



Orthodontic Experts

7/1/2021 to 6/30/2022

 www.uhc.com	Provider Network Name	Deductible Accumulation	IN-NETWORK			OUT-OF-NETWORK			MEMBER'S RESPONSIBILITY (In-Network Scenarios)				
			DEDUCTIBLE Individual / Family	%	OUT-OF-POCKET Individual / Family	DEDUCTIBLE Individual / Family	%	OUT-OF-POCKET Individual / Family	INPATIENT ADMISSION	OUTPATIENT SURGERY	EMERGENCY ROOM	PHYSICIAN PCP / Specialist	PRESCRIPTIONS
HSA BD-QJ	"Core"	Embedded	\$3,000 / \$6,000	20%	\$6,350 / \$12,700	\$5,000 / \$10,000	40%	\$10,000 / \$20,000	Ded., then 20%	Ded., then 20%	Ded., then 20%	Ded., then 20%	Ded., then \$10/\$35/\$60
PPO BD-S3	"Core"	Embedded	\$0 / \$0	20%	\$2,500 / \$5,000	\$5,000 / \$10,000	40%	\$10,000 / \$20,000	Ded., then 20%	Ded., then 20%	\$250, then 20%	\$20 / \$40	\$10/\$35/\$60
Primary Advantage Core BD-Q3*	"Core"	Embedded	\$1,000 / \$2,000	20%	\$6,500 / \$13,000	\$5,000 / \$10,000	50%	\$10,000 / \$20,000	Ded., then 20%	Ded., then 20%	\$250, then 20% after Ded.	\$0 / \$100	\$0/\$50/\$100/\$250
Primary Advantage Choice Plus BD-QQ*	"Choice Plus"	Embedded	\$1,000 / \$2,000	20%	\$6,500 / \$13,000	\$5,000 / \$10,000	50%	\$10,000 / \$20,000	Ded., then 20%	Ded., then 20%	\$250, Ded. then 20%	\$0 / \$100	\$0/\$50/\$100/\$250
HMO BF-C2	"Navigate"	Embedded	\$0 / \$0	20%	\$2,500 / \$5,000	No Benefit			Ded., then 20%	Ded., then 20%	\$250, then 20%	\$20 / \$40	\$10/\$35/\$60

UNITED HEALTHCARE NOTES:

- Out-of-Pocket Limits include the plan deductible, Hospital, ER, OV & Rx copays.
- All Primary Advantage plans include a \$50 copay for In-Network Urgent Care visits. Primary Advantage plans have a \$250 Individual/\$500 Family Rx Deductible applied to Tiers 3 & 4 only.
- Navigate plans require referrals for certain services. Failure to obtain a referral may result in either non-payment of claims or in a reduction of benefits.
- Navigate plans exclude coverage for services provided by Out-of-Network Providers with the exception of (1) Services performed in a Network facility by hospital-based providers; and (2) Services performed under the Emergency Care benefit.
- Copayments on HSA plans will be required after the deductible has been met and will continue to be required until the annual out of pocket maximum is met.

This benefit summary/comparison contains a general description of certain benefits & quoted costs and does not set forth the procedures, limitations and exclusions or final rates applicable to each policy. This benefit summary/comparison is intended to foster discussion regarding policy highlights and is created for informational purposes only and is not intended as a substitute for the official carrier quote, proposal, plan certificate and/or booklet.