

## The Choice Plan

The Choice Plan is a traditional Preferred