

# Benefit Sheet

**UnitedHealthcare**  
**Select Plus Silver 50/2250/40% (BR-J8)**  
**(Broad Network)**

Benefit	In Network	Out of Network
Individual Ded	\$2,250	\$4,500
Family Ded	\$4,500	\$9,000
Individual OOP Max	\$8,150 (incl ded)	\$16,300 (incl ded)
Family OOP Max	\$16,300 (incl ded)	\$32,600 (incl ded)
Co-insurance	40%	50%
Lifetime Max	Unlimited	Unlimited
PC/Specialist	\$50/\$80 ded waived	50% after ded
Adult Preventive Care	No charge	Not covered
Child Preventive Care	No charge	Not covered
Pre/Postnatal Care	No charge/\$50 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 + 40% after ded	\$250/admit + 50% after ded
Inpatient Surgery	40% after ded	50% after ded
Maternity Delivery/IP	40% after ded	50% after ded
Mental Health IP	40% after ded	50% after ded
Substance Abuse IP	40% after ded	50% after ded
Outpatient Facility	\$250 + 40% after ded	\$250 + 50% after ded
Outpatient Surgery	Refer to carrier	Refer to carrier
Lab/X-Ray	40%/50% after ded (FS/Hospital)	50% after ded
Advanced Radiology	Refer to carrier	Refer to carrier
Mental Health OP	\$50 ded waived	50% after ded
Substance Abuse OP	\$50 ded waived	50% after ded
Emergency Room	\$300 + 40% after ded	Paid as in-network
Ambulance	40% after ded	Paid as in-network
Urgent Care	\$80 ded waived	50% after ded
Rx Generic	\$20 ded waived	\$20 ded waived
Rx Preferred	\$50 after \$300	\$50 after \$300
Rx Non-Preferred	\$100 after \$300	\$100 after \$300
Rx Specialty	25% after \$300; \$250 max/script	25% after \$300; \$250 max/script
Rx Mail Order	2.5x retail copay	Refer to carrier
Home Health Care	40% after ded; 100 visits/cal yr	50% after ded; 100 visits/cal yr
Skilled Nursing	40% after ded; 100 days/benefit period	50% after ded; 100 days/benefit period
Infertility Treatment	40% after ded; \$2,000/lifetime	50% after ded; \$2,000/lifetime
DME	40% after ded	50% after ded
Hospice Services	Refer to carrier	Refer to carrier
Pediatric Vision	No charge/40% 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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