

Waterford USD UHC EPO Plans 2023-2024				
MEMBER RESPONSIBILITY				
Annual Limits and Co-Insurance	UHC Plan 1	UHC Plan 2	UHC Plan 3	UHC Plan 4
Calendar Year Deductible (Individual)	\$0	\$500	\$1,000	\$2,500
Calendar Year Deductible (Family)	\$0	\$1,000	\$2,000	\$5,000
Calendar Year Out-of-Pocket Maximum (Individual OOPM)	\$0	\$1,500	\$2,500	\$5,000
Calendar Year Out-of-Pocket Maximum (Family OOPM)	\$0	\$3,000	\$5,000	\$10,000
Coinsurance	No Charge	20% After Deductible	30% After Deductible	30% After Deductible
Office Visits	MEMBER RESPONSIBILITY			
Preventive Care/Immunizations	No Charge	No Charge	No Charge	No Charge
Doctor Visits (Primary Care)	\$0	\$10	\$20	\$25
Doctor Visits (Specialists)	\$0	\$20	\$40	\$50
Urgent Care	\$0	\$10	\$20	\$25
Chiropractic	\$0	\$10	\$20	\$25
Physical Therapy	\$0	20% After Deductible	30% After Deductible	30% After Deductible
Prescriptions Drugs	MEMBER RESPONSIBILITY			
Tier 1	\$0	\$5 Copay	\$10 Copay	\$20 Copay
Tier 2	\$0	\$10 Copay	\$20 Copay	\$40 Copay
Tier 3	\$0	\$25 Copay	\$50 Copay	\$100 Copay
Tier 4	\$0	\$50 Copay	\$100 Copay	\$150 Copay
Mail Order - Tier 1/Tier 2	\$0 After Mail-In Reimbursement	\$10/\$20 After Mail-In Reimbursement	\$20/\$40 After Mail-In Reimbursement	\$40/\$80 After Mail-In Reimbursement

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Ambulance and DME	UHC Plan 1	UHC Plan 2	UHC Plan 3	UHC Plan 4
Ambulance-Ground/Air	\$0	\$100/Trip + 20% After Deductible	\$200/Trip + 30% After Deductible	\$250/Trip + 30% After Deductible
Durable Medical Equipment	\$0	20% After Deductible	30% After Deductible	30% After Deductible
Laboratory and Radiology	MEMBER RESPONSIBILITY			
Outpatient Diagnostic Tests and or Imaging	\$0	20% After Deductible	30% After Deductible	30% After Deductible
Radiation Therapy Chemotherapy	\$0	20% After Deductible	30% After Deductible	30% After Deductible
Substance Abuse and Mental Health	MEMBER RESPONSIBILITY			
Telephonic Medical Services	No Charge	No Charge	No Charge	No Charge
Mental Health In & Out Patient	\$0	\$100 + 20% After Deductible Per Occurrence	\$200 + 30% After Deductible Per Occurrence	\$250 + 30% After Deductible Per Occurrence
Substance Abuse In & Out Patient	\$0	\$100 + 20% After Deductible Per Occurrence	\$200 + 30% After Deductible Per Occurrence	\$250 + 30% After Deductible Per Occurrence
Hospital	MEMBER RESPONSIBILITY			
Outpatient Surgery	\$0	20% After Deductible	30% After Deductible	30% After Deductible
Hospital Inpatient	\$0	20% After Deductible	30% After Deductible	30% After Deductible
Emergency Room	\$0	\$100/Visit + 20% After Deductible	\$200/Visit + 30% After Deductible	\$250/Visit + 30% After Deductible
Home Health Care	\$0	20% After Deductible	30% After Deductible	30% After Deductible