UnitedHealthcare — High Deductible Health Plan

PERS HEALTH INSURANCE PROGRAM
Public Employees Retirement System

Benefit Description	Non-Medicare Qualified HDHP Plan	
	In-Network	**Out-of-Network**
Eligible Providers	Preferred physicians and facilities	Any Licensed Physician or facility
	Member Pays:	
Calendar Year Deductible	$3,000 per individual. If enrolled as a family, a total of $6,000 for all members combined.[1]	
Calendar Year Medical/Pharmacy Out-of-Pocket Maximum	$6,650 per individual $13,300 per family	
Preventive Care	Covered in full per ACA guidelines	40% after deductible per ACA guidelines
Inpatient Care:		
• Inpatient Hospital Care	• 20% after deductible	• 40% after deductible
• Skilled Nursing Facility	• 20% after deductible	• 40% after deductible
Outpatient Care:		
• Physician Office Visits	• 20% after deductible	• 40% after deductible
• Specialist Office Visits	• 20% after deductible	• 40% after deductible
• Outpatient Surgery	• 20% after deductible	• 40% after deductible
• Ambulance (air-ground)	• 20% after deductible	• 20% after deductible
• Emergency Services	• 20% after deductible	• 20% after deductible
• Urgent Care	• 20% after deductible	• 40% after deductible
• DME	• 20% after deductible	• 40% after deductible
• Lab Test	• 20% after deductible	• 40% after deductible
• X-ray	• 20% after deductible	• 40% after deductible
• Diagnostic Procedures (CT/MRI/PET)	• 20% after deductible	• 40% after deductible
• OT/PT/ST Therapies[2]	• 20% after deductible	• 40% after deductible
Other Services:		
• Alternative Care[3]	• $30 copay after deductible	• 40% after deductible
Calendar Year Pharmacy Out-of-Pocket Maximum	Combined with Medical	
Prescription Drugs:		
• Brand	• 20% after deductible	
• Generic	• 20% after deductible	
• Specialty	• 20% after deductible	
Rates (per member, per month):		
• Adult	• $1,083.65	
• Child	• $329.23	

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this guide and the health plan document, the information in the health plan document shall prevail.

Once enrolled in the Qualified HDHP plan, you cannot switch to the Core Value plan at any time in the future.

1 A family has to meet the entire family deductible before covered expenses are paid at the plan coinsurance level for any of the family members.

2 Outpatient rehab: OT = Occupational Therapy, PT = Physical Therapy, ST = Speech Therapy. Limited to 20 visits per therapy, per calendar year.

3 Spinal manipulation is limited to 20 visits and acupuncture is limited to 12 visits per calendar year. Massage therapy not covered.