

	UWUA Local 270 2010 Detailed Plan Summaries						
UnitedHealthcare/UMR Benefit Description	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Major Medical **
In-Network:							
Deductible (Single/Family)	None	\$250/\$500	\$250/\$500	\$500/\$1000	\$1000/\$2000	\$2500/\$5000	Inpatient Deductible \$1500/\$3000
Coinsurance	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	100% after deductible
Coinsurance Max. (S/F)	None	None	\$1250/\$2500	\$2500/\$5000	N/A	\$5000/\$9000	\$1500/\$3000
Office Visit Copay ***	\$10	\$20	\$10	\$20	\$20	\$20	\$20 copay then 100%
Specialist Copay ***	\$10	\$20	\$25	\$20	\$20	\$20	\$20 copay then 100%
Wellness Visit ***	\$10	\$20	\$10	\$20	\$20	100% up to \$1000 per year: over \$1000 applies to deductible and OOP	\$20 copay then 100%
Rx Drug (Generic/Brand) ***	\$10/25/45	\$10/25/45	\$10/25/45	\$10/25/45	\$10/25/45	\$5 generic/ all others 80% after deductible, then \$25/\$45 copay after Max OOP is Reached	\$10/20/40
Mail Order (90 day supply) ***	\$20/50/90	\$20/50/90	\$20/50/90	\$20/50/90	\$20/50/90	N/A	\$20/40/80
Hospital -Inpatient Care/Services ***	100% after \$250 copay per admission	100% after deductible	90% after \$250 copay per admission	80% after \$250 copay per admission	100% after \$250 copay per admission	80% after deductible	100% after deductible
X-Ray/Lab and Diagnostics - Outpatient Services	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible
Emergency Room ***	100% after \$150 copay. Copay waived if admitted from ER.	100% after \$150 copay. Copay waived if admitted from ER.	90% ater \$100 copay. Copay waived if admitted from ER.	80% after \$100 copay. Copay waived if admitted from ER.	100% after \$100 copay. Copay waived if admitted from ER.	80% after deductible	\$100 copay then 80% Copay/Coinsurance waived if admitted from ER
Urgent Care	\$10	\$20	\$25	\$20	\$20	\$20	\$20 copay then 100%
Ambulance Service	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	In pat. 100%/Out pat. 80%
Congenital Heart Disease	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible
Dental Services (Accident only)	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible
Diabetes Services	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible
Durable Medical Equipment	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible
Home Health Care	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible
Hospice Care	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	100% after deductible
Ostomy Supplies	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible
Pharmaceutical Products-	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible
Physician Fee for Surgical and Medical Services	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible
Pregnancy- Maternity Services	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	100% after deductible
Prosthetic Devices	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible
Reconstructive Procedures	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible
Chiropractic Treatment *** (Max 20 visits)	\$10	\$20	\$25	\$20	\$20	80% after deductible	80% after deductible

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Rehabilitation Services - Outpatient Therapy **(Max combined 60 visits for Occ/Phys/Speech/ Respiratory Therapies)***	\$10	\$20	\$25	\$20	\$20	80% after deductible	80% after deductible
Diagnostic and Therapeutic	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible
Inpatient Rehabilitation	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible
Surgery- Outpatient	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible
Transplantation Services	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	100% after deductible
Alcoholism Services / Out Patient	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible
Mental Health and Substance Abuse (IP) All Inpatient	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	100% after deductible
Mental Health and Substance Abuse (OP) All Out Patient	100%	100% after deductible	90% after deductible	80% after deductible	100% after deductible	80% after deductible	80% after deductible

**** Major Medical Plan - Inpatient Services apply to the Deductible then 100% Maj. Med. Plan, 80% Co-insurance applies after deductible to all Out Patient Services.**

***** Office visits and Rx copays do not apply to deductible or Co-insurance.**