

**United Healthcare**  
Customer Service: (800) 357-0978  
www.myuhc.com

**Medco Prescription & Mail-Order Program**  
Customer Service: (800) 473-3455  
www.myuhc.com

The City offers three medical insurance plans through FMIT using the United Healthcare Network. A brief description of the Choice Plus Plan 004 is provided below, and the employee costs per pay period are shown on the premium table to the right. A summary of benefits is provided on the back of this page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact United Healthcare's Customer Service.

### Medical Insurance – Choice Plus Plan 004 24 Payroll Deductions

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Spouse	\$53.45
Employee + Child(ren)	\$18.32
Employee + Family	\$210.46

### In-Network Benefits

Providers who contract with insurance companies agree to accept discounted rates and are referred to as either "participating" or "in network." When you receive covered services from in-network providers, you can maximize your benefits and pay less. Once the in-network deductible is satisfied, you will pay the coinsurance, which is a percentage of the discounted amount. An in-network provider, by contract, cannot charge you more than the agreed upon discounted amount for covered services. The network of participating providers that the plan utilizes is the **Choice Plus Network**. To search for a participating provider, go to [www.uhc.com](http://www.uhc.com), click "Find a Doctor" and select "Search for a Doctor." Select "United Healthcare Choice Plus" for the plan then complete the search criteria.

### Out-of-Network Benefits

Providers who do not contract with insurance carriers because they do not accept their discounted rates are referred to as "non-participating" or "out of network." Understanding how your insurance company pays for out-of-network services is important because you will usually pay more.

The insurance company processes charges based on what it determines the "Usual, Customary and Reasonable (UCR)" charge is for a specific service. UCR or the "allowed amount" can be defined as the most common charge for a particular medical procedure performed in a specific geographic area. Since there is no contract in place between the insurance company and out-of-network provider, the provider may charge an amount higher than the UCR. The difference between the UCR amount and the provider's higher charge is called "balance billing." **Balance billing is in addition to your deductible and coinsurance responsibility.**

### Calendar Year Deductible

There is a \$500 individual or \$1,000 family in-network and \$1,000 individual or \$2,000 family out-of-network Calendar Year Deductible (CYD) that must be met before most plan benefits begin. (Typically, the CYD is applicable where you see that coinsurance is required). Copays for some services do not apply to the Calendar Year Deductible.

### Calendar Year Out-of-Pocket Maximum

Once any covered member incurs charges of \$3,000 for an individual or \$6,000 for a family in network and \$6,000 for an individual or \$12,000 for a family out of network, the plan will then provide 100% coverage thereafter for that individual or family, for the remainder of the calendar year. Charges that are applied to the Out-Of-Pocket Maximum include coinsurance and the annual deductible (excludes copays for some services). Fees for non-covered services and fees over the plan's allowable amount are excluded from the Calendar Year Out-of-Pocket Maximum.

Network	Choice Plus	
<b>Calendar Year Deductible (CYD)</b>	<b>In Network</b>	<b>Out of Network</b>
Single	\$500	\$1,000
Family	\$1,000	\$2,000
<b>Coinsurance</b>	<b>In Network</b>	<b>Out of Network</b>
Member Responsibility	20%	30%
<b>Calendar Year Out-of-Pocket Maximum</b>	<b>In Network</b>	<b>Out of Network</b>
Single	\$3,000	\$6,000
Family	\$6,000	\$12,000
What Applies to the Out-of-Pocket Maximum	Coinsurance and Deductible ( <i>Excludes Copays for some services</i> )	
<b>Physician Services</b>	<b>In Network</b>	<b>Out of Network*</b>
Physician Office Visit	\$20 Copay	30% After CYD
Specialist Office Visit	\$40 Copay	
<b>Diagnostic Services</b>	<b>In Network</b>	<b>Out of Network*</b>
Clinical Lab (Blood Work) at Independent Facility	No Charge	30% After CYD
X-rays at Independent Facility	No Charge	
Advanced Imaging (MRI, PET, CT)	20% After CYD	
<b>Hospital Services</b>	<b>In Network</b>	<b>Out of Network*</b>
Inpatient	20% After CYD	30% After CYD
Outpatient Surgery	20% After CYD	30% After CYD
Physician Services at Hospital	20% After CYD	30% After CYD
Emergency Room (Waived if Admitted)	\$125 Copay	\$125 Copay
Urgent Care Center	\$35 Copay	30% After CYD
<b>Mental Health / Alcohol &amp; Substance Abuse</b>	<b>In Network</b>	<b>Out of Network*</b>
Inpatient (Prior Authorization Required)	20% After CYD	30% After CYD
Outpatient (Prior Authorization Required)	\$20 Copay	
<b>Prescription Drugs (Rx)</b>	<b>In Network</b>	<b>Out of Network*</b>
Tier 1	\$10 Copay	\$10 Copay
Tier 2	\$30 Copay	\$30 Copay
Tier 3	\$50 Copay	\$50 Copay
Mail Order Drug (90 Day Supply)	\$25 / \$75 / \$125 Copay	No Coverage

**\*Out-Of-Network Balance Billing**

For information regarding out-of-network balance billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the previous page.

