

MEDICAL INSURANCE 2009–2010 PLAN YEAR

UnitedHealthcare – Group #702703
866.675.1608

Plan Features	High Deductible Plan (HDP)* **	
	In-Network	Out of Network
Individual Deductible	\$2,000*	\$4,000*
Family Deductible	\$4,000*	\$8,000*
Individual Out-of-Pocket	\$2,000*	\$8,000**
Family Out-of-Pocket	\$4,000*	\$16,000**
Lifetime Maximum	Unlimited	\$1,000,000
Physician Office Visit	100% after deductible*	80% after deductible*
Emergency Room Visit	100% after deductible*	80% after deductible*
Non-notification Penalty	N/A	\$250 penalty. Then covered expenses will be reimbursed at 50%
Physician Office Services - Routine Physicals - Preventive Lab and X-rays - Well-Child Care - Child Immunizations - Specialist office visits	100% after deductible* All preventive services will be covered at 100% and not subject to the deductible. 100% after deductible*	80% after deductible*
Outpatient Diagnostic Services - Routine Diagnostics (Labs, X-rays) - Non-routine (e.g. MRI)	100% after deductible* 100% after deductible*	80% after deductible* 80% after deductible*
Mammograms - Preventive mammograms	100% of eligible expenses	100% of eligible expenses
Outpatient Surgery	100% after deductible*	80% after deductible*
Outpatient Rehabilitation (in office) - Physical Therapy (60 visits a year) - Occupational Therapy (60 visits a year) - Speech Therapy (60 visits a year) - Spinal Manipulation (24 visits a year) - Cardiac Rehabilitation (60 visits a year)	100% after deductible*	80% after deductible*
Hospital Care - Room and Board - Diagnostic lab and x-ray - Anesthesia and misc. charges	100% after deductible*	80% after deductible*
Professional Fees – Inpatient - Surgeon/Physician/Anesthesia	100% after deductible*	80% after deductible*
Maternity Care - Physician prenatal and postnatal care	100% after deductible*	80% after deductible*
Emergency Care - Hospital Emergency Room Care - Ambulance Services	100% after deductible*	80% after deductible*
Durable Medical Equipment	100% after deductible*	80% after deductible*
Home Health Care - 40 visits a year	100% after deductible*	80% after deductible*
Hospice Services	100% after deductible*	80% after deductible*
Skilled Nursing/Extended Care - Facility Services	100% after deductible* 120 days/plan year	80% after deductible* 120 days/plan year
Infertility Services	100% after deductible* \$2000 limit/plan year	80% after deductible* \$2000 limit/plan year
Transplant Benefits through United Resource Networks (URN) - Diagnosis and treatment of a medical condition	100% after deductible*	80% after deductible*
Mental Health/Substance Abuse - Inpatient - Outpatient	100% after deductible* 30 days combined in and out-of-network 100% after deductible* 30 visits combined in and out-of-network	80% after deductible* 30 days combined in and out-of-network 80% after deductible* 30 visits combined in and out-of-network
Prescription Drug Services	100% after deductible*	100% after deductible*