



Pima County

UHC Choice Plus and HDHP Comparisons Benefit Plan Year 2011 -2012

This brief summary highlights the UHC Choice Plus, and High Deductible Health Plans. Every effort has been made to ensure the accuracy of this chart. In the event of any discrepancy the legal documents, policies, or certificates pertaining to the various benefits will prevail. Please refer to the schedule of benefits for each plan. Provisions of the Patient Protection and Affordable Care Act mandates may supersede benefits and out-of-pocket costs.

Benefit Category	UHC Choice Plus		UHC HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Overall Features				
Deductible (plan year) Individual / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$4,000 / \$8,000
*Out-of-Pocket Maximum Individual / Family after deductible	Deductibles do not cross apply		Deductibles do not cross apply	
	\$2,000 / \$4,000	\$4,000 / \$8,000***	\$3,000 / \$6,000	\$8,000 / \$16,000***
Out-of-Pocket Maximum	Does Not Include Deductible (copays do not accumulate toward Out-of-Pocket Maximum) Out-of-Pocket Maximums do not cross apply		Includes Deductible Out-of-Pocket Maximums do not cross apply	
Maximum Lifetime Benefit	Unlimited		Unlimited	
Benefit Services				
Physician Office Visit	\$25 copay per visit	You pay 40%, after deductible***	You pay 10% after deductible	You pay 30%, after deductible***
Specialist Office Visit	\$45 copay per visit	You pay 40%, after deductible***	You pay 10% after deductible	You pay 30%, after deductible***
Preventive Care	Plan pays 100% deductible waived	Not Covered	Plan pays 100% deductible waived	Not Covered
Lab and X-Ray	Plan pays 100% deductible waived	You pay 40%, after deductible***	You pay 10% after deductible	You pay 30%, after deductible***
Specialized Screenings, MRI, MRAs, CAT Scan, Pet Scan	You pay 20% after deductible**	You pay 40%, after deductible***	You pay 10% after deductible	You pay 30%, after deductible***
Outpatient Surgery	You pay 20% after deductible	You pay 40%, after deductible***	You pay 10% after deductible	You pay 30%, after deductible***
Inpatient Hospital Services	You pay 20% after deductible	You pay 40%, after deductible***	You pay 10% after deductible	You pay 30%, after deductible***
Outpatient Rehabilitation Therapy and Chiropractic Services*	\$25 copay per visit	You pay 40%, after deductible***	You pay 10% after deductible	You pay 30%, after deductible***
Outpatient Therapeutic Treatments*	You pay 20% after deductible	You pay 40%, after deductible***	You pay 10% after deductible	You pay 30%, after deductible***
Vision	One refractive eye exam covered at 100% per plan year	Not Covered	One refractive eye exam covered at 100% per plan year	Not Covered
Emergency Services				
Ambulance	You pay 20% after deductible	You pay 20%, after deductible	You pay 10% after deductible	You pay 10%, after deductible
Emergency Services	Plan pays 100% after \$125 copay		Plan pays 90% after deductible	
Urgent Care	Plan pays 100% after \$35 copay	You pay 40%, after deductible***	You pay 10% after deductible	You pay 30%, after deductible***
Pharmacy				
Outpatient drugs - 31 day supply	\$10 / \$30 / \$50	\$10 / \$30 / \$50***	You pay 10% after deductible	You pay 30%, after deductible***
Mail Order - 90 day supply	\$20 / \$60 / \$100	\$20 / \$60 / \$100***	You pay 10% after deductible	You pay 30%, after deductible***
Pharmacy Out-of-Pocket Maximum	N/A	N/A	Plan pays 100% after out-of-pocket maximum has been met	Plan pays 100% after out-of-pocket maximum has been met

*See Benefit Summary for plan year visit limits.

**Received on an outpatient basis at a Hospital or Alternate Facility (i.e. Urgent Care) or in a Physician's office.

*** You are responsible for paying any difference between the provider's billed charge and the amount we will pay for Eligible Expenses when services are received out-of-network.