**Out-of-Network Prescription Drug Note:**

If you purchase a Prescription Drug Product from a Non-Network Pharmacy, you are responsible for any difference between what the Non-Network Pharmacy charges and the amount United Healthcare would have paid for the Prescription Drug Product dispensed by a Network Pharmacy.

## United Healthcare

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## Medco Prescription & Mail-Order Program

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The City offers three medical insurance plans through FMIT using the United Healthcare Network. A brief description of the Choice Plus Plan 003 is provided below, and the employee costs per pay period are shown on the premium table to the right. A summary of benefits is provided on the back of this page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact United Healthcare's Customer Service.

### Medical Insurance – Choice Plus Plan 003 24 Payroll Deductions

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Spouse	\$75.08
Employee + Child(ren)	\$38.41
Employee + Family	\$241.88

### In-Network Benefits

Providers who contract with insurance companies agree to accept discounted rates and are referred to as either "participating" or "in network." When you receive covered services from in-network providers, you can maximize your benefits and pay less. Once the in-network deductible is satisfied, you will pay the coinsurance, which is a percentage of the discounted amount. An in-network provider, by contract, cannot charge you more than the agreed upon discounted amount for covered services. The network of participating providers that the plan utilizes is the **Choice Plus Network**. To search for a participating provider, go to [www.uhc.com](http://www.uhc.com), click "Find a Doctor" and select "Search for a Doctor." Select "United Healthcare Choice Plus" for the plan then complete the search criteria.

### Out-of-Network Benefits

Providers who do not contract with insurance carriers because they do not accept their discounted rates are referred to as "non-participating" or "out of network." Understanding how your insurance company pays for out-of-network services is important because you will usually pay more.

The insurance company processes charges based on what it determines the "Usual, Customary and Reasonable (UCR)" charge is for a specific service. UCR or the "allowed amount" can be defined as the most common charge for a particular medical procedure performed in a specific geographic area. Since there is no contract in place between the insurance company and out-of-network provider, the provider may charge an amount higher than the UCR. The difference between the UCR amount and the provider's higher charge is called "balance billing." **Balance billing is in addition to your deductible and coinsurance responsibility.**

### Calendar Year Deductible

There is a \$500 individual or \$1,000 family in-network and \$1,000 individual or \$2,000 family out-of-network Calendar Year Deductible (CYD) that must be met before most plan benefits begin. (Typically, the CYD is applicable where you see that coinsurance is required). Copays for some services do not apply to the Calendar Year Deductible.

### Calendar Year Out-of-Pocket Maximum

Once any covered member incurs charges of \$2,500 for an individual or \$5,000 for a family in network and \$5,000 for an individual or \$10,000 for a family out of network, the plan will then provide 100% coverage thereafter for that individual or family, for the remainder of the calendar year. Charges that are applied to the Out-Of-Pocket Maximum include coinsurance and the annual deductible (excludes copays for some services). Fees for non-covered services and fees over the plan's allowable amount are excluded from the Calendar Year Out-of-Pocket Maximum.

Network	Choice Plus	
<b>Calendar Year Deductible (CYD)</b>	<b>In Network</b>	<b>Out of Network</b>
Single	\$500	\$1,000
Family	\$1,000	\$2,000
<b>Coinsurance</b>	<b>In Network</b>	<b>Out of Network</b>
Member Responsibility	10%	30%
<b>Calendar Year Out-of-Pocket Maximum</b>	<b>In Network</b>	<b>Out of Network</b>
Single	\$2,500	\$5,000
Family	\$5,000	\$10,000
What Applies to the Out-of-Pocket Maximum	Coinsurance and Deductible ( <i>Excludes Copays for some services</i> )	
<b>Physician Services</b>	<b>In Network</b>	<b>Out of Network*</b>
Physician Office Visit	\$15 Copay	30% After CYD
Specialist Office Visit	\$30 Copay	
<b>Diagnostic Services</b>	<b>In Network</b>	<b>Out of Network*</b>
Clinical Lab (Blood Work) at Independent Facility	No Charge	30% After CYD
X-rays at Independent Facility	No Charge	
Advanced Imaging (MRI, PET, CT)	10% After CYD	
<b>Hospital Services</b>	<b>In Network</b>	<b>Out of Network*</b>
Inpatient	10% After CYD	30% After CYD
Outpatient Surgery	10% After CYD	30% After CYD
Physician Services at Hospital	10% After CYD	30% After CYD
Emergency Room (Waived if Admitted)	\$125 Copay	\$125 Copay
Urgent Care Center	\$35 Copay	30% After CYD
<b>Mental Health / Alcohol &amp; Substance Abuse</b>	<b>In Network</b>	<b>Out of Network*</b>
Inpatient (Prior Authorization Required)	10% After CYD	30% After CYD
Outpatient (Prior Authorization Required)	\$15 Copay	
<b>Prescription Drugs (Rx)</b>	<b>In Network</b>	<b>Out of Network*</b>
Tier 1	\$10 Copay	\$10 Copay
Tier 2	\$30 Copay	\$30 Copay
Tier 3	\$50 Copay	\$50 Copay
Mail Order Drug (90 Day Supply)	\$25 / \$75 / \$125 Copay	No Coverage

