

2025 Auglaize County Benefit Summary - HDHP



A UnitedHealthcare Company

	IN-NETWORK	OUT-OF-NETWORK
All Services excluding In-Network Preventive Care are Subject to the Deductible		
Annual Deductible Per Calendar Year:		
• Per Person	\$1,900	\$3,800
• Per Family (can be satisfied by one or more covered family members)	\$3,800	\$7,600
Participation Rate, Unless Otherwise Stated Below:		
• Paid By Plan After Satisfaction Of Deductible	80%	60%
Annual Out-Of-Pocket Maximum:		
• Per Person/Per Family (no one covered family member will need to meet more than the Per Person Out of Pocket amount)	\$5,000 / \$7,000	10,000 / \$14,000
Ambulance Transportation:	80%	80%
Durable Medical Equipment:	80%	60%
Emergency Services / Treatment		
• Urgent Care:	80%	60%
• True Emergency Room / Emergency Physicians:	100%	100%
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 limit)	80%	60%
Bereavement Counseling:		
Paid By Plan After Deductible	80%	60%
• Hospital Services		
• Pre-Admission Testing:		
Paid By Plan After Deductible	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: (12 visit limit)	80%	60%

	IN-NETWORK	OUT-OF-NETWORK
• Mental Health, Substance Use Disorder, And Chemical Dependency Benefits:	80%	60%
• Morbid Obesity Treatment:	80%	60%
Bariatric Surgery: Maximum Benefit Per Lifetime 1 surgery	80%	60%
Non Routine 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 Care Benefits. See Glossary Of Terms For Definition. Benefits Include:		
Preventive / Routine Physical Exams At Appropriate Ages:	100%	60%
Immunizations (age appropriate):	100%	60%
Preventive / Routine Diagnostic Tests, Lab, And X-Rays At Appropriate Ages:	100%	60%
Preventive / Routine Mammograms And Breast Exams: 1 exam per calendar year	100%	60%
• Preventive / Routine Pelvic Exams And Pap Tests: 1 Exam Per Calendar Year	100%	60%
• Preventive / Routine PSA Tests And Prostate Exams: 1 exam per calendar year	100%	60%
• Preventive / Routine Colonoscopies, Sigmoidoscopies, And Similar Routine Surgical Procedures Performed For Preventive Reasons:	100%	60%
Preventive / Routine Hearing Exams:	100%	60%
Preventive / Routine Autism Screening: From Age 0 To 21	100%	60%
Preventive / Routine Diagnostic Tests, Lab, And X-Rays:	100%	60%
Second Surgical Opinion:	80%	60%
Teladoc Services	80%	80%
Temporomandibular Joint Disorder Benefits:	80%	60%
Therapy Services: (60 visits per calendar year)	80%	60%
<i>Note: Medical Necessity Will Be Reviewed After 25 Visits.</i>		
All Other Covered Expenses:	80%	60%

Prescription Drug cost-shares apply to the annual Out-of-Pocket Maximum.

This document is for illustrative purposes only. Refer to your Summary Plan Description for complete details. This document is not binding.



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