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LSG Insurance Partners

2019/2020

Plan Description: UHCCPUHPD-AHFA-1000-80-NTL-FL
Product: POS
Network: Choice Plus
Provider: UnitedHealthcare (UHC)
Member Services Phone #: 1-800-357-0978
Plan Website Address: http://www.uhc.com/

Benefit	In-Network	Out-of-Network
General Plan Information		
Lifetime Maximum	• Unlimited	• Unlimited
Calendar Year Deductible - Individual	• $1,000 (excludes hospital per occurrence deductible)	• $2,000 (excludes hospital per occurrence deductible)
Calendar Year Deductible - Family	• $2,000 (excludes hospital per occurrence deductible)	• $4,000 (excludes hospital per occurrence deductible)
Carrier Coinsurance	• 80%/70%	• 50%
Member Coinsurance	• 20%/30%	• 50%
Calendar Year Out-of-Pocket Max - Individual	• $4,500	• $10,000
Calendar Year Out-of-Pocket Max - Family	• $9,000	• $20,000
Office Visits		
Primary Care Physician Visit	• $25 copay per visit; Virtual Visit $25 copay by a Designated Virtual Visit Network Provider	• 50% after deductible; Virtual Visit not covered
Virtual Visit	• $25 copay per visit	• Not Covered
Specialist Visit	• Designated Network: $25 copay per visit; Network: $50 copay per visit	• 50% after deductible
Specialist Referral Required	• No	• No
Hospital Care		
Hospital Care - Inpatient	• 20% after deductible; $500 Inpatient Stay per occurrence deductible applies prior to the Annual Deductible	• 50% after deductible; $500 Inpatient Stay per occurrence deductible applies prior to the Annual Deductible
Hospital Care - Outpatient	• 20% after deductible; $250 Outpatient Surgery per occurrence deductible applies prior to the Annual Deductible	• 50% after deductible; $250 Outpatient Surgery per occurrence deductible applies prior to the Annual Deductible
Emergency Care		
Emergency Room (In-Area)	• $250 copay per visit (waived if admitted)	• $250 copay per visit (waived if admitted)
Urgent Care Facility	• $100 copay per visit	• 50% after deductible
Prescription		
Tier 1 Retail	• $15 copay; Specialty $15 copay	• Reimbursed at the in-network pharmacy contracted rate less the in-network copay
Tier 2 Retail	• $45 copay; Specialty $125 copay	• Reimbursed at the in-network pharmacy contracted rate less the in-network copay
Tier 3 Retail	• $65 copay; Specialty $250 copay	• Reimbursed at the in-network pharmacy contracted rate less the in-network copay
Tier 4 Retail	• Not Applicable [Note: Growth Hormone Therapy Specialty copays & must be obtained through a Specialty Pharmacy]	• Not applicable
Mail Order	• $37.50/$112.50/$162.50 copay. Tier 4 not applicable	• Not Covered
Medicare Part D Compatible	• Yes	• Yes
Maternity Care		
Pregnancy and Maternity Care (Pre-Natal Care)	• OV/Specialist cost sharing may apply depending on services rendered. Delivery covered same as hospital benefit	• 50% after deductible. Delivery covered same as hospital benefit
Preventive Care		
Preventive Services	• No Charge	• 50% after deductible
Other Services		
Diagnostic X-Ray, Scans & Lab	• Xray & blood work No Charge; Advanced Imaging 20% after deductible	• 50% after deductible
Chiropractic Care	• $25 copay per visit. Limited to 20 visits per calendar year	• 50% after deductible. Limited to 20 visits per calendar year

This benefit summary has been prepared by a licensed Insurance carrier or broker based on documents provided by the applicable licensed Insurance carrier. Please refer to the Plan Document and Certificate of Coverage (COC) for terms and conditions of all benefits. Benefits may require pre-certification in order to avoid a reduction in benefits or denial of coverage. The insured should contact the carrier at the phone number indicated on this summary or refer to the COC for further details prior to seeking treatment. If there is any conflict between this benefit summary and the Plan Document or COC, the Plan Document and COC govern. This health insurance plan is part of a large group health plan, as such Medicare is the secondary payer for any insured member that is enrolled in Medicare and this plan. If eligible for Medicare due to ESRD, Medicare becomes primary payer after thirty months of Medicare eligibility. If member is a COBRA participant, Medicare is the primary payer.