**\*Out-Of-Network Balance Billing**

For information regarding out-of-network balance billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the previous page.

**Out-of-Network Prescription Drug Note:**

If you purchase a Prescription Drug Product from a Non-Network Pharmacy, you are responsible for any difference between what the Non-Network Pharmacy charges and the amount United Healthcare would have paid for the Prescription Drug Product dispensed by a Network Pharmacy.

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## Medco Prescription & Mail-Order Program

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### Medical Insurance – Choice Plus Plan 001 24 Payroll Deductions

Tier of Coverage	Employee Cost
Employee Only	\$8.73
Employee + Spouse	\$138.94
Employee + Child(ren)	\$97.63
Employee + Family	\$335.61

### In-Network Benefits

Providers who contract with insurance companies agree to accept discounted rates and are referred to as either "participating" or "in network." When you receive covered services from in-network providers, you can maximize your benefits and pay less. Once the in-network deductible is satisfied, you will pay the coinsurance, which is a percentage of the discounted amount. An in-network provider, by contract, cannot charge you more than the agreed upon discounted amount for covered services. The network of participating providers that the plan utilizes is the **Choice Plus Network**. To search for a participating provider, go to [www.uhc.com](http://www.uhc.com), click "Find a Doctor" and select "Search for a Doctor." Select "United Healthcare Choice Plus" for the plan then complete the search criteria.

### Out-of-Network Benefits

Providers who do not contract with insurance carriers because they do not accept their discounted rates are referred to as "non-participating" or "out of network." Understanding how your insurance company pays for out-of-network services is important because you will usually pay more.

The insurance company processes charges based on what it determines the "Usual, Customary and Reasonable (UCR)" charge is for a specific service. UCR or the "allowed amount" can be defined as the most common charge for a particular medical procedure performed in a specific geographic area. Since there is no contract in place between the insurance company and out-of-network provider, the provider may charge an amount higher than the UCR. The difference between the UCR amount and the provider's higher charge is called "balance billing." **Balance billing is in addition to your deductible and coinsurance responsibility.**

### Calendar Year Deductible

There is a \$250 individual or \$500 family in-network and \$500 individual or \$1,000 family out-of-network Calendar Year Deductible (CYD) that must be met before most plan benefits begin. (Typically, the CYD is applicable where you see that coinsurance is required). Copays do not apply to the Calendar Year Deductible.

### Calendar Year Out-of-Pocket Maximum

Once any covered member incurs charges of \$2,000 for an individual or \$4,000 for a family in network and \$4,000 for an individual or \$8,000 for a family out of network, the plan will then provide 100% coverage thereafter for that individual or family, for the remainder of the calendar year. Charges that are applied to the Out-Of-Pocket Maximum include coinsurance and the annual deductible (excludes copays for some services). Fees for non-covered services and fees over the plan's allowable amount are excluded from the Calendar Year Out-of-Pocket Maximum.

Network	Choice Plus	
<b>Calendar Year Deductible (CYD)</b>	<b>In Network</b>	<b>Out of Network</b>
Single	\$250	\$500
Family	\$500	\$1,000
<b>Coinsurance</b>	<b>In Network</b>	<b>Out of Network</b>
Member Responsibility	0%	30%
<b>Calendar Year Out-of-Pocket Maximum</b>	<b>In Network</b>	<b>Out of Network</b>
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
What Applies to the Out-of-Pocket Maximum	Coinsurance and Deductible ( <i>Excludes Copays for some services</i> )	
<b>Physician Services</b>	<b>In Network</b>	<b>Out of Network*</b>
Physician Office Visit	\$10 Copay	30% After CYD
Specialist Office Visit	\$20 Copay	
<b>Diagnostic Services</b>	<b>In Network</b>	<b>Out of Network*</b>
Clinical Lab (Blood Work) at Independent Facility	No Charge	30% After CYD
X-rays at Independent Facility	No Charge	
Advanced Imaging (MRI, PET, CT)	\$100 Copay	
<b>Hospital Services</b>	<b>In Network</b>	<b>Out of Network*</b>
Inpatient	0% After CYD	30% After CYD
Outpatient Surgery	\$100 Copay	30% After CYD
Physician Services at Hospital	0% After CYD	30% After CYD
Emergency Room (Waived if Admitted)	\$100 Copay	\$100 Copay
Urgent Care Center	\$35 Copay	30% After CYD
<b>Mental Health / Alcohol &amp; Substance Abuse</b>	<b>In Network</b>	<b>Out of Network*</b>
Inpatient (Prior Authorization Required)	0% After CYD	30% After CYD
Outpatient (Prior Authorization Required)	\$10 Copay	
<b>Prescription Drugs (Rx)</b>	<b>In Network</b>	<b>Out of Network*</b>
Tier 1	\$10 Copay	\$10 Copay
Tier 2	\$30 Copay	\$30 Copay
Tier 3	\$50 Copay	\$50 Copay
Mail Order Drug (90 Day Supply)	\$25 / \$75 / \$125 Copay	No Coverage

