

# Benefits\* At-A-Glance

Benefits	In-Plan Benefit <sup>1</sup>	Out-of-Plan Benefit <sup>2</sup>
<b>Annual Deductible</b>	<b>None</b>	<b>\$250 Individual/\$500 Family per Contract Year</b>
<b>Lifetime Maximum</b>	<b>None</b>	<b>\$1,000,000</b>
<b>Physician Office Visits</b>	100% after \$20 Copayment per visit	80% after deductible
<b>Preventive Care</b>		
Routine Physical	100% after \$20 Copayment per visit	80% after deductible
Annual GYN Exam	100% after \$20 Copayment per visit for OB/GYN	80% after deductible
Mammograms	100% for Nurse Midwife (No Copayment)	80% after deductible
Well Child Visits (including immunizations)	100% after \$20 Copayment	80% after deductible
<b>Hospital Care</b>		
Inpatient Facility Services	100% after \$100 Copayment per Admission	80% after deductible
Inpatient Physician Services	No Copayment	80% after deductible
Outpatient Surgery	100% after \$50 Copayment	80% after deductible
Other Outpatient Hospital Services	100% after \$50 Copayment	80% after deductible
<b>Emergency Care<sup>3</sup></b>		
Hospital Emergency Room	100% after \$50 Copayment per visit	80% after deductible
Urgent Care Center	100% after \$50 Copayment per visit	80% after deductible
<b>Ambulance Service</b>	No Copayment	80% after deductible
<b>Occupational, Physical &amp; Speech Therapy</b>	100% after \$20 Copayment per visit; 60 visits per therapy type per condition	80% after deductible; 60 visits per therapy type per condition
<b>Outpatient Diagnostic Lab/X-rays/Testing</b>	100% after \$20 Copayment per visit	80% after deductible
<b>Maternity Care</b>		
Routine OB Office Visits	100% after \$20 Copayment per visit	80% after deductible
Inpatient Care	100% after \$100 Copayment per Admission	80% after deductible
<b>Hospice Care</b>	No Copayment (up to 180 days)	80% after deductible (up to 180 days)
<b>Home Health Care</b>	No Copayment	80% after deductible
<b>Skilled Nursing Facility</b>	No Copayment; maximum 120 days per Contract Year	80% after deductible; maximum 120 days per Contract Year
<b>Mental Health/Chemical Dependency</b>		
Inpatient	100% after \$100 Copayment per Admission	80% after deductible
Outpatient	100% after \$20 Copayment per visit	80% after deductible for visits 1-30 65% after deductible for visits 31+
<b>Durable Medical Equipment</b>	No Copayment for covered services and supplies	80% after deductible
<b>Chiropractic Care</b>	100% after \$20 Copayment; 20 visits per Contract Year	80% after deductible; 20 visits per Contract Year
<b>Acupuncture</b>	100% after \$20 Copayment	80% after deductible

<sup>1</sup> All elective hospitalizations require Pre-admission Authorization. Some outpatient services and Durable Medical Equipment require Prior Authorization. See Pre-certification requirements on reverse side for outpatient procedures.

<sup>2</sup> Participating Providers have agreed to accept the Plan's payment plus your deductible and co-insurance as full payment. If you choose a non-Participating Provider, the Plan is responsible for payment of the applicable percentage of either the Requested Charge or the Usual, Customary and Reasonable Charge, whichever is less. You will be responsible for any applicable deductible and co-insurance plus the balance, if any, of the non-Participating Provider's Charges. **All benefit limits stated under the Out-of-Plan benefit are combined with those limits stated In-Plan.**

<sup>3</sup> Copayment waived if Member is admitted to the hospital, in which case the inpatient hospitalization Copayment applies. Services that do not meet MAMSI Life and Health Insurance Company's (MLH) definition of emergency are not covered.

\* Annual out-of-pocket maximums: Actives and Retirees-Single \$2,000, Family \$4,000. The out-of-pocket maximum includes annual deductibles and amounts in excess of the percentage payable for covered medical services up to the Usual, Customary and Reasonable Charge authorized by MLH.

**This outline is intended as a summary only. For complete details, including a list of all exclusions and limitations, you may request an applicable Group Certificate by contacting our Member Services Department via e-mail at [mamemberservices@uhc.com](mailto:mamemberservices@uhc.com) or by telephone at 1-800-605-8202.**

**You are responsible for verifying that a physician, health care practitioner or facility is participating (In-Plan) at the time of service.**