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Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

The Summary of Benefits and Coverage can be found on the [Gorman HR Hub](#).

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with the option to choose between three excellent medical plans.

These plans use the **UnitedHealthcare Choice Plus Network**. To find a doctor, please set up your member account at [myuhc.com](http://myuhc.com).

	UHC 1000		UHC 3000	
	In-network	Out-of-network	In-network	Out-of-network
<b>Calendar year deductible (embedded)**</b>				
Individual	\$1,000	\$2,000	\$3,000	\$6,000
Family	\$2,000	\$4,000	\$6,000	\$12,000
<b>Plan year out-of-pocket maximum (embedded)** - Includes deductible</b>				
Individual	\$4,000	\$8,000	\$6,000	\$8,000
Family	\$8,000	\$16,000	\$10,000	\$16,000
<b>Your costs for covered care</b>				
Preventive Services	\$0	40% after deductible	\$0	40% after deductible
Virtual Visit	\$0 with a Designated Virtual Network Provider	40% after deductible	\$0 with a Designated Virtual Network Provider	40% after deductible
Office Visits Primary	\$20 copay, no ded (\$0 >age 19)	40% after deductible	\$20 copay, no ded (\$0 >age 19)	40% after deductible
Office Visits Specialty	\$60 copay, no ded	40% after deductible	\$60 copay, no ded	40% after deductible
Emergency Room	\$350 copay, no ded	\$350 copay, no ded	\$350 copay, no ded	\$350 copay, no ded
Urgent Care	\$80 copay, no ded	40% after deductible	\$80 copay, no ded	40% after deductible
Hospital & Surgical	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Lab Testing Designated Network / Network <sup>1</sup>	\$0 / 50% after deductible	40% after deductible	20% after deductible/ 50% after deductible	40% after deductible
X-Ray/Diagnostics	\$0	40% after deductible	20% after deductible	40% after deductible
Imaging (CT/PET Scans, MRI) Designated Network / Network <sup>1</sup>	20% after deductible / \$500 POD, 50% after ded	40% after deductible	20% after deductible / \$500 POD, 50% after ded	40% after deductible
<b>Prescription Drugs</b>				
Tier 1 - Retail / Mail Order	\$10 / \$25	\$10 / Not covered	\$10 / \$25	\$10 / Not covered
Tier 2 - Retail / Mail Order	\$35 / \$87.50	\$35 / Not covered	\$35 / \$87.50	\$35 / Not covered
Tier 3 - Retail / Mail Order	\$70 / \$175	\$70 / Not covered	\$70 / \$175	\$70 / Not covered

<sup>1</sup>Save on your copay by seeking care at a "Premium Designated" physician and save on services by seeking care at a "Designated Diagnostic Provider". Either can be located at [www.myuhc.com](http://www.myuhc.com).

\*\*embedded means that if family coverage is selected, an individual within that family is not responsible for more than the embedded individual amount.