

# UnitedHealth Basics Benefit Plan

	PPO	
	In-Network	Out of Network
<b>DEDUCTIBLES/ LIFETIME MAXIMUMS</b>		
Annual Deductible (Per Calendar Year)		
Single	None	None
Family	None	None
Maximum Out-of-Pocket Limits		
Single	None	None
Family	None	None
Life Time Maximum Benefit Per Individual	\$250,000	

HOSPITAL SERVICES		
Inpatient Care - Facility	Room & Board: \$700/day limit, with 30 day limit	Room & Board: \$700/day limit, with 30 day limit
	Miscellaneous: 70% of eligible expenses	Miscellaneous: 50% of eligible expenses subject to MNRP
	Miscellaneous: Annual Maximum of \$5,000	Miscellaneous: Annual Maximum of \$5,000
Outpatient Surgery - Facility	70 % of eligible expenses	50% of eligible expenses subject to MNRP
	\$10,000 Annual Maximum	\$10,000 Annual Maximum
Outpatient Non-Surgical Care	Not Covered	Not Covered

PHYSICIAN SERVICES		
Office Visits - Physician & Specialist	70% of eligible expenses, Annual Maximum of \$120	50% of eligible expenses subject to MNRP, Annual Maximum of \$120
Preventive Care (diagnostic lab & x-rays)	Annual Maximum of \$200	50% of eligible expenses subject to MNRP, Annual Maximum of \$200
Other diagnostic lab & x-rays	Annual Maximum of \$200	50% of eligible expenses subject to MNRP, Annual Maximum of \$200
Inpatient	Annual Maximum of \$500	50% of eligible expenses subject to MNRP, Annual Maximum of \$500
Outpatient	Annual Maximum of \$300	50% of eligible expenses subject to MNRP, Annual Maximum of \$300

ER SERVICES	
Facility and Physician Services	Annual Maximum of \$125

OTHER SERVICES		
Allergy Injections	Not covered	Not covered
Home Health Care	Not covered	Not covered
Durable Medical Equipment	Not covered	Not covered
Skilled Nursing Facility	Not covered	Not covered
All other Additional Medical Services not specified in Contract or Limitations & Exclusions	Not covered	Not covered
Physical, Speech, Hearing Therapy	Not covered	Not covered
Ambulance	Not covered	Not covered
Pharmacy	Not covered	Not covered
Mental Health / Substance Abuse	Not covered	Not covered
Hospice Services	Not covered	Not covered