

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	\$3000 - 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%
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