

Medical Insurance Plan

	\$1,000 Deductible Plan		\$500 Deductible Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Individual	\$1,000	\$2,000	\$500	\$1,000
Family	\$2,000	\$4,000	\$1,000	\$2,000
Per Hospital Confinement	None	None	\$250	None
Coinsurance Percentage	UHC Pays 80% You Pay 20%	UHC Pays 60% You Pay 40%	UHC Pays 80% You Pay 20%	UHC Pays 60% You Pay 40%
Out-of-Pocket Maximum				
Individual	\$4,000	\$10,000	\$2,000	\$4,000
Family	\$8,000	\$20,000	\$4,000	\$8,000
Lifetime Maximum	Unlimited	\$1,000,000	Unlimited	\$1,000,000
Physician Services				
Office Visits (Primary Care & Specialist)	\$30 Copayment	UHC pays 60% after deductible	\$30 Copayment	UHC pays 60% after deductible
Diagnostic Lab & X-Ray*	\$30 Copayment	UHC pays 60% after deductible	\$30 Copayment	UHC pays 60% after deductible
Urgent Care	\$50 Copayment	UHC pays 60% after deductible	\$50 Copayment	UHC pays 60% after deductible
Preventive Care Services				
Routine Physical Exams	UHC pays 100%	Not Covered	UHC pays 100%	Not Covered
Well Child Care/Immunizations	UHC pays 100%	Not Covered	UHC pays 100%	Not Covered
Annual Well Woman Exam	UHC pays 100%	Not Covered	UHC pays 100%	Not Covered
Routine Mammograms	UHC pays 100%	UHC pays 60% after deductible	UHC pays 100%	UHC pays 60% after deductible
Routine Vision Exam (limited to 1 exam every 2 years)	UHC pays 100%	UHC pays 60% after deductible	UHC pays 100%	UHC pays 60% after deductible
Routine Colonoscopies	UHC pays 100%	UHC pays 60% after deductible	UHC pays 100%	UHC pays 60% after deductible
Outpatient Diagnostic Services				
Lab & X-Ray	UHC pays 80% after deductible	UHC pays 60% after deductible	UHC pays 80% after deductible	UHC pays 60% after deductible
Mammograms	UHC pays 80% after deductible	UHC pays 60% after deductible	UHC pays 80% after deductible	UHC pays 60% after deductible
Colonoscopies	UHC pays 100%	UHC pays 60% after deductible	UHC pays 100%	UHC pays 60% after deductible
Outpatient Surgery	UHC pays 80% after deductible	UHC pays 60% after deductible	UHC pays 80% after deductible	UHC pays 60% after deductible
Inpatient Hospital Care	UHC pays 80% after deductible	UHC pays 60% after deductible	UHC pays 100% after \$250 copayment for hospital charges only	UHC pays 60% after deductible
Emergency Care	\$150 copayment for emergency room charges only - all other charges subject to ded./coins. UHC pays 80%		\$100 copayment for emergency room charges only - all other charges subject to ded./coins. UHC pays 80%	
Hospital Emergency Room				
Ambulance Services				

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Prescription Drug Services	\$100 individual/\$300 family annual deductible, then you pay:		\$100 individual/\$300 family annual deductible, then you pay:	
Retail Pharmacy				
Tier 1	\$10 Copayment	Not Covered	\$10 Copayment	Not Covered
Tier 2	\$30 Copayment	Not Covered	\$30 Copayment	Not Covered
Tier 3	\$50 Copayment	Not Covered	\$50 Copayment	Not Covered
Mail Order (90-Day Supply)				
Tier 1	\$25 Copayment	Not Covered	\$25 Copayment	Not Covered
Tier 2	\$75 Copayment	Not Covered	\$75 Copayment	Not Covered
Tier 3	\$125 Copayment	Not Covered	\$125 Copayment	Not Covered
Contraceptives (Covered through both retail and mail order)	Oral, diaphragms and self-administered injectibles covered	Not Covered	Oral, diaphragms and self-administered injectibles covered	Not Covered

* If performed & billed through the physician's office

If you have questions regarding coverage for a service that is not listed above, please call United Healthcare at 1-800-241-4675.

Notes:

1. Deductibles and out-of-pocket maximums are separate for in-network and out-of-network and do not cross apply. The out-of-pocket maximums shown above already include the annual deductible amounts.
2. Medical plans and costs detailed here do not apply to CBIZ associates working in the State of Hawaii. Plan/cost information for Hawaii-based employees are posted at www.cbizesc.com under Medical Insurance.
3. Neither copayments nor expenses not covered by the plan count towards the out-of-pocket maximum.
4. For further details, please refer to your Summary Plan Description, and any Amendments, posted at www.cbizesc.com or call United Healthcare at 1-800-241-4675.