

Abbey Care, Inc

2022 Summary of Benefits United Health Insurance new company * open access

The following is an overview of your UHC Choice coverage. Please review the Summary of Coverage for what these plans covers and cost examples.

Medical Plan Highlights		Plan 1 BASE PLAN	Plan 2 BUY UP
*Partial listing of covered services, see full SPD		\$5500 - 25% BY-RA	\$2800 - 25% H S A BY-Q8
Your Cost Per Paycheck Pre-Tax		\$45.00 Per Check	\$66.00 Per Check
Deductible and Out-of-Pocket		United Health Care Choice Open Access	
Individual Annual Deductible		\$5500 Individual Deductible	\$2800 Individual Deductible
Annual out-of-pocket maximum		\$6475 Annual Out Pocket	\$5,500 Annual Out of Pocket
Preventive Health Care			
Annual Physical		no charge	no charge
Colonoscopy		no charge	no charge
Immunizations		no charge	no charge
Routin Mammogram		no charge	no charge
Office Visits			
Virtual Visits - Teledoc		\$49	\$49
Illness or injury		After Deductible you pay 25%	After Deductible you pay 25%
Physical, occupational and speech therapy		After Deductible you pay 25%	After Deductible you pay 25%
Convenience clinics: Do not use ER unless emergency			
		Use Minute Clinics or Virtual	Use Minute Clinics or Virtual
Emergency Care			
Urgent Care Visit		After Deductible you pay 25%	After Deductible you pay 25%
Emergency Room		After Deductible you pay 25%	After Deductible you pay 25%
Inpatient Hospital Care			
Illness or injury		After Deductible you pay 25%	After Deductible you pay 25%
Outpatient Care			
Scheduled outpatient procedures		After Deductible you pay 25%	After Deductible you pay 25%
Outpatient MRI and CT scan		After Deductible you pay 25%	After Deductible you pay 25%
Pharmacy		Plan 1	Plan 2
Tier 1 , Tier 2, Tier 3 also Goodrx.com discounts		\$10/\$35/\$60 after ded	\$10/\$35/\$60 after ded
Dental Insurance		INCLUDED	INCLUDED
Individual Deductible		\$50	\$50
Calendar Year Benefit		\$1,000	\$1,000
Diagnostic Services Oral Exam, Lab, Radiographs		100%	100%
Preventitive Services Cleanings, Sealants, Floride		100%	100%
Basic Services Fillings, Extractions, General Services		80%	80%
Major Services * 12 month Waiting period then		50%	50%
Diagnostic Services Oral Exam, Lab, Radiographs		100%	100%
Preventitive Services Cleanings, Sealants, Floride		100%	100%
VISION Insurance * See benfit summary		INCLUDED	INCLUDED
Co-Pays Exam, Eyglasses, Contact Lenses		\$10/\$25/\$25	\$10/\$25/\$25
Frames		\$130	\$130
Benefit Frequency		Once Every 12 months	Once Every 12 months