## UnitedHealthcare Gold Compass HSA \$1300

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 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.



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	\$1,300 Individual Plan / \$2,600 Family Plan
OUT-OF-POCKET MAXIMUM: This is the most you would pay out of pocket each year	\$3,000 Individual Plan / \$6,000 Family Plan
Copayments/Coinsurance	
Preventive Care	0%
Primary Care Office Visits	\$10 copay after deductible
Specialist Office Visits	\$20 copay after deductible
Urgent Care Visit	\$75 copay after deductible
Emergency Room Fees	\$100 copay after deductible
Outpatient Surgery	0% after deductible T1; \$100 copay after deductible T2 OR 0% after deductible - Freestanding Facility; \$100 copay after deductible - Hospital Facility
Lab and X-ray	0% +deductible
Hospital Stay	\$250 per day/\$1000 per admit after deductible
Maternity Stay	\$250 per day/\$1000 per admit after deductible
Prescription Drugs (Tiers 1, 2, 3, 4)	\$10/\$35/\$60/\$100 after medical deductible
Pediatric Vision	0% +deductible