

# 2018

# UnitedHealthcare Bronze Plan

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

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.

