

# Benefit Sheet

UnitedHealthcare		
Select Plus Gold 25/500/20% (BR-J4)		
(Broad Network)		
Benefit	In Network	Out of Network
Individual Ded	\$500	\$1,000
Family Ded	\$1,000	\$2,000
Individual OOP Max	\$6,500 (incl ded)	\$13,000 (incl ded)
Family OOP Max	\$13,000 (incl ded)	\$26,000 (incl ded)
Co-insurance	20%	50%
Lifetime Max	Unlimited	Unlimited
PC/Specialist	\$25/\$50 ded waived	50% after ded
Adult Preventive Care	No charge	Not covered
Child Preventive Care	No charge	Not covered
Pre/Postnatal Care	No charge/\$25 ded waived	50% after ded
Physical Therapy	Refer to carrier	Refer to carrier
Chiropractic Care	Refer to carrier	Refer to carrier
Inpatient Hospital	\$250/admit + 20% after ded	\$250/admit + 50% after ded
Inpatient Surgery	20% after ded	50% after ded
Maternity Delivery/IP	20% after ded	50% after ded
Mental Health IP	20% after ded	50% after ded
Substance Abuse IP	20% after ded	50% after ded
Outpatient Facility	\$250 + 20% after ded	\$250 + 50% after ded
Outpatient Surgery	Refer to carrier	Refer to carrier
Lab/X-Ray	20%/40% after ded (FS/Hospital)	50% after ded
Advanced Radiology	Refer to carrier	Refer to carrier
Mental Health OP	\$25 ded waived	50% after ded
Substance Abuse OP	\$25 ded waived	50% after ded
Emergency Room	\$250 + 20% after ded	Paid as in-network
Ambulance	20% after ded	Paid as in-network
Urgent Care	\$75 ded waived	50% after ded
Rx Generic	\$15 ded waived	\$15 ded waived
Rx Preferred	\$40 after \$250	\$40 after \$250
Rx Non-Preferred	\$80 after \$250	\$80 after \$250
Rx Specialty	25% after \$250; \$250 max/script	25% after \$250; \$250 max/script
Rx Mail Order	2.5x retail copay	Refer to carrier
Home Health Care	20% after ded; 100 visits/cal yr	50% after ded; 100 visits/cal yr
Skilled Nursing	20% after ded; 100 days/benefit period	50% after ded; 100 days/benefit period
Infertility Treatment	20% after ded; \$2,000/lifetime	50% after ded; \$2,000/lifetime
DME	20% after ded	50% after ded
Hospice Services	Refer to carrier	Refer to carrier
Pediatric Vision	No charge/20% ded waived (exam/hardware); 1 pair/cal yr	50% ded waived (exam/hardware); 1 pair/cal yr
Pediatric Dental	No charge	50% after ded

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