

MSD of Washington Township

Overview of Coverage Options

Effective January 1, 2020

Utilizing the UnitedHealthcare Choice Plus Network

visit myuhc.com to find a network provider

	What YOU pay when obtaining care in network	
	Choice 1 Traditional \$1500 deductible	Choice 2 HDHP \$3000 deductible
Preventive Care	Covered in Full	Covered in Full
Primary Care Physician or Virtual Visit	\$25, no deductible	\$0, after the deductible
Specialist	\$50, no deductible	\$0, after the deductible
Outpatient Rehab Therapy Chiropractic	\$25, no deductible	\$0, after the deductible
Manipulative Treatment	\$25, no deductible	\$0, after the deductible
Urgent Care	\$50, no deductible	\$0, after the deductible
Emergency Room	\$150, no deductible	\$0, after the deductible
Annual Deductible calendar year - resets on 1/1		
Per Individual	\$1,500	\$3,000
Family Limit	\$1,750	\$6,000
Coinsurance		
Ambulance	10%, after deductible	\$0, after the deductible
Durable Medical Equipment	10%, after deductible	\$0, after the deductible
Lab, X-Ray and Major Diagnostics	10%, after deductible	\$0, after the deductible
Inpatient Hospital	10%, after deductible	\$0, after the deductible
Outpatient Procedures & Services	10%, after deductible	\$0, after the deductible
Out of Pocket (OOP) Maximum when all eligible charges paid @ 100%		
Per Individual	\$3,250	\$3,000
Family Limit	\$6,500	\$6,000
Prescription Drugs		
Retail Pharmacy up to 31 day supply		
Tier 1 Formulary Listing	\$10	\$0, after the deductible
Tier 2 Formulary Listing	\$35	\$0, after the deductible
Tier 3 Formulary Listing	\$60	\$0, after the deductible
Tier 4 Specialty Medications	25% or max of \$150 (30 days)	\$0, after the deductible
Mail Order up to a 90 day supply		
Tier 1 Formulary Listing	\$25	\$0, after the deductible
Tier 2 Formulary Listing	\$88	\$0, after the deductible
Tier 3 Formulary Listing	\$150	\$0, after the deductible
Tier 4 Specialty Medications	25% or max of \$375 (90 days)	\$0, after the deductible

Both plans include access to the Health & Wellness Center!

ALL WELLNESS CENTER SERVICES ARE FREE TO THOSE COVERED BY THE HEALTH PLAN

This document is provided only as a general overview of the benefit plans and should not be solely relied upon when determining your coverage.

A Summary of Benefits & Coverage (SBC) may be found by visiting www.msdt.k12.in.us