

**United HealthCare**  
**Choice Plus Plan**  
**for USF College of Medicine**

	Tier 1 USF	Tier 2 UHC In-Network	Tier 3 UHC Out-Of-Network
<b>Plan Features</b>			
<ul style="list-style-type: none"> <li>■ Physician Services Office Visit Copay</li> <li>■ Specialist Copay</li> <li>■ Plan Coinsurance</li> <li>■ Emergency Room - Copay \$0 If Admitted</li> <li>■ Urgent Care</li> <li>■ Individual Deductible</li> <li>■ Family Deductible</li> <li>■ Hospital Confinement Deductible</li> <li>■ Non-Notification Penalty</li> <li>■ Individual Out-Of-Pocket</li> <li>■ Family Out-Of-Pocket</li> <li>■ Lifetime Maximum</li> </ul>	Copay \$0  Copay \$0 100% 100%  100% Deductible \$0 Deductible \$0 Deductible \$0  Reduction to 50%  Out of Pocket \$0  Out of Pocket \$0  Unlimited	\$10 Copay Per Visit  \$20 Copay Per Visit 80% \$50  100% \$250 \$500 N/A  Reduction to 50%  \$2000  \$4000  Unlimited	80% after Deductible  80% \$50  80% after Deductible \$500 \$1000 \$250  Reduction to 50%  \$4000  \$8000  Unlimited
<b>Covered Services</b>			
<b>Physician Office Visits</b> <ul style="list-style-type: none"> <li>■ Routine Physical Examinations</li> <li>■ Diagnostic Lab &amp; X-Ray</li> <li>■ Eye Examination\</li> <li>■ Injections in Doctors Office, except for immunizations</li> <li>■ Well Child Care/Immunizations</li> <li>■ Preventive Care</li> <li>■ Specialist (Office Visits)</li> </ul>	Copay \$0 Copay \$0  Copay \$0  Copay \$0  Copay \$0 Copay \$0 Copay \$0	\$10 Copay Per Visit \$10 Copay Per Visit  \$10 Copay Per Visit  \$10 Copay Per Visit  \$10 Copay Per Visit \$20 Copay per Visit	80% after Deductible Not Covered  80% after Deductible  80% after Deductible  80% after Deductible  Not Covered Not Covered 80% after Deductible
<b>Outpatient Diagnostic Services</b> <ul style="list-style-type: none"> <li>■ Diagnostic, Laboratory And X-Ray</li> </ul>	100%	80% after Deductible	80% after Deductible
<b>Outpatient Surgery</b> <ul style="list-style-type: none"> <li>■ Outpatient Surgical Center</li> </ul>	100%	80% after Deductible	80% after Deductible

**United HealthCare**  
**Choice Plus Plan**  
**for USF College of Medicine**

	<b>Tier 1 USF</b>	<b>Tier 2 UHC In-Network</b>	<b>Tier 3 UHC Out-Of-Network</b>
<b>Outpatient Rehabilitation (In office)</b> ■ Physical Therapy ■ Occupational Therapy ■ Speech Therapy ■ Spinal Manipulation 20 Visits Of Each Type Per Year	Copay \$0 100% 100% Copay \$0	\$20 Copay \$20 Copay \$20 Copay \$20 Copay	80% after Deductible 80% after Deductible 80% after Deductible 80% after Deductible
<b>Hospital Care</b> ■ Room And Board ■ Diagnostic Laboratory And X-Ray ■ Misc. Charges	100%	80% after Deductible	80% after Deductible
<b>Professional Fees - Inpatient</b> ■ Surgeon/Physicians	100%	80% after Deductible	80% after Deductible
<b>Maternity Care</b> ■ Physician Prenatal And Postnatal Care	100%	80% after Deductible	80% after Deductible
<b>Emergency Care</b> ■ Hospital Emergency Room Care (Copay \$0 If Admitted) ■ Ambulance Services	100%	\$50 Copay	\$50 Copay
■ Dental - Accident only	100%	100%	100%
■ Prosthetic Devices	100%	100%	80% after Deductible

**United HealthCare**  
**Choice Plus Plan**  
**for USF College of Medicine**

	Tier 1 USF	Tier 2 UHC In-Network	Tier 3 UHC Out-Of-Network
■ <b>Durable Medical Equipment</b>	100%	100%	80% after Deductible
■ <b>Home HealthCare</b> 40 Visits Per Calendar Year	100%	100%	80% after Deductible
■ <b>Hospice Services</b>	100%	100%	80% after Deductible
■ <b>Skilled Nursing/Extended Care Facility Services</b> 120 Days Per Calendar Year	100%	100%	80% after Deductible
■ <b>Transplant Benefits Through United Resource Networks</b>	100% Through The Program	100% Through The Program	80% after Deductible
■ <b>Mental Health/Substance Abuse Inpatient</b>	100%	80% after deductible	80% after deductible
■ <b>Outpatient</b>	Individual copay \$0 Group Copay \$0	\$10 Copay	80% after deductible
<b>Prescription Drug Services ( Mandatory Generic Program in place 7/1/17)</b>			
<b>Retail Pharmacy:</b>			
■ Retail Generic	\$10 Copay	\$10 Copay	Not Covered
■ Retail Formulary Brand	\$25 copay	\$25 Copay	Not Covered
■ Retail Non Formulary Brand	\$40 copay	\$40 Copay	Not Covered
<b>Mail Order Drugs</b>			
■ Mail Order Generic	\$20 copay	\$20 Copay	Not Covered
■ Mail Order Formulary Brand	\$50 Copay	\$50 Copay	Not Covered
■ Mail Order Non Formulary Brand	\$80 Copay	\$80 Copay	Not Covered
<b>Network Type</b>	Preferred Network	Preferred Network	Not Covered
<b>Generic Drug Policy</b>	Voluntary	Voluntary	Not Covered
<b>Contraceptives – oral,</b>	Covered	Covered	Not Covered

**United HealthCare**  
**Choice Plus Plan**  
**for USF College of Medicine**

	Tier 1 USF	Tier 2 UHC In-Network	Tier 3 UHC Out-Of-Network
<b>diaphragms and self-administered injectibles</b>			
<ul style="list-style-type: none"> <li>• All plan limits are combined for network and non-network services.</li> <li>• Deductibles and Out of Pocket limits are separate for in network and out of network and do NOT cross apply.</li> </ul>			