

Convo Communications Plans Comparison

Plan Features	United Health Care	United Health Care	United Health Care
	PPO AGZP	PPO AGZY	PPO AGZZ
Plan ID			
Plan Cost Sharing Highlights	In Network Benefits	In Network Benefits	In Network Benefits
Network	Choice Plus	Choice Plus	Choice Plus
Deductible (In Network)	\$250 Single / \$500 Family	\$500 Single / \$1,000 Family	\$1,000 Single / \$2,000 Family
Co-Insurance	100%	80%	80%
Primary Care Office Visit	\$20	\$25	\$25
Specialist Office Visit	\$40	\$50	\$50
Out of pocket max	\$1,750 Single / \$3,500 Family	\$3,500 Ind / \$7,000 Fam	\$4,000 Single / \$8,000 Family
Lifetime Max	Unlimited	Unlimited	Unlimited
Preventative Healthcare Svcs	covered in full	covered in full	covered in full
Physician Office Services			
Diagnostic X-rays	\$0	\$0	\$0
Lab / Pathology	\$0	\$0	\$0
MRI / CT Scans / PET etc.	\$0 after deductible	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Hospital Benefits			
Hospital Benefits Inpatient Stay	\$0 after Deductible	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Care			
Emergency Room Care	\$300 Copay	\$250 Copay + 20% Coinsurance	\$250 Copay + 20% Coinsurance
Freestanding Urgent Care	\$75 Copay	\$75	\$75
Ambulance	\$0 Copay after Deductible	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery	\$0 after Deductible	Deductible & Coinsurance	Deductible & Coinsurance
Ortho Devices / Prosthetic Devices Arms & Legs	\$0 after Deductible	Deductible & Coinsurance	Deductible & Coinsurance

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Therapeutic Treatments - Outpatient	\$0 after Deductible	Deductible & Coinsurance	Deductible & Coinsurance
Hearing Aids - limited to a single purchase every 3 years	\$0 after Deductible	Deductible & Coinsurance	Deductible & Coinsurance
Home Health Care	\$0 after deductible	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health and Chemical Dep.			
Inpatient Mental Health	\$0 after the deductible	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Hospital Benefits	\$20 copay	\$25 Copay	\$25 Copay
Partial Hospitalization / IntensiveTreatment	\$0 after the deductible	Deductible & Coinsurance	Deductible & Coinsurance
Substance Use Disorder Services			
Inpatient	\$0 after the deductible	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient	\$20 Copay	\$25 Copay	\$25 Copay
Partial Hospitalization / Intensive treatment	\$0 after the deductible	Deductible & Coinsurance	Deductible & Coinsurance
Neurobiological Disorders - Autism Spectrum Disorder Svcs.			
Inpatient	\$0 after deductible	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient	\$20 copay	\$25 copay	\$25 copay
Partial Hospitalization / Intensive treatment	\$0 after deductible	Deductible & Coinsurance	Deductible & Coinsurance
Physician Fees for Surgical & Medical Svcs	\$0 after deductible	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drug Coverage	\$10 / \$25 / \$50	\$10 / \$35 / \$60	\$10 / \$35 / \$60

* please refer to summary of benefits for full list of benefits and out of network coverage.

* All Plans have \$0 Copay for office visits for Children to age 19

* All plans now offer coverage for hearing aids

Current NG2 Members will find similar benefits with the High Level Option.

Current NG3 Members will find similar benefits with the Middel Level Option

Current NG5 Members will find similar benefits with the Low Level Option

If you have any direct questions please contact our broker: Joseph M. Courcy

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