

# 2025 medical plans at a glance

## UnitedHealthcare Standard HMO

- Choose any doctor or hospital in the UnitedHealthcare Choice Network\*
- Predictable copays and no deductible
- Medical and pharmacy expenses both count toward your out-of-pocket maximum
- Coinsurance is paid 100% by the plan after you satisfy your copay
- Outpatient surgery and diagnostic care, including labs and X-rays, are covered at 100% with no deductible or copay

## UnitedHealthcare HDHP with HSA

- Lower premium
- Can open a health savings account (HSA) through Chard Snyder to save for health care expenses
- For family tier – Once 1 family member or a combination of family members meet the family out-of-pocket maximum, all covered medical and pharmacy expenses for the family will be paid at 100% for the plan year.

### Highlights for both plans

- You don't need to choose a primary care provider (PCP), but it's still good to have one
- No referrals are needed to visit any provider in our network

		UnitedHealthcare Standard HMO	UnitedHealthcare HDHP with HSA
		UHC Choice Network – in-network only	UHC Choice Network – in-network only
Deductible	Individual	No deductible	\$1,650
	Family	No deductible	\$3,300
	Coinsurance (plan pays)	100%	80% after deductible
Medical out-of-pocket maximum (includes covered medical expenses only)	Individual	\$1,500	\$3,000
	Family	\$3,000	\$6,000
Global out-of-pocket maximum (includes covered medical and prescriptions drugs)	Individual	\$9,200	\$3,000
	Family	\$18,400	\$6,000
Preventive care			
Adult		\$0 copay	\$0 coinsurance
Well visits			
Routine mammograms			
Colorectal cancer screenings			

For more coverage details for each of these plans, please visit [whyuhcflorida.com](https://www.whyuhcflorida.com) or call 1-877-614-0581, TTY 711

\*If you don't choose a network provider, you will be responsible for the entire cost, except in the case of an emergency.



		UnitedHealthcare Standard HMO	UnitedHealthcare HDHP with HSA
		UHC Choice Network – in-network only	UHC Choice Network – in-network only
Medical services			
PCP visits (in person or virtual)		\$20 copay per visit	20% coinsurance after deductible has been met
Specialist visits (in person or virtual)		\$40 copay per visit	
Allergy injections		\$0 copay	
24/7 Virtual Visits (teleheath) UnitedHealthcare-approved providers		\$0 copay	
Urgent care (in person or virtual)		\$25 copay per visit	
Convenience care clinics		\$25 copay per visit	
Emergency room visits		\$100 copay per visit, waived if admitted	
Ambulance		\$0 copay	
Inpatient hospital		\$250 copay per admission, covered at 100% after copay	
Outpatient hospital		\$0 copay	
Maternity			
Inpatient		\$250 copay per admission, covered at 100% after copay	20% coinsurance after deductible has been met
Outpatient		\$40 copay, first visit only	
Mental health/substance use			
Inpatient		\$250 copay per admission, covered at 100% after copay	20% coinsurance after deductible has been met
Outpatient		\$20 copay	
Other services			
Diagnostic lab		\$0 copay	20% coinsurance after deductible has been met
Diagnostic X-ray			
Complex imaging (MRI, MRA, CT)			
Outpatient surgery			
Skilled nursing facility			
Spinal manipulation therapy*		\$40 copay per visit	
Outpatient short-term rehab therapy*			
Home health care		\$0 copay	
Durable medical equipment		\$0 copay	
Diabetic supplies		Pharmacy cost-sharing applies	
Infertility		Not covered	Not covered
Hospice (inpatient or outpatient)		\$0 copay	20% coinsurance after deductible has been met
Prescription drugs administered by Optum Rx			
Retail pharmacy (30-day supply)	Generic drugs	\$7 copay	30% coinsurance after deductible
	Preferred	\$30 copay	
	Brand	\$50 copay	
Mail order or participating 90-day retail	Generic drugs	\$14 copay	30% coinsurance after deductible
	Preferred	\$60 copay	
	Brand	\$100 copay	

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\*Limited to 60 visits per therapy per calendar year.

This information does not replace your official health plan documents. Please see your official health plan documents for all coverage details, including limitations and exclusions.

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