



Medical Coverage	UHC Choice BZCE *NEW*		UHC Choice Plus ASJ8 HSA *NEW*		UHC Choice Plus CKIQ *NEW*		UHC Choice Advanced CKIP *NEW*	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>								
Individual	\$6,000	N/A	\$2,600	N/A	\$2,000	\$5,000	\$500	N/A
Family	\$12,000		\$5,200		\$4,000	\$10,000	\$1,000	
<b>Out-of-Pocket Maximum</b>								
Individual	\$15,000	N/A	\$5,200	N/A	\$6,500	\$15,000	\$6,500	N/A
Family	\$30,000		\$10,400		\$13,000	\$30,000	\$13,000	
<b>Coinsurance</b>	50%	N/A	90%	N/A	70%	50%	70%	N/A
<b>Preventive Care</b>	No Charge	N/A	No Charge	N/A	No Charge	Deductible then 40%	No Charge	N/A
<b>PCP Office Visit</b>	Deductible & Coinsurance	N/A	Deductible, then \$30 copay	N/A	\$20/\$40 copay	Deductible then 40%	\$15/\$30 copay	N/A
<i>PCP selection required?</i>	No		No		No		No	
<b>Specialist Office Visit</b>	Deductible & Coinsurance	N/A	Deductible, then \$60 copay	N/A	\$40/\$75 copay	Deductible then 40%	\$35/\$70 copay	N/A
<i>Referral required?</i>	No		No		No		No	
<b>Urgent Care Facility</b>	Deductible & Coinsurance	N/A	Deductible, then \$75 copay	N/A	\$75 copay	Deductible then 40%	\$75 copay	N/A
<b>Hospital Emergency Room</b>	Deductible & Coinsurance	N/A	Deductible, then \$250 copay	N/A	Deductible then 50%	Deductible then 40%	Deductible then 50%	N/A
<b>Inpatient Facility Services</b>	Deductible & Coinsurance	N/A	Deductible & Coinsurance	N/A	Deductible & Coinsurance	Deductible then 40%	Deductible & Coinsurance	N/A
<b>Outpatient Facility Services</b>	Deductible & Coinsurance	N/A	Deductible & Coinsurance	N/A	\$500 POD	Deductible then 40%	Deductible & Coinsurance	N/A
<b>Prescription Coverage</b>								
<b>Rx Deductible</b>	\$100		Shared with Medical		None		None	
<b>Rx OOP Maximum</b>	Shared with Medical		Shared with Medical		Shared with Medical		Shared with Medical	
Tier I	\$10		Deductible then \$10		\$10		\$10	
Tier II	\$50		Deductible then \$65		\$65		\$65	
Tier III	\$100		Deductible then \$125		\$125		\$125	
Specialty Medication	N/A		Deductible then \$250		\$250		\$250	
90-Day Maintenance	2.5 X Retail Copay		2.5 X Retail Copay		2.5 X Retail Copay		2.5 X Retail Copay	

This booklet is intended to provide an overview of the benefits plans offered.. All specific plan provisions are described in the legal documents governing the plans. If there are any discrepancies between this booklet and the plan's legal documents, the legal documents will govern.