

	UNITEDHEALTHCARE	
	In-Network or Out-of-Area*	City Plan PPO Out-of-Network*
<b>DEDUCTIBLES</b>		
Deductible and Out-of-Pocket Maximum (medical)	\$250 Deductible retiree only \$500 Deductible + 1 \$750 Deductible + 2 or more Annual out-of-pocket maximum \$3,750/person	\$500 Deductible retiree only \$1,000 Deductible + 1 \$1,500 Deductible + 2 or more Annual out-of-pocket maximum \$7,500/person
<b>PREVENTIVE CARE</b>		
Routine Physical	100% covered no deductible	50% covered after deductible
Most Immunizations and Inoculations	100% covered no deductible	50% covered after deductible
Well Woman Exam and Family Planning	100% covered no deductible	50% covered after deductible
Routine Pre/Post-Partum Care	85% covered after deductible	50% covered after deductible
<b>PHYSICIAN and OTHER PROVIDER CARE</b>		
Office and Home Visits	85% covered after deductible	50% covered after deductible
Inpatient Hospital Visits	85% covered after deductible	50% covered after deductible
<b>PRESCRIPTION DRUGS</b>		
Pharmacy: Generic Drugs	\$10 co-pay 30-day supply	50% covered after \$5 co-pay; 30-day supply
Pharmacy: Brand-Name Drugs	\$25 co-pay 30-day supply	50% covered after \$20 co-pay; 30-day supply
Pharmacy: Non-Formulary Drugs	\$50 co-pay 30-day supply	50% covered after \$45 co-pay; 30-day supply
Mail Order: Generic Drugs	\$20 co-pay 90-day supply	Not covered
Mail Order: Brand-Name Drugs	\$50 co-pay 90-day supply	Not covered
Mail Order: Non-Formulary Drugs	\$100 co-pay 90-day supply	Not covered
Specialty Drugs	Same as 30-day supply above limitations apply; see EOC	Same as 30-day supply above limitations apply; see EOC
<b>OUTPATIENT SERVICES</b>		
Diagnostic X-ray and Laboratory	85% covered after deductible	50% covered after deductible; prior notification
<b>EMERGENCY</b>		
Hospital Emergency Room	85% covered after deductible;if non-emergency 50% after deductible	85% covered after deductible;if non-emergency 50% after deductible
Urgent Care Facility	85% covered after deductible	50% covered after deductible
<b>HOSPITAL/SURGERY</b>		
Inpatient	85% covered after deductible; notification required	50% covered after deductible; notification required
Outpatient	85% covered after deductible	50% covered after deductible

	UNITEDHEALTHCARE City Plan PPO	
	In-Network or Out-of-Area*	Out-of-Network*
<b>REHABILITATIVE</b>		
Physical/Occupational Therapy	85% covered after deductible; 60 visits/year	50% covered after deductible; 60 visits/year
Acupuncture/Chiropractic	50% covered after deductible; \$1,000 max/year	50% covered after deductible; \$1,000 max/year
<b>GENDER DYSPHORIA</b>		
Office Visits and Outpatient Surgery	85% covered after deductible; notification required	50% covered after deductible; notification required
<b>DURABLE MEDICAL EQUIPMENT</b>		
Home Medical Equipment	85% covered after deductible; notification required	50% covered after deductible; notification required
Diabetic Monitoring Supplies	Co-pays apply see pharmacy benefits	Co-pays apply see pharmacy benefits
Prosthetics/Orthotics	85% covered after deductible; when medically necessary; notification required	50% covered after deductible; when medically necessary; notification required
Hearing Aids	85% covered after deductible; 1 aid per ear, every 36 months, up to \$2,500 each	50% covered after deductible; 1 aid per ear, every 36 months, up to \$2,500 each
<b>MENTAL HEALTH</b>		
Inpatient Hospitalization	85% covered after deductible; notification required	50% covered after deductible; notification required
Outpatient Treatment	85% covered after deductible; notification required	50% covered after deductible; notification required
Inpatient Detox	85% covered after deductible; notification required	50% covered after deductible; notification required
Residential Rehabilitation	85% covered after deductible; authorization required	50% covered after deductible; authorization required
<b>EXTENDED &amp; END-OF-LIFE CARE</b>		
Skilled Nursing Facility	85% covered after deductible; up to 120 days/year; notification required; custodial care not covered	50% covered after deductible; up to 120 days/year; notification required; custodial care not covered
Hospice	85% covered after deductible; authorization required	50% covered after deductible; authorization required
<b>OUTSIDE SERVICE AREA</b>		
Care Access and Limitations	Coverage worldwide. In-network and out-of-network percentages and co-pays apply.	Coverage worldwide. In-network and out-of-network percentages and co-pays apply.