




2020 MEDICAL HEALTH PLAN SUMMARY
Effective January 1, 2020

Service	 United HealthCare Choice Plus	
Deductible In-Network (Single/Family) Out-of-Network (Single/Family)	\$1,000 / \$2,000 \$2,000 / \$4,000	
Coinsurance In-Network Out-of-Network	80% 60%	
Out-of-pocket Maximum In-Network (Single/Family) Out-of-Network (Single/Family)	<i>Includes deductible, but excludes prescription drug copays & prescription drug coinsurance</i> \$4,000 / \$8,000 \$8,000 / \$12,000	
Preventive Care <i>(Includes Labs and X-rays)</i> In-Network (Single/Family) Out-of-Network (Single/Family)	100% Coverage Deductible, then 60% Coinsurance	
Office Visits <i>(Includes Labs and X-rays)</i> In-Network Out-of-Network	<i>Primary Care, Specialist, and Chiropractor</i> Deductible, then 80% Coinsurance Deductible, then 60% Coinsurance	
Office Visits and Labs at Manty Clinic	100% Coverage	
Outpatient Hospital Services <i>(Includes Labs and X-rays)</i> In-Network Out-of-Network	Deductible, then 80% Coinsurance Deductible, then 60% Coinsurance	
Inpatient Hospital Services <i>(Includes Labs and X-rays)</i> In-Network Out-of-Network	Deductible, then 80% Coinsurance Deductible, then 60% Coinsurance	
Emergency Room <i>(Includes Labs and X-rays)</i> In-Network & Out-of-Network	\$150 copay, then Deductible & Coinsurance <i>Copay waived if admitted</i>	
Prescription Drugs Tier 1 (generics) Tier 2 (preferred brands) Tier 3 (non-preferred brands) Tier 4 – Specialty Pharmacy <i>(Use Advanced Control Specialty List)</i>	Retail <i>(30 day supply)</i> \$10 copay \$40 copay \$75 copay	Mail Order <i>(90 day supply)</i> \$25 copay \$100 copay \$187.50 copay
Prescription Drug Copay Out-of-pocket Maximum (Single/Family)	25% to a maximum of \$200 per fill (30 day supply) <i>Excludes medical out-of-pocket maximum</i> \$2,850 / \$5,700	
2020 FULL-TIME EMPLOYEE MONTHLY COST		
Health Risk Assessment Participation Single: \$87.18 Family: \$236.63		No Health Risk Assessment Participation Single: \$140.83 Family: \$382.24

UMR is the third party administrator of the plan. This summary of your healthcare coverage is for illustrative purposes and intended to be a brief outline of coverage. All benefits are subject to the contractual provisions, terms, limitations and exclusions of the Summary Plan Description (SPD). The terms and conditions of the benefits, limitations and exclusions are contained in the SPD. In the event of a conflict between the SPD and this summary, the terms of the SPD will govern.