

2018

UnitedHealthcare Bronze Plan

Benefit Summary	United HealthCare Bronze Plan What You Pay
Deductible (individual/family)	\$3,000/\$6,000
RX Deductible (individual/family)	\$1,600/\$3,200
Medical Plan Out-of-Pocket Maximum (individual/family)	\$5,000/\$10,000
RX Plan Out-of-Pocket Maximum (individual/family)	\$1,600/\$3,200
Health Reimbursement Account	None
PCP Office Visit	\$60 copay
Specialist Office Visit	\$85 copay
Preventive Care	No charge
Inpatient Hospital Care	30% copay (after deductible)
Mental Health Services (outpatient/inpatient)	\$40 copay/30% copay (after deductible)
Substance Abuse Services (outpatient/inpatient)	No charge
Infertility	Not covered
Outpatient Diagnostic Laboratory (Standard Procedures)	No charge
Complex Radiology (PET, MRI)	30% copay
Outpatient Surgery	30% copay (after deductible)
Outpatient Physical/Rehabilitation Therapy	\$60
Urgent Care (your medical group/other medical group)	\$60/\$100
Emergency Room (Copay waived if admitted)	\$300
Retail Prescription Drugs (generic/preferred/non-preferred)	\$20 Generic/\$40 Brand (after \$250 deductible)
Mail Order Prescription Drugs (generic/preferred/non-preferred)	\$40 Generic/\$80 Brand (after \$250 deductible)
Chiropractor Service	Not covered
Member Cost	Monthly: \$728.00/\$1,443.00/\$2,028.00 single/2party/family

Disclaimer: This summary is merely a brief description of the major benefits of the plan(s) and is not intended to alter or expand benefits, rights, or liabilities as set forth in the official plan documents and contracts. Limitations may apply. See the Certificate/Evidence for details.

