

# UnitedHealthcare Silver Compass HSA \$2000



UnitedHealthcare offers the full spectrum of health benefit programs for individuals, employers and Medicare and Medicaid beneficiaries, and contracts directly with more than 650,000 physicians and care professionals and 5,000 hospitals nationwide. UnitedHealthcare serves more than 38 million people and is one of the businesses of UnitedHealth Group (NYSE: UNH), a diversified Fortune 50 health and well-being company. <http://www.uhc.com/>

UnitedHealthcare is dedicated to helping people nationwide live healthier lives by simplifying the health care experience, meeting consumer health and wellness needs, and sustaining trusted relationships with care providers.

This is a Health Savings Account (HSA) compatible in-network only plan and requires a referral to see a specialist. Compass Plans provide well-rounded coverage for many services including: preventive care, primary care physician and specialty office visits; lab, X-ray and diagnostic services; urgent care, emergency services, inpatient hospital services, rehabilitation and skilled nursing facility services; and mental health services – with predictable office visit copayments or coinsurance.

UnitedHealthcare Compass Plans are known for delivering a variety of low cost plan options that provide traditional benefits with the security and guidance of a primary care physician/doctor; a patient's personal care coordinator.

## PLAN FACTS

Choose a plan that is right for you.  
Contact HealthSource RI:

Mon-Sat 8am - 9pm and Sunday 12pm - 6pm  
Call: 1-855-840-HSRI (4774)  
Visit: 70 Royal Little Drive, Providence RI 02904  
Email: [info@healthsourceri.com](mailto:info@healthsourceri.com)  
Online: [healthsourceri.com](http://healthsourceri.com)

*This is a summary of benefits. It is not a contract. For details about coverage, including any limits and exclusions not noted here please refer to the Evidence of Coverage (also called a Subscriber Agreement) or call a Customer Support Representative. If you have any questions about receiving medical care, please call your doctor.*



### When you see a network provider, you pay:

DEDUCTIBLE: You pay this amount each year before UnitedHealthcare starts to pay the cost of covered services	\$2,000 Individual Plan / \$4,000 Family Plan
OUT-OF-POCKET MAXIMUM: This is the most you would pay out of pocket each year	\$6,250 Individual Plan / \$12,500 Family Plan

### Copayments/Coinsurance

Preventive Care	0%
Primary Care Office Visits	\$35 copay after deductible
Specialist Office Visits	\$70 copay after deductible
Urgent Care Visit	\$75 copay after deductible
Emergency Room Fees	\$150 copay after deductible
Outpatient Surgery	\$150 copay after deductible T1; \$250 copay after deductible T2 OR \$150 after deductible - Freestanding Facility; \$250 copay after deductible - Hospital Facility
Lab and X-ray	0% after deductible
Hospital Stay	\$500 copay after deductible
Maternity Stay	\$500 copay after deductible
Prescription Drugs (Tiers 1, 2, 3, 4)	\$15/\$40/\$70/\$100 after medical deductible
Pediatric Vision	0% +deductible