

UNITED HEALTHCARE SUMMARY

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Reta United Healthcare (UHC)						
Plan Designs	UHC PPO 1,000-1 (NEW)		UHC PPO 750-2		UHC PPO 500-2	
	In-network	Out of network	In-network	Out of network	In-network	Out of network
Annual Out-of-pocket maximum (Includes deductible, copays, and coinsurance)						
For any one Member in the same Family Unit	\$5,000	\$10,000	\$4,000	\$8,000	\$2,500	\$5,000
For an entire Family Unit of two or more Members	\$10,000	\$20,000	\$8,000	\$16,000	\$5,000	\$10,000
Calendar Year Deductible	\$1,000 Individual/\$2,000 Family		\$750 Individual/\$1,500 Family		\$500 Individual/\$1,000 Family	
Professional Services						
Office Visit Co-payments	\$25 copay, deductible waived	40%	\$25 copay, deductible waived	40%	\$25 copay, deductible waived	40%
Well Child Care (birth to age 7)	No charge, deductible waived	40%	No charge, deductible waived	40%	No charge, deductible waived	40%
Adult routine exams and preventive services (mammograms, pap smears, & prostate cancer screenings)	No charge, deductible waived	40%	No charge, deductible waived	40%	No charge, deductible waived	40%
Chiropractic Care (up to 24 visits in calendar year)	\$40 copay, deductible waived	40%	\$40 copay, deductible waived	40%	\$40 copay, deductible waived	40%
Outpatient Services						
Outpatient surgery	20%	40%	20%	40%	20%	40%
X-rays and lab tests	20%	40%	20%	40%	20%	40%
MRI, CT, and PET	20%	40%	20%	40%	20%	40%
Inpatient Services						
Room and board, surgery, anesthesia, x-rays, lab tests, and drugs	20%	40%	20%	40%	20%	40%
Emergency Health Coverage						
Emergency Room visits (copay waived if admitted)	\$200 copay, then 20%	\$200 copay, then 20%	\$200 copay, then 20%	\$200 copay, then 20% Subject to UCR*	\$200 copay, then 20%	\$200 copay, then 20% Subject to UCR*
Urgent Care	\$75 copay		\$50 copay		\$50 copay	
Prescription Drug (RX provided through EnvisionRx**)						
	Generic/Formulary/Non-Formulary		Generic/Formulary/Non-Formulary		Generic/Formulary/Non-Formulary	
Retail (up to 30-day supply)	\$10/\$30/\$50		\$10/\$25/\$40		\$10/\$20/\$30	
Mail order (up to 90-day supply)	\$20/\$60/\$100		\$20/\$50/\$80		\$20/\$40/\$60	

*Usual and customary expenses

**Subject to market-based pricing