; \$500 max/script	25% after \$250; \$500 max/script	25% after \$250; \$500 max/script	25% after \$250; \$500 max/script
Rx Mail Order	2.5x Rx copay	Refer to carrier	2.5x Rx copay	Refer to carrier
Home Health Care	0% after OOP; 100 visits/yr	50% after ded; 100 visits/yr	0% after OOP; 100 visits/yr	50% after ded; 100 visits/yr
Skilled Nursing	0% after OOP; 100 days/yr	50% after ded; 100 days/yr	0% after OOP; 100 days/yr	50% after ded; 100 days/yr
Infertility Treatment	0% after OOP	50% after ded	0% after OOP	50% after ded
DME	0% after OOP	50% after ded	0% after OOP	50% after ded
Hospice Services	0% after OOP	50% after ded	0% after OOP	50% after ded
Pediatric Vision	Covered; See brochure	Covered; See brochure	Covered; See brochure	Covered; See brochure
Pediatric Dental	Covered; See brochure	Covered; See brochure	Covered; See brochure	Covered; See brochure

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Benefit Listing	UnitedHealthcare Core HSA 4500/60% Bronze		UnitedHealthcare Select Plus HSA 4500/60% Bronze	
	Benefit	In Net	Out Net	In Net
Individual Ded	\$4,500	\$9,000	\$4,500	\$9,000
Family Ded	\$9,000	\$18,000	\$9,000	\$18,000
Individual OOP Max	\$6,500 (incl ded)	\$13,000 (incl ded)	\$6,500 (incl ded)	\$13,000 (incl ded)
Family OOP Max	\$13,000 (incl ded)	\$26,000 (incl ded)	\$13,000 (incl ded)	\$26,000 (incl ded)
Co-insurance	40%	50%	40%	50%
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited
PC/Specialist	40% after ded	50% after ded	40% after ded	50% after ded
Adult Preventive Care	No charge	Not covered	No charge	Not covered
Child Preventive Care	No charge	Not covered	No charge	Not covered
Pre/Postnatal Care	Refer to carrier	Refer to carrier	Refer to carrier	Refer to carrier
Physical Therapy	40% after ded	50% after ded	40% after ded	50% after ded
Chiropractic Care	40% after ded; 24 visits/yr	50% after ded; 24 visits/yr	40% after ded; 24 visits/yr	50% after ded; 24 visits/yr
Inpatient Hospital	40% after ded	50% after ded	40% after ded	50% after ded
Inpatient Surgery	40% after ded	50% after ded	40% after ded	50% after ded
Maternity Delivery/IP	40% after ded	50% after ded	40% after ded	50% after ded
Mental Health IP	40% after ded	50% after ded	40% after ded	50% after ded
Substance Abuse IP	40% after ded	50% after ded	40% after ded	50% after ded
Outpatient Facility	40% after ded	50% after ded	40% after ded	50% after ded
Outpatient Surgery	40% after ded	50% after ded	40% after ded	50% after ded
Lab/X-Ray	40% after ded	50% after ded	40% after ded	50% after ded
Advanced Radiology	40% after ded	50% after ded	40% after ded	50% after ded
Mental Health OP	40% after ded	50% after ded	40% after ded	50% after ded
Substance Abuse OP	40% after ded	50% after ded	40% after ded	50% after ded
Emergency Room	40% after ded	Paid as in-network	40% after ded	Paid as in-network
Ambulance	40% after ded	Paid as in-network	40% after ded	Paid as in-network
Urgent Care	40% after ded	50% after ded	40% after ded	50% after ded
Rx Generic	\$20 after ded	\$20 after ded	\$20 after ded	\$20 after ded
Rx Preferred	\$50 after ded	\$50 after ded	\$50 after ded	\$50 after ded
Rx Non-Preferred	\$100 after ded	\$100 after ded	\$100 after ded	\$100 after ded
Rx Specialty	25% after ded; \$500 max/script	25% after ded; \$500 max/script	25% after ded; \$500 max/script	25% after ded; \$500 max/script
Rx Mail Order	2.5x Rx copay	Refer to carrier	2.5x Rx copay	Refer to carrier
Home Health Care	40% after ded; 100 visits/yr	50% after ded; 100 visits/yr	40% after ded; 100 visits/yr	50% after ded; 100 visits/yr
