SUREST PLAN OVERVIEW

Please refer to the official plan documents posted on the Benefits website for additional information on coverage and exclusions.

	UnitedHealthcare Choice Plus Network Surest Plan	
	In-Network	**Out-of-Network**
Plan Year Deductible	$0	$0
Plan Year Coinsurance Individual/Family	None	None
Plan Year Out-of-Pocket Max Individual/Family *(includes deductible, coinsurance, and copays)*	$5,000/$10,000	$10,000/$20,000
Preventative Care	$0	$160
Office Visits		
Office Visit *(Primary Care, Specialist)*	$20 - $105	$220
Primary & Urgent Care Virtual Visit	$0	Not Covered
Specialist Virtual Visit	$0 - $105	Not Covered
Teladoc	$0	Not Covered
Routine Diagnostic Test *(x-ray, lab, ultrasound)*	$0	$0
Complex Imaging *(MRI, CT, etc.)*	$100 to $1,400	Up to $2,400
Emergency Room	$650	$650
Urgent Care	$60	$60
Observation Stay	$650	$650
Ambulance	$375	$375
Procedures (Office, Outpatient, & Inpatient)	$35 - $3,000	Up to $9,000
Procedures *(Inpatient and some outpatient)*	$200 - $3,000	Up to $9,000
Other Outpatient Hospital Services	$150 - $850	$2,550
Other Inpatient Stay *(including admission from ER)*	$2,000	$6,000
CVS/CAREMARK Prescriptions		
Generic *(30 day supply)*	$10	In-Network + 50% of remaining cost
Preferred Brand *(30 day supply)*	20% cost share ($25 minimum - $50 maximum copay)	In-Network + 50% of remaining cost
Non-Preferred Brand *(30 day supply)*	50% cost share ($50 minimum - $100 maximum copay)	In-Network + 50% of remaining cost
Mail Order & Retail *(90 day supply)*	2x copay amount	In-Network + 50% of remaining cost
Specialty *(30 day supply)*	$100	In-Network + 50% of remaining cost
Mental Health & Substance Use Disorder		
Office Visit	$15	$160
Virtual Office Visit	$15	Not Covered
Intensive Outpatient Treatment Program	$60	$180
Partial Hospitalization Program	$110	$330
In an Outpatient Setting	$110	$330
In an Inpatient Setting	$1,600	$4,800

	UnitedHealthcare Choice Plus Network Surest Plan	
	In-Network	**Out-of-Network**
Maternity		
Prenatal and Postnatal Care	$0	$160
Delivery	$900 - $2,000	$6,000
Home Health Care[1]	$60	$180
Rehabilitative Therapies	$10 - $140	Up to $240
Acupuncture	$25	$25
Chiropractic	$25	$75
Massage Therapy	$25	$25
Occupational Therapy	$15 - $105	$185
Physical Therapy	$10 - $75	$225
Speech Therapy	$15 - $105	$185
Skilled Nursing Facility	$1,500	$4,500
Durable Medical Equipment	$0 - $1,000	Up to $2,000
Hospice		
Home Hospice Visit	$60	$180
Inpatient Hospice Care	$2,000	$6,000
Advanced Tests[2]	$20 - $1,300	Up to $3,150
Chemotherapy	$25 - $650	Up to $1,950
Medical Infusions	$40 - $2,600	Up to $7,800
Therapeutic Treatments[3]	$15 - $2,100	Up to $6.300

[1] 100 visits per calendar year; combined in- and out-of-network.

[2] Advanced Tests are complex medical tests your doctor may order to learn more about your health; typically planned and scheduled separately. Examples include a facility-based sleep study or tilt table testing.

[3] Therapeutic Procedures are treatments for complex diseases and health needs that do not involve surgery. Examples include radiation therapy or dialysis.