Unity Health Insurance
Affiliated with UW Health

HMO Benefit Overview

CESA #3 INSURANCE PURCHASING COOPERATIVE
HMO1-1

Annual Deductible	$500/$1,000 (Single/Family)
Coinsurance	0% Coinsurance
Annual Maximum Out of Pocket	$1,500/$3,000 (Single/Family)
Lifetime Maximum	Unlimited
Annual Maximum for Essential Benefits	Unlimited
Preventive Services	Unlimited
Dependent Age	26/26

Physician Services	
Office Visit	$10 Copayment
Chiropractor Visits	$10 Copayment
Hearing Examination	$10 Copayment
Podiatry Services	$10 Copayment
Vision Services	$10 Copayment
Weight Loss/Nutritional Counseling	$10 Copayment

Hospital Services	
General Inpatient	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	Subject to Deductible and Coinsurance
Outpatient Services	Subject to Deductible and Coinsurance

Emergency Services	
Emergency Room	$100 Copayment
Urgent Care	$25 Copayment
Ambulance	Subject to Deductible and Coinsurance

Pharmacy Benefits	
Tier 1/Tier 2/Tier 3	$5/$20/$40 Copay
Value Tier	$0 Rx Outcomes
Max Out-of-Pocket (Single/Family)	$2,000/$4,000

Behavioral Health	
Inpatient	Subject to Deductible and Coinsurance
Transitional	Subject to Deductible and Coinsurance
Outpatient	
Psychiatrist or Psychologist	$10 Copayment
Other Mental Health Professional	$10 Copayment

Diagnostic Services	
Lab	Subject to Deductible and Coinsurance
X-Ray	Subject to Deductible and Coinsurance
MRI/MRA Scan	Subject to Deductible and Coinsurance
PET Scan	Subject to Deductible and Coinsurance
CAT Scan	Subject to Deductible and Coinsurance

Other Services	
Anesthesia for Dental	Subject to Deductible and Coinsurance
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage
Durable Medical Equipment	Subject to Deductible and Coinsurance
Home Health Care Services	Subject to Deductible and Coinsurance
Hospice Services	Subject to Deductible and Coinsurance
Kidney Disease Treatment	See Specific Benefit Category for Applicable Coverage
Oral Surgery	100% Coverage
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance
Therapy Services	Subject to Deductible and Coinsurance
TMJ Benefits	$10 Copayment

This Benefits Summary is intended to highlight the benefits provided in the Unity Health Plans HMO policy. All benefits are subject to the terms of the policy. Please see your policy, including the Certificate of Coverage and Schedule of Benefits (SOB), for limitations and exclusions.

Unity Health Insurance
Affiliated with UW Health

POS Benefit Overview

CESA #3 INSURANCE PURCHASING COOPERATIVE
POS1-1

	In-Network	Out-of-Network
Annual Deductible	$500/$1,000 (Single/Family)	$1,000/$2,000 (Single/Family)
Coinsurance	0% Coinsurance	20% Coinsurance
Annual Maximum Out of Pocket	$1,500/$3,000 (Single/Family)	$3,000/$6,000 (Single/Family)
Lifetime Maximum	Unlimited	Unlimited
Annual Maximum for Essential Benefits	Unlimited	Unlimited
Preventive Services	Unlimited	Subject to Deductible and Coinsurance
Dependent Age	26/26	26/26
Physician Services		
Office Visit	$10 Copayment	Subject to Deductible and Coinsurance
Chiropractor Visits	$10 Copayment	Subject to Deductible and Coinsurance
Hearing Examination	$10 Copayment	No Benefit
Podiatry Services	$10 Copayment	Subject to Deductible and Coinsurance
Vision Services	$10 Copayment	Subject to Deductible and Coinsurance
Weight Loss/Nutritional Counseling	$10 Copayment	No Benefit
Hospital Services		
General Inpatient	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Delivery & Newborn Charges	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Emergency Services		
Emergency Room	$100 Copayment	$100 Copayment
Urgent Care	$25 Copayment	Subject to Deductible and Coinsurance
Ambulance	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Pharmacy Benefits		
Tier 1/Tier 2/Tier 3	$5/$20/$40 Copay	$5/$20/$40 Copay
Value Tier	$0 Rx Outcomes	$0 Rx Outcomes
Max Out-of-Pocket (Single/Family)	$2,000/$4,000	$2,000/$4,000
Behavioral Health		
Inpatient	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Transitional	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient		
Psychiatrist or Psychologist	$10 Copayment	Subject to Deductible and Coinsurance
Other Mental Health Professional	$10 Copayment	Subject to Deductible and Coinsurance
Diagnostic Services		
Lab	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
X-Ray	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
MRI/MRA Scan	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
PET Scan	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
CAT Scan	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Other Services		
Anesthesia for Dental	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Autism Spectrum Disorder	See Specific Benefit Category for Applicable Coverage	
Durable Medical Equipment	Subject to Deductible and Coinsurance	20% Coinsurance
Home Health Care Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospice Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Kidney Disease Treatment	See Specific Benefit Category for Applicable Coverage	
Oral Surgery	100% Coverage	20% Coinsurance
Skilled Nursing Care Facility	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Therapy Services	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
TMJ Benefits	$10 Copayment	Subject to Deductible and Coinsurance

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