UnitedHealthcare Silver Compass \$3500

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 an 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.

UnitedHealthcare®

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 Online: 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.



| DEDUCTIBLE: You pay this amount each year before UnitedHealthcare starts to pay the cost of covered services\$3,500 Individual Plan / \$7,000 Family PlanOUT-OF-POCKET MAXIMUM: This is the most you would pay out of pocket each year\$6,600 Individual Plan / \$13,200 Family Plan Copayments/Coinsurance 0%Preventive Care0%Primary Care Office Visits\$30Specialist Office Visits\$60Urgent Care Visit\$100Emergency Room Fees\$200Outpatient Surgery20% after deductibleLab and X-ray20% after deductibleHospital Stay20% after deductibleMaternity Stay20% after deductiblePrescription Drugs (Tiers 1, 2, 3, 4)\$15/\$40/\$70/\$100 \$250 deductible (T2/T3/T4)Pediatric Vision0% +deductible | When you see a network provider, you pay: | |
|---|---|--|
| would pay out of pocket each year\$6,600 individual Plan / \$15,200 Parmity PlanCopayments/CoinsurancePreventive Care0%Primary Care Office Visits\$30Specialist Office Visits\$60Urgent Care Visit\$100Emergency Room Fees\$200Outpatient Surgery20% after deductibleLab and X-ray20% after deductibleHospital Stay20% after deductibleMaternity Stay20% after deductiblePrescription Drugs (Tiers 1, 2, 3, 4)\$15/\$40/\$70/\$100 \$250 deductible (T2/T3/T4) | | \$3,500 Individual Plan / \$7,000 Family Plan |
| Preventive Care0%Primary Care Office Visits\$30Specialist Office Visits\$60Urgent Care Visit\$100Emergency Room Fees\$200Outpatient Surgery20% after deductibleLab and X-ray20% after deductibleHospital Stay20% after deductibleMaternity Stay20% after deductiblePrescription Drugs (Tiers 1, 2, 3, 4)\$15/\$40/\$70/\$100 \$250 deductible (T2/T3/T4) | | \$6,600 Individual Plan / \$13,200 Family Plan |
| Primary Care Office Visits\$30Specialist Office Visits\$60Urgent Care Visit\$100Emergency Room Fees\$200Outpatient Surgery20% after deductibleLab and X-ray20% after deductibleHospital Stay20% after deductibleMaternity Stay20% after deductiblePrescription Drugs (Tiers 1, 2, 3, 4)\$15/\$40/\$70/\$100 \$250 deductible (T2/T3/T4) | Copayments/Coinsurance | |
| Specialist Office Visits\$60Urgent Care Visit\$100Emergency Room Fees\$200Outpatient Surgery20% after deductibleLab and X-ray20% after deductibleHospital Stay20% after deductibleMaternity Stay20% after deductiblePrescription Drugs (Tiers 1, 2, 3, 4)\$15/\$40/\$70/\$100 \$250 deductible (T2/T3/T4) | Preventive Care | 0% |
| Urgent Care Visit\$100Emergency Room Fees\$200Outpatient Surgery20% after deductibleLab and X-ray20% after deductibleHospital Stay20% after deductibleMaternity Stay20% after deductiblePrescription Drugs (Tiers 1, 2, 3, 4)\$15/\$40/\$70/\$100 \$250 deductible (T2/T3/T4) | Primary Care Office Visits | \$30 |
| Emergency Room Fees\$200Outpatient Surgery20% after deductibleLab and X-ray20% after deductibleHospital Stay20% after deductibleMaternity Stay20% after deductiblePrescription Drugs (Tiers 1, 2, 3, 4)\$15/\$40/\$70/\$100 \$250 deductible (T2/T3/T4) | Specialist Office Visits | \$60 |
| Outpatient Surgery20% after deductibleLab and X-ray20% after deductibleHospital Stay20% after deductibleMaternity Stay20% after deductiblePrescription Drugs (Tiers 1, 2, 3, 4)\$15/\$40/\$70/\$100 \$250 deductible (T2/T3/T4) | Urgent Care Visit | \$100 |
| Lab and X-ray20% after deductibleHospital Stay20% after deductibleMaternity Stay20% after deductiblePrescription Drugs (Tiers 1, 2, 3, 4)\$15/\$40/\$70/\$100 \$250 deductible (T2/T3/T4) | Emergency Room Fees | \$200 |
| Hospital Stay20% after deductibleMaternity Stay20% after deductiblePrescription Drugs (Tiers 1, 2, 3, 4)\$15/\$40/\$70/\$100 \$250 deductible (T2/T3/T4) | Outpatient Surgery | 20% after deductible |
| Maternity Stay20% after deductiblePrescription Drugs (Tiers 1, 2, 3, 4)\$15/\$40/\$70/\$100 \$250 deductible (T2/T3/T4) | Lab and X-ray | 20% after deductible |
| Prescription Drugs (Tiers 1, 2, 3, 4) \$15/\$40/\$70/\$100 \$250 deductible (T2/T3/T4) | Hospital Stay | 20% after deductible |
| | Maternity Stay | 20% after deductible |
| Pediatric Vision 0% +deductible | Prescription Drugs (Tiers 1, 2, 3, 4) | \$15/\$40/\$70/\$100 \$250 deductible (T2/T3/T4) |
| | Pediatric Vision | 0% +deductible |