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

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Tier 1 USF</th>
<th>Tier 2 UHC In-Network</th>
<th>Tier 3 UHC Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visit Copay</td>
<td>$0 Copay</td>
<td>$10 Copay Per Visit</td>
<td>80% after Deductible</td>
</tr>
<tr>
<td>Specialist Copay</td>
<td>$0 Copay</td>
<td>$20 Copay Per Visit</td>
<td></td>
</tr>
<tr>
<td>Plan Coinsurance</td>
<td>100%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Emergency Room -</td>
<td>$0 Copay</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>Copay</td>
<td>$0 If Admitted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care</td>
<td>100%</td>
<td>100%</td>
<td>80% after Deductible</td>
</tr>
<tr>
<td>Individual Deductible</td>
<td>Deductible $0</td>
<td>$250</td>
<td>$500</td>
</tr>
<tr>
<td>Family Deductible</td>
<td>Deductible $0</td>
<td>$500</td>
<td>$1000</td>
</tr>
<tr>
<td>Hospital Confinement Deductible</td>
<td>Deductible $0</td>
<td>N/A</td>
<td>$250</td>
</tr>
<tr>
<td>Non-Notification Penalty</td>
<td>Reduction to 50%</td>
<td>Reduction to 50%</td>
<td>Reduction to 50%</td>
</tr>
<tr>
<td>Individual Out-Of-Pocket</td>
<td>Out of Pocket $0</td>
<td>$2000</td>
<td>$4000</td>
</tr>
<tr>
<td>Family Out-Of-Pocket</td>
<td>Out of Pocket $0</td>
<td>$4000</td>
<td>$8000</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

## Covered Services

### Physician Office Visits
- Routine Physical Examinations
- Diagnostic Lab & X-Ray
- Eye Examination
- Injections in Doctors Office, except for immunizations
- Well Child Care/Immunizations
- Preventive Care
- Specialist (Office Visits)

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Tier 1 USF</th>
<th>Tier 2 UHC In-Network</th>
<th>Tier 3 UHC Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copay $0</td>
<td>$10 Copay Per Visit</td>
<td>80% after Deductible</td>
<td></td>
</tr>
<tr>
<td>Copay $0</td>
<td>$10 Copay Per Visit</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Copay $0</td>
<td>$10 Copay Per Visit</td>
<td>80% after Deductible</td>
<td></td>
</tr>
<tr>
<td>Copay $0</td>
<td>$10 Copay Per Visit</td>
<td>80% after Deductible</td>
<td></td>
</tr>
<tr>
<td>Copay $0</td>
<td>$10 Copay Per Visit</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Copay $0</td>
<td>$20 Copay per Visit</td>
<td>80% after Deductible</td>
<td></td>
</tr>
</tbody>
</table>

### Outpatient Diagnostic Services
- Diagnostic, Laboratory And X-Ray

<table>
<thead>
<tr>
<th>Outpatient Diagnostic Services</th>
<th>Tier 1 USF</th>
<th>Tier 2 UHC In-Network</th>
<th>Tier 3 UHC Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>80% after Deductible</td>
<td>80% after Deductible</td>
<td></td>
</tr>
</tbody>
</table>

### Outpatient Surgery
- Outpatient Surgical Center

<table>
<thead>
<tr>
<th>Outpatient Surgery</th>
<th>Tier 1 USF</th>
<th>Tier 2 UHC In-Network</th>
<th>Tier 3 UHC Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>80% after Deductible</td>
<td>80% after Deductible</td>
<td></td>
</tr>
</tbody>
</table>
United HealthCare
Choice Plus Plan
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<table>
<thead>
<tr>
<th>Service</th>
<th>Tier 1 USF</th>
<th>Tier 2 UHC In-Network</th>
<th>Tier 3 UHC Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Rehabilitation (In office)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Copay $0</td>
<td>$20 Copay</td>
<td>80% after Deductible</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>100%</td>
<td>$20 Copay</td>
<td>80% after Deductible</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>100%</td>
<td>$20 Copay</td>
<td>80% after Deductible</td>
</tr>
<tr>
<td>Spinal Manipulation</td>
<td>Copay $0</td>
<td>$20 Copay</td>
<td>80% after Deductible</td>
</tr>
<tr>
<td>20 Visits Of Each Type Per Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Care</strong></td>
<td>100%</td>
<td>80% after Deductible</td>
<td>80% after Deductible</td>
</tr>
<tr>
<td>Room And Board</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic Laboratory And X-Ray</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Misc. Charges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Professional Fees - Inpatient</strong></td>
<td>100%</td>
<td>80% after Deductible</td>
<td>80% after Deductible</td>
</tr>
<tr>
<td>Surgeon/Physicians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maternity Care</strong></td>
<td>100%</td>
<td>80% after Deductible</td>
<td>80% after Deductible</td>
</tr>
<tr>
<td>Physician Prenatal And Postnatal Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>100%</td>
<td>$50 Copay</td>
<td>$50 Copay</td>
</tr>
<tr>
<td>Hospital Emergency Room Care(Copay $0 If Admitted)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Dental - Accident only</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Prosthetic Devices</td>
<td>100%</td>
<td>100%</td>
<td>80% after Deductible</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th></th>
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<th>Tier 2 UHC In-Network</th>
<th>Tier 3 UHC Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
<td>100%</td>
<td>100%</td>
<td>80% after Deductible</td>
</tr>
<tr>
<td><strong>Home HealthCare</strong></td>
<td>100%</td>
<td>100%</td>
<td>80% after Deductible</td>
</tr>
<tr>
<td>40 Visits Per Calendar Year</td>
<td>100%</td>
<td>100%</td>
<td>80% after Deductible</td>
</tr>
<tr>
<td><strong>Hospice Services</strong></td>
<td>100%</td>
<td>100%</td>
<td>80% after Deductible</td>
</tr>
<tr>
<td><strong>Skilled Nursing/Extended Care Facility Services</strong></td>
<td>100%</td>
<td>100%</td>
<td>80% after Deductible</td>
</tr>
<tr>
<td>120 Days Per Calendar Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transplant Benefits Through United Resource Networks</strong></td>
<td>100% Through The Program</td>
<td>100% Through The Program</td>
<td>80% after Deductible</td>
</tr>
<tr>
<td><strong>Mental Health/Substance Abuse Inpatient</strong></td>
<td>100%</td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td>Individual copay $0</td>
<td>$10 Copay</td>
<td>80% after deductible</td>
</tr>
<tr>
<td></td>
<td>Group Copay $0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Prescription Drug Services (Mandatory Generic Program in place 7/1/17)

**Retail Pharmacy:**

- Retail Generic: $10 Copay
- Retail Formulary Brand: $25 copay
- Retail Non Formulary Brand: $40 copay

**Mail Order Drugs**

- Mail Order Generic: $20 copay
- Mail Order Formulary Brand: $50 Copay
- Mail Order Non Formulary Brand: $80 Copay

**Network Type**

- Preferred Network
- Voluntary

**Generic Drug Policy**

- Covered
- Voluntary

**Contraceptives – oral,**

- Covered
- Voluntary

Choice Plus Plan – UNIVERSITY MEDICAL SERVICE ASSOCIATION, INC.
<table>
<thead>
<tr>
<th>Service</th>
<th>Tier 1 USF</th>
<th>Tier 2 UHC In-Network</th>
<th>Tier 3 UHC Out-Of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diaphragms and self-administered injectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- All plan limits are combined for network and non-network services.
- Deductibles and Out of Pocket limits are separate for in network and out of network and do NOT cross apply.