Skilled Nursing	40% after ded; 100 days/yr	50% after ded; 100 days/yr	40% after ded; 100 days/yr	50% after ded; 100 days/yr
Infertility Treatment	40% after ded	50% after ded	40% after ded	50% after ded
DME	40% after ded	50% after ded	40% after ded	50% after ded
Hospice Services	40% after ded	50% after ded	40% after ded	50% after ded
Pediatric Vision	Covered; See brochure	Covered; See brochure	Covered; See brochure	Covered; See brochure
Pediatric Dental	Covered; See brochure	Covered; See brochure	Covered; See brochure	Covered; See brochure

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Benefit Listing	UnitedHealthcare Core 30/1800/70% Silver		UnitedHealthcare Select Plus 30/1800/70% Silver	
	Benefit	In Net	Out Net	In Net
Individual Ded	\$1,800	\$3,600	\$1,800	\$3,600
Family Ded	\$3,600	\$7,200	\$3,600	\$7,200
Individual OOP Max	\$6,500 (incl ded)	\$13,000 (incl ded)	\$6,500 (incl ded)	\$13,000 (incl ded)
Family OOP Max	\$13,000 (incl ded)	\$26,000 (incl ded)	\$13,000 (incl ded)	\$26,000 (incl ded)
Co-insurance	30%	50%	30%	50%
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited
PC/Specialist	\$30/\$60 ded waived	50% after ded	\$30/\$60 ded waived	50% after ded
Adult Preventive Care	No charge	Not covered	No charge	Not covered
Child Preventive Care	No charge	Not covered	No charge	Not covered
Pre/Postnatal Care	Refer to carrier	Refer to carrier	Refer to carrier	Refer to carrier
Physical Therapy	\$30 ded waived	50% after ded	\$30 ded waived	50% after ded
Chiropractic Care	\$30 ded waived; 24 visits/yr	50% after ded; 24 visits/yr	\$30 ded waived; 24 visits/yr	50% after ded; 24 visits/yr
Inpatient Hospital	\$250/admit + 30% after ded	\$250/admit + 50% after ded	\$250/admit + 30% after ded	\$250/admit + 50% after ded
Inpatient Surgery	30% after ded	50% after ded	30% after ded	50% after ded
Maternity Delivery/IP	30% after ded	50% after ded	30% after ded	50% after ded
Mental Health IP	30% after ded	50% after ded	30% after ded	50% after ded
Substance Abuse IP	30% after ded	50% after ded	30% after ded	50% after ded
Outpatient Facility	30% after ded	50% after ded	30% after ded	50% after ded
Outpatient Surgery	30% after ded	50% after ded	30% after ded	50% after ded
Lab/X-Ray	30% after ded	50% after ded	30% after ded	50% after ded
Advanced Radiology	30% after ded	50% after ded	30% after ded	50% after ded
Mental Health OP	\$30 ded waived	50% after ded	\$30 ded waived	50% after ded
Substance Abuse OP	\$30 ded waived	50% after ded	\$30 ded waived	50% after ded
Emergency Room	\$250 ded waived	Paid as in-network	\$250 ded waived	Paid as in-network
Ambulance	30% after ded	Paid as in-network	30% after ded	Paid as in-network
Urgent Care	\$75 ded waived	50% after ded	\$75 ded waived	50% after ded
Rx Generic	\$15 ded waived	\$15 ded waived	\$15 ded waived	\$15 ded waived
Rx Preferred	\$35 after \$200	\$35 after \$200	\$35 after \$200	\$35 after \$200
Rx Non-Preferred	\$70 after \$200	\$70 after \$200	\$70 after \$200	\$70 after \$200
Rx Specialty	25% after \$200; \$250 max/script	25% after \$200; \$250 max/script	25% after \$200; \$250 max/script	25% after \$200; \$250 max/script
Rx Mail Order	2.5x Rx copay	Refer to carrier	2.5x Rx copay	Refer to carrier
Home Health Care	30% after ded; 100 visits/yr	50% after ded; 100 visits/yr	30% after ded; 100 visits/yr	50% after ded; 100 visits/yr
Skilled Nursing	30% after ded; 100 days/yr	50% after ded; 100 days/yr	30% after ded; 100 days/yr	50% after ded; 100 days/yr
Infertility Treatment	30% after ded	50% after ded	30% after ded	50% after ded
