

2012 Benefits- Brevard Under 65	UNITED HEALTHCARE POS Plan	Health First HMO
	Group # 195643	Group # 113348
Retiree Monthly Rates - Harris	<b>Single:</b> \$484.97	<b>Single:</b> \$457.04
	<b>Two-person:</b> \$969.94	<b>Two-person:</b> \$914.10
	<b>Family:</b> \$1,454.90	<b>Family:</b> \$1,371.16
In-network annual deductible	None	None
Annual out-of-pocket limit	Single, \$1,500; family \$3,000; Pharmacy, \$2,500/person	Single, \$1,500; family \$3,000; Pharmacy, \$2,500/person
Out of network option	Annual deductible: single, \$500; family \$1,500; Then 70% to Out of pocket limit (\$3,000/\$6,000)	None
Fitness Center	None	Membership to Pro-Health and Fitness for all covered family members age 13 or older.
<b>HOSPITAL / Inpatient Care</b>		
Hospital care (semi-private room), surgery, x-rays and lab	\$250 copay per admission, then 85% coverage; Wuesthoff Hospital - 95% coverage with no copay.	\$250 per day, then 100% coverage
Skilled Nursing Facility	85% coverage, up to 120 days per confinement	100% coverage, maximum 120 per calendar year
<b>URGENT CARE</b>		
	\$25 copay, then 85%	\$25 copay, then 100%
<b>EMERGENCY CARE</b>		
Emergency Room	\$100 copay, then 85% coverage; copay waived if admitted	\$100 copay, then 100% coverage; copay waived if admitted
Emergency Transportation	85% coverage	100% coverage when medically necessary
<b>OUTPATIENT CARE</b>		
Office Visit	\$25 copay, PCP; \$35 copay, specialist; \$15 copay at Harris Family Medical Center	\$25 copay, PCP; \$35 copay, specialist; \$15 copay at Harris Family Medical Center
Immunizations and injections	\$7 copay	\$7 copay
Preventive care (care covered under the Affordable Care Act is reimbursed at 100% with no copay)	\$25 copay, PCP; \$35 copay, specialist HFMC, \$15 copay	\$25 copay, PCP; \$35 copay, specialist HFMC, \$15 copay
Maternity Care	\$25 copay for first visit, then 85% coinsurance of global obstetrician's fee	\$25 copay for first visit, then 100% coverage
Pediatric care	\$25 copay	\$25 copay
Gynecological care	\$25 copay	\$25 copay
X-ray, lab and diagnostic testing	Included in copay if performed in a physician's office, otherwise 85% coverage. All outpatient, non-emergency diagnostic imaging must be performed at UCI with applicable copayments	100% coverage. All outpatient, non-emergency diagnostic imaging must be performed at UCI with applicable copayments
<b>OTHER BENEFITS</b>		
Mental health/Substance Use Disorder		
	Outpatient \$35 copay	\$35 copay
	Inpatient \$250 copay per admission, then 85% coverage	\$250 per admission then 100% coverage
Cancer care (radiation therapy and chemotherapy)	\$35 copay	100% coverage
Outpatient Short-term speech, physical, occupational and respiratory therapy	\$35 copay, visit; limited to 20 visits per calendar year	\$35 copay; up to 90 days per condition
Medical Supplies		
	Prosthetics 85% coverage	100% coverage; Initial provision of prosthetic appliances and replacement due to normal growth are covered. \$2,000 annual maximum
	Durable Medical 85% coverage	100% coverage, \$2,000 annual maximum
Prescriptions Administered through ExpressScripts ( <a href="http://www.expressscripts.com">http://www.expressscripts.com</a> )	30-day Supply: Generic - \$7 copay Formulary - 20% (Min-\$25; Max \$75) Non-Formulary - (50% Min - \$50; Max \$100) <b>Harris Family Medical Center (HFMC) pharmacy</b> 30-day Supply: Generic - \$5 copay Formulary - 20% (Min-\$18.75; Max \$56.25) Non-Formulary - 50% (Min - \$37.50; Max \$75) Mail Order 90-day Supply: \$17.50, 20% - \$62.50, \$187.50 and 50%, \$125, \$250 copays. Note: A \$15 penalty applies to out-of-network pharmacy benefits. **Additional costs may apply if a generic is available and you choose a non-formulary brand.	
Vision/Hearing		
	Routine Exam None	None
	Materials None	None
Chiropractic	\$35 copay; \$1,500 limit	\$35 copay
Website/Provider Directory	<a href="https://www.myuhc.com">https://www.myuhc.com</a>	<a href="http://www.health-first.org/health_plans/aso/index.cfm">http://www.health-first.org/health_plans/aso/index.cfm</a>
Product Name	Select Plus POS	
*The above contains a brief overview of the various benefit programs and does not describe any plan, its provisions or limitations in any detail. Please refer to the benefit plan booklet for more information.		