

	United Healthcare Select Plus PPO 500 (CUI4)	United Healthcare Select Plus PPO 1500 (CUJE)	United Healthcare Select Plus PPO HSA 2000 (EBOG)	United Healthcare Value Full Network HMO 1500	United Healthcare Value Alliance Limited Network HMO 1500
Deductible - Individual / Family	\$500 / \$1,000	\$1,500 / \$3,000	\$2,000 / \$3,300	\$1,500 / \$3,000	\$1,500 / \$3,000
Out of Pocket Max - Individual / Family	\$3,500 / \$7,000	\$5,000 / \$10,000	\$3,300 / \$6,600	\$3,000 / \$6,000	\$3,000 / \$6,000
PC/Specialist	\$15/\$30	\$25/\$50	20% after ded	\$30/\$60	\$30/\$60
Preventive Care	No charge	No charge	No charge	No charge	No charge
Pre/Postnatal Care	No charge/\$15	No charge/\$25	No charge/20% after ded	No charge/\$30	No charge/\$30
Well Baby to 23 months	No charge	No charge	No charge	No charge	No charge
Physical Therapy	\$15; 24 visits/year	\$25; 24 visits/year	20% after ded; 24 visits/year	\$30	\$30
Chiropractic Care	\$15; 24 visits/year	\$25; 24 visits/year	20% after ded; 24 visits/year	\$15; 20 visits/year	\$15; 20 visits/year
Lab	No charge; Office/Lab Center 20%; (Hospital)	No charge; Office/Lab Center 20%; (Hospital)	20% after ded; Office/Lab Center 50% after ded; (Hospital)	\$25	\$25
X-Ray	20%	20%	20% after ded; Office/Image Center 50% after ded; (Hospital)	\$25	\$25
Advanced Radiology	20% after ded	20% after ded	20% after ded; Office/Radiology Center 50% after ded; (Hospital)	\$150	\$150
Inpatient Hospital	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Outpatient Surgery	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Urgent Care	\$50	\$50	20% after ded	\$30; (in geographic area) \$50; (out of geographic area)	\$30; (in geographic area) \$50; (out of geographic area)
Emergency Room	20% after ded	20% after ded	20% after ded	\$250	\$250
Ambulance	20% after ded	20% after ded	20% after ded	\$150	\$150
Rx Generic	\$5	\$5	\$5 after plan ded	\$15	\$15
Rx Preferred	\$35	\$35	\$35 after plan ded	\$35	\$35
Rx Non-Preferred	\$75	\$75	\$75 after plan ded	\$75	\$75
Rx Specialty	\$250	\$250	\$250 after plan ded	\$250	\$250
Mental Health OP	\$15	\$25	20% after ded	\$60	\$60
Substance Abuse OP	\$15	\$25	20% after ded	\$60	\$60
Infertility Treatment	20% after ded	20% after ded	20% after ded	Not covered	Not covered
Durable Medical Equipment	20% after ded	20% after ded	20% after ded	\$70 per item	\$70 per item