

Plan Details: 2024

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MEMBER SERVICES FOR HDHP WITH HSA

Hours

8am-8pm all time zones

Phone Number

1-800-889-2535

Prospective Members Phone

1-800-889-2535

Web Address

www.myuhc.com

GROUP CONTRACT DETAIL

Carrier Name

United HealthCare

Group Contract Number

717292

Network Name

United Healthcare Choice Plus Network

Details on this page represent a summary for this plan. For further information, call the carrier directly at the number listed in Contact Directory.

Coverage Documents

- [Summary of Benefits and Coverage for 2023](#)
[Uniform Glossary of Health Coverage and Medical Terms](#)
- [Summary of Benefits and Coverage for 2024](#)
[Uniform Glossary of Health Coverage and Medical Terms](#)

Coverage Highlights

Medical Coinsurance/Copay/Deductibles/Benefit Maximum	
Office Visits - Preventive	100% co-insurance (SEE NOTE)
Office Visits - Diagnostic	80% co-insurance (SEE NOTE)
Office Visits - Specialist	80% co-insurance (SEE NOTE)
Annual Medical Deductible - Individual	\$2000 (SEE NOTE)
Annual Medical Deductible - Family	\$4000 (SEE NOTE)
Annual Out of Pocket Maximum - Individual	\$4000 (SEE NOTE)
Annual Out of Pocket Maximum - Family	\$8000 (SEE NOTE)
Lifetime Benefit Maximum	Unlimited

Note(s)

Office Visits - Preventive

- In Network 100% Out of Network 60% subject to deductible

Office Visits - Diagnostic

- In Network 80%; Ortho, Neuro, Spine, Cardiac and Rheumatology Class Tier 1 - 90%; Out of Network 60% subject to deductible

Office Visits - Specialist - In Network 80% subject to deductible /
Out of Network 60% subject to deductible

Annual Medical Deductible - Individual - In Network \$2000 Out of
Network \$6000; Out of Network charges cross accumulate with In
Network charges

Annual Medical Deductible - Family - In Network \$4000 Out of
Network \$12000; Out of Network charges cross accumulate with In
Network charges

Annual Out of Pocket Maximum - Individual - In Network \$4000 Out
of Network \$10000; Out of Network charges cross accumulate with
In Network charges

Annual Out of Pocket Maximum - Family - In Network \$8000 Out of
Network \$20000; Out of Network charges cross accumulate with In
Network charges

Prescription Drugs

Retail	Tier I 20% with a \$10 minimum and \$30 maximum Tier II brand 25% with a \$20 minimum and \$100 maximum Tier III brand 50% with a \$40 minimum and \$150 maximum, subject to medical deductible
Mail / Home Delivery	Tier I 20% with a \$25 minimum and \$75 maximum Tier II brand 25% with \$50 minimum and \$250 maximum Tier III brand 50% with a \$100 minimum and \$375 maximum, subject to medical deductible. Tier IV Specialty - \$250 Copay for 30 day supply, after annual deductible has been met (See Note) (SEE NOTE)
Annual Prescription Deductible - Individual	Included in medical deductible
Annual Prescription Deductible - Family	Included in medical deductible

Note(s)

Mail / Home Delivery - Mail Order prescriptions for Choice plans bypass deductible. Mail order preventive medication prescriptions for Choice Plus plans bypass deductible. Non-preventive mail order prescriptions for Choice Plus plans are subject to deductible.

Inpatient Services

Inpatient Hospital Services	80% co-insurance/subject to deductible (SEE NOTE)
Allergy Testing NON HMO	80% co-insurance/subject to deductible (SEE NOTE)
Accupuncture NON HMO	80% co-insurance/subject to deductible (SEE NOTE)

Note(s)

Inpatient Hospital Services - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible

Allergy Testing NON HMO - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible

Accupuncture NON HMO - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible

Outpatient Services	
Emergency Room	80% co-insurance/subject to deductible (SEE NOTE)
Outpatient Surgery	80% co-insurance/subject to deductible (SEE NOTE)
Durable Medical Equipment	80% co-insurance/subject to deductible (SEE NOTE)
X-ray and Lab Tests	80% co-insurance/subject to deductible (SEE NOTE)
Maternity Care	80% co-insurance/subject to deductible (SEE NOTE)
Home Health Care	80% co-insurance/subject to deductible (SEE NOTE)
Physical Therapy NON HMO	80% co-insurance/subject to deductible (SEE NOTE)
Chemotherapy NON HMO	80% co-insurance/subject to deductible (SEE NOTE)
Invitro Fertilization NON HMO	80% co-insurance/subject to deductible (SEE NOTE)

Note(s)

Emergency Room - In Network 80% co-insurance/subject to deductible, Out of Network 80% co-insurance/subject to deductible

Outpatient Surgery - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible

Durable Medical Equipment - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible

X-ray and Lab Tests - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible

Maternity Care - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible

Home Health Care - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible

Physical Therapy NON HMO - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible

Chemotherapy NON HMO - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible

Invitro Fertilization NON HMO - In order to receive benefit coverage for infertility treatments, you are required to enroll in the Infertility Solutions Program prior to seeking services and to receive treatment at an designated Center of Excellence.

Mental Health / Substance Abuse

Mental Health Inpatient	80% co-insurance/subject to deductible (SEE NOTE)
Mental Health Outpatient	80% co-insurance/subject to deductible (SEE NOTE)

Substance Abuse Inpatient	80% co-insurance/subject to deductible (SEE NOTE)
Substance Abuse Outpatient	80% co-insurance/subject to deductible (SEE NOTE)

Note(s)

Mental Health Inpatient - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible

Mental Health Outpatient - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible

Substance Abuse Inpatient - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible

Substance Abuse Outpatient - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible

Other Services

Licensed Chiropractor	80% co-insurance/subject to deductible (SEE NOTE)
PCP Required	n/a
Anesthesia HMO	80% co-insurance/subject to deductible (SEE NOTE)

Note(s)

Licensed Chiropractor - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible; Max 40 visits

Anesthesia HMO - In Network 80% co-insurance/subject to deductible, Out of Network 60% co-insurance/subject to deductible

Care Management

Nurse Helpline 1-800-889-2535

Hours 8 to 8 in the members time zone

Phone Number 1-800-889-2535

Hospice Care 1-800-889-2535

Urgent Care Clinic Visit 1-800-889-2535

Employee Assistance Program

Hours 8 to 8 in the members time zone

Phone Number 1-877-253-8125

Coverage Information

Primary Care Physician (PCP) n/a

PCP Required n/a

PCP Referral Required to Visit Network Specialist n/a

PCP Referral Required to Visit Network OB/GYN n/a

Out of Area Coverage For Non-emergency Care	None
Artificial Insemination	Yes
Female Tubal Ligation	Yes
Male Vasectomy	Yes

Disease Management

Allergies	Lung Conditions
Asthma	Muscle or Joint Problems
Cancer	Coronary Artery Disease
Congestive Heart Failure	Prenatal Care
Depression	Rheumatoid Arthritis
Diabetes	

Mental Health and Substance Abuse

Hours	8 to 8 in the members time zone
Phone Number	877-253-8125
Clinical Referral Line	877-253-8125
Clinical Referral Line	877-253-8125

NCQACORE

A summary of the benefits provided under the plan is contained in the Summary Plan Description. Full details are provided in the official plan document, which governs the operation of the plan. In the event that the content of this application or any oral representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. Any specific questions regarding coverage information please refer to your Summary Plan Description (SPD) or the carrier.

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