

United Healthcare (UHC)	
AK6J/RXYM Silver	
Benefits	
Annual Deductible	
Single (In-Network)	\$2,600
Family (In-Network)	\$5,200
Single (Out-Of-Network)	\$4,000
Family (Out-Of-Network)	\$8,000
Annual Out-of-Pocket Max	
Single (In-Network)	\$6,500
Family (In-Network)	\$13,000
Single (Out-Of-Network)	\$8,000
Family (Out-Of-Network)	\$16,000
Office Visits and Urgent Care Coinsurance/Copay	
Primary Care Office Visit (In-Network)	\$25 copay per visit
Primary Care Office Visit (Out-Of-Network)	Plan pays for 80% after the deductible is met.
Specialist Visit (In-Network)	\$50 copay per visit
Specialist Visit (Out-Of-Network)	Plan pays for 80% after the deductible is met.
Urgent Care (In-Network)	\$75 copay per visit
Urgent Care (Out-Of-Network)	Plan pays for 80% after the deductible is met.
Hospital Coverage Coinsurance/Copay	
Emergency Room (In-Network)	\$150 copay per visit
Emergency Room (Out-Of-Network)	\$150 copay per visit
Outpatient Surgery (In-Network)	Plan pays for 100% after the deductible is met.
Outpatient Surgery (Out-Of-Network)	Plan pays for 80% after the deductible is met.
RX Coverage Coinsurance/Copay	
Retail Prescription (In-Network)	\$10 / \$40 / \$75
Retail Prescription (Out-Of-Network)	\$10 / \$40 / \$75
Bi-Weekly Deduction	
Employee only	\$54.47
Employee and Spouse	\$163.40

Employee and Children	\$157.96
Family	\$266.89

United Healthcare (UHC)
AK6L/RXYM Gold
\$600
\$1,200
N/A
N/A
\$4,800
\$9,600
N/A
N/A
\$20 copay per visit
N/A
\$40 copay per visit
N/A
Plan pays for 80% after the deductible is met.
N/A
Plan pays for 80% after the deductible is met.
Plan pays for 80% after the deductible is met.
Plan pays for 100% after the deductible is met.
N/A
\$10 / \$40 / \$75
N/A
\$104.79
\$235.77

\$229.22

\$360.20