**\*Out-Of-Network Balance Billing**

For information regarding out-of-network balance billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the previous page.

**Out-of-Network Prescription Drug Note:**

If you purchase a Prescription Drug Product from a Non-Network Pharmacy, you are responsible for any difference between what the Non-Network Pharmacy charges and the amount United Healthcare would have paid for the Prescription Drug Product dispensed by a Network Pharmacy.

## Member Self-Service Website

Myuhc.com is the 24-hour secure member website and provides access to many self-service choices and health related information. Register at myuhc.com for personalized services including:

- Verify your personal information
- Review your coverage
- Search Frequently Asked Questions
- Pharmacy on-line ordering
- Order ID cards
- Download forms
- View your claims
- Learn about discount programs
- Communicate with Customer Service
- Treatment Cost Estimator
- Personalized Health Assessment

## Provider Directory Online

The on-line provider search tool allows you to obtain up-to-date listings of participating physicians, other medical professionals and facilities by selecting your network. You also receive easy access to information about providers that is not available in paper directories. This includes information about:

- Which plans the provider accepts
- Medical school attended & Board certification(s)
- Hospital affiliation
- Handicap access
- Locations, directions and maps, plus office hours
- Doctor's gender and language spoken

## 24 Hour Help Line — Care24: (888) 887-4114

The Care24 health information line provides you access to information and assistance from qualified professionals on a wide range of topics 24 hours a day, any day of the year. Have you injured yourself and are not sure if you should seek treatment or go see a doctor? Have stress, grief, personal, legal, or financial questions? There are over 1,000 topics on health and well-being that include audio, video and printed information on wellness, nutrition, women's health, surgery and specific health conditions to help you weigh the risks and advantages of treatment options. The call is FREE and is strictly confidential.

## Discount Programs & Services

UnitedHealth Allies is a FREE member discount program and offers all members access to discounted health and wellness programs at participating providers. Members can call (800) 860-8773 or log on to [www.myuhc.com](http://www.myuhc.com) and select health and wellness; the health discount program; and Exclusive Health Discounts to learn more about these programs:

- Dental Care
- Vision Care
- Laser Vision Correction Services
- Hearing Products
- Fitness Programs
- Weight Management Programs & Nutrition Counseling
- Tobacco Cessation
- Alternative Medicine
- Health Supplies
- Long Term Care

## Other Programs & Services

- **Cancer Support Program:** The program provides support and answers questions when you or a family member is diagnosed. Call (866) 936-6002 from 7 am to 7 pm to get information on Centers of Excellence, treatment, guidance and more.
- **MomMe Program:** Call (800) 411-7984 24/7 or online at [www.healthy-pregnancy.com](http://www.healthy-pregnancy.com) to get information or speak with a maternity consultant, about selecting a doctor, creating a birth plan, fitness, nutrition, labor or c-section, selecting a pediatrician, caring for your newborn and much more.

## Preventive Health Coverage

The plan provides coverage for preventive care visits. These child and/or adult visits are periodic well visits, routine immunizations and routine screenings. For a detailed list of what screenings are covered under your plan, please refer to your certificate of coverage. There are other services which are not classified as preventative care, but are generally covered under your medical plan, including tests to investigate existing symptoms, tests to follow up on results of a screening, and tests to monitor an ongoing condition or prevent a current condition from becoming worse.

## Prescription Drug Coverage & Mail Order Program

The plan provides in-network coverage for prescription drugs. In addition, you can participate in the Rx Mail Order Program through Medco for maintenance medications for conditions such as allergies, asthma, birth control, diabetes, high blood pressure, glaucoma and many more. The mail order program allows you to receive a 3 month's supply of prescription drugs at a cost of only 2.5 copays and they are delivered directly to your home while saving 1/2 month's copay. Additional information, including claim forms and mailing envelopes for the prescription mail order program, may be obtained by contacting United Healthcare.