

	United Healthcare Select Plus PPO 500 (CUI4)	United Healthcare Select Plus PPO 1500 (CUJE)	United Healthcare Select Plus PPO HSA 2000 (EBOG)
Deductible - Individual / Family	\$500 / \$1,000	\$1,500 / \$3,000	\$2,000 / \$3,300
Out of Pocket Max - Individual / Family	\$3,500 / \$7,000	\$5,000 / \$10,000	\$3,300 / \$6,600
PC/Specialist	\$15/\$30	\$25/\$50	20% after ded
Preventive Care	No charge	No charge	No charge
Pre/Postnatal Care	No charge/\$15	No charge/\$25	No charge/20% after ded
Well Baby to 23 months	No charge	No charge	No charge
Physical Therapy	\$15; 24 visits/year	\$25; 24 visits/year	20% after ded; 24 visits/year
Chiropractic Care	\$15; 24 visits/year	\$25; 24 visits/year	20% after ded; 24 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)
X-Ray	20%	20%	20% after ded; Office/Image Center 50% after ded; (Hospital)
Advanced Radiology	20% after ded	20% after ded	20% after ded; Office/Radiology Center 50% after ded; (Hospital)
Inpatient Hospital	20% after ded	20% after ded	20% after ded
Outpatient Surgery	20% after ded	20% after ded	20% after ded
Urgent Care	\$50	\$50	20% after ded
Emergency Room	20% after ded	20% after ded	20% after ded
Ambulance	20% after ded	20% after ded	20% after ded
Rx Generic	\$5	\$5	\$5 after plan ded
Rx Preferred	\$35	\$35	\$35 after plan ded
Rx Non-Preferred	\$75	\$75	\$75 after plan ded
Rx Specialty	\$250	\$250	\$250 after plan ded
Mental Health OP	\$15	\$25	20% after ded
Substance Abuse OP	\$15	\$25	20% after ded
Infertility Treatment	20% after ded	20% after ded	20% after ded
Durable Medical Equipment	20% after ded	20% after ded	20% after ded