DME	30% after ded	50% after ded	30% after ded	50% after ded
Hospice Services	30% after ded	50% after ded	30% after ded	50% after ded
Pediatric Vision	Covered; See brochure	Covered; See brochure	Covered; See brochure	Covered; See brochure
Pediatric Dental	Covered; See brochure	Covered; See brochure	Covered; See brochure	Covered; See brochure

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Benefit Listing	UnitedHealthcare Core 20/1000/80% Gold		UnitedHealthcare Select Plus 20/1000/80% Gold	
	Benefit	In Net	Out Net	In Net
Individual Ded	\$1,000	\$2,000	\$1,000	\$2,000
Family Ded	\$2,000	\$4,000	\$2,000	\$4,000
Individual OOP Max	\$5,400 (incl ded)	\$10,800 (incl ded)	\$5,400 (incl ded)	\$10,800 (incl ded)
Family OOP Max	\$10,800 (incl ded)	\$21,600 (incl ded)	\$10,800 (incl ded)	\$21,600 (incl ded)
Co-insurance	20%	50%	20%	50%
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited
PC/Specialist	\$20/\$40 ded waived	50% after ded	\$20/\$40 ded waived	50% after ded
Adult Preventive Care	No charge	Not covered	No charge	Not covered
Child Preventive Care	No charge	Not covered	No charge	Not covered
Pre/Postnatal Care	Refer to carrier	Refer to carrier	Refer to carrier	Refer to carrier
Physical Therapy	\$20 ded waived	50% after ded	\$20 ded waived	50% after ded
Chiropractic Care	\$20 ded waived; 24 visits/yr	50% after ded; 24 visits/yr	\$20 ded waived; 24 visits/yr	50% after ded; 24 visits/yr
Inpatient Hospital	\$250/admit + 20% after ded	\$250/admit + 50% after ded	\$250/admit + 20% after ded	\$250/admit + 50% after ded
Inpatient Surgery	20% after ded	50% after ded	20% after ded	50% after ded
Maternity Delivery/IP	20% after ded	50% after ded	20% after ded	50% after ded
Mental Health IP	20% after ded	50% after ded	20% after ded	50% after ded
Substance Abuse IP	20% after ded	50% after ded	20% after ded	50% after ded
Outpatient Facility	20% after ded	50% after ded	20% after ded	50% after ded
Outpatient Surgery	20% after ded	50% after ded	20% after ded	50% after ded
Lab/X-Ray	20% after ded	50% after ded	20% after ded	50% after ded
Advanced Radiology	20% after ded	50% after ded	20% after ded	50% after ded
Mental Health OP	\$20 ded waived	50% after ded	\$20 ded waived	50% after ded
Substance Abuse OP	\$20 ded waived	50% after ded	\$20 ded waived	50% after ded
Emergency Room	\$100 ded waived	Paid as in-network	\$100 ded waived	Paid as in-network
Ambulance	20% after ded	Paid as in-network	20% after ded	Paid as in-network
Urgent Care	\$50 ded waived	50% after ded	\$50 ded waived	50% after ded
Rx Generic	\$15	\$15	\$15	\$15
Rx Preferred	\$35	\$35	\$35	\$35
Rx Non-Preferred	\$60	\$60	\$60	\$60
Rx Specialty	25%; \$250 max/script	25%; \$250 max/script	25%; \$250 max/script	25%; \$250 max/script
Rx Mail Order	2.5x Rx copay	Refer to carrier	2.5x Rx copay	Refer to carrier
Home Health Care	20% after ded; 100 visits/yr	50% after ded; 100 visits/yr	20% after ded; 100 visits/yr	50% after ded; 100 visits/yr
Skilled Nursing	20% after ded; 100 days/yr	50% after ded; 100 days/yr	20% after ded; 100 days/yr	50% after ded; 100 days/yr
Infertility Treatment	20% after ded	50% after ded	20% after ded	50% after ded
DME	20% after ded	50% after ded	20% after ded	50% after ded
Hospice Services	20% after ded	50% after ded	20% after ded	50% after ded
Pediatric Vision	Covered; See brochure	Covered; See brochure	Covered; See brochure	Covered; See brochure
Pediatric Dental	Covered; See brochure	Covered; See brochure	Covered; See brochure	Covered; See brochure

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