

2017 Auglaize County Benefit Summary



A UnitedHealthcare Company

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Per Calendar Year:		
• Single	\$1,300	\$2,600
• Family (Non-Embedded Deductible)	\$2,600	\$5,200
Participation Rate, Unless Otherwise Stated Below:		
• Paid By Plan After Satisfaction Of Deductible	80%	60%
Annual Out-Of-Pocket Maximum:		
• Per Person/Per Family (Embedded)	\$2,600 / \$5,200	\$5,200 / \$10,400
Ambulance Transportation:	80%	60%
Durable Medical Equipment:	80%	60%
Emergency Services / Treatment		
• Urgent Care:	80%	60%
• True Emergency Room / Emergency Physicians:	100%	100%
Non-True Emergency Room / Emergency Physicians:	50%	50%
Extended Care Facility Benefits, Such As Skilled Nursing, Convalescent, Or Subacute Facility: (120 days)	80%	60%
• Home Health Care Benefits: (120 visits)	80%	60%
<i>Note: A Home Health Care Visit Will Be Considered A Periodic Visit By Either A Nurse Or Qualified Therapist, As The Case May Be, Or Up To Four Hours Of Home Health Care Services.</i>		
Hospice Care Benefits		
Hospice Services: (26 week lifetime limit)	80%	60%
Bereavement Counseling:		
• Paid By Plan After Deductible	80%	60%
Hospital Services		
• Pre-Admission Testing:	80%	60%
• Inpatient Services / Inpatient Physician Charges; Room And Board Subject To The Payment Of Semi-Private Room Rate Or Negotiated Room Rate:	80%	60%
Inpatient Lab, X-Ray And Supply Charges:	80%	60%
Outpatient Services / Outpatient Physician Charges:	80%	60%
Outpatient Imaging Charges:	80%	60%
Outpatient Lab And X-Ray Charges:	80%	60%
Outpatient Surgery / Surgeon Charges:	80%	60%
Manipulations:	80%	60%
<i>Note: Medical Necessity Will Be Reviewed After 25 Visits.</i>		
Mental Health, Substance Use Disorder, And	80%	60%

	IN-NETWORK	OUT-OF-NETWORK	
Chemical Dependency Benefits:			
Morbid Obesity Treatment: <ul style="list-style-type: none">Bariatric Surgery: Maximum Benefit Per Lifetime 1 surgery	80%	60%	
Nursery And Newborn Expenses:	80%	60%	
<i>Note: Deductible And / Or Co-pay Will Be Waived For Preventive/Routine Well Newborn Charges, Initial Stay (Days 0-5).</i>			
Physician Office Visit:	80%	60%	
Physician Office Services:	80%	60%	
Preventive / Routine Physical Exams At Appropriate Ages: (includes immunizations, labs/x-rays, mammograms, cancer screenings, etc)	100% NSTD	60%	
Preventive / Routine Colonoscopies, Sigmoidoscopies, And Similar Routine Surgical Procedures Performed For Preventive Reasons:			
Facility Charges Only:	100% NSTD	60%	
All Other Charges:	100% NSTD	60%	
Second Surgical Opinion:	80%	60%	
Temporomandibular Joint Disorder Benefits:	80%	60%	
Therapy Services: 60 visits PT/OT/ST	80%	60%	
<i>Note: Medical Necessity Will Be Reviewed After 25 Visits.</i>			
All Other Covered Expenses:	80%	60%	
Pharmacy Benefits Administered by MedTrak			
Copays apply after deductible has been satisfied			
Participating Pharmacy	Retail	Performance 90	Mail Service
Maximum Day Supply	30	90	90
Generic Copay	\$7	\$14	\$14
Formulary Copay	\$35	\$70	\$70
Non-Formulary Copay	50%	50%	50%
Specialty Medications	50% of cost (maximum 30 day supply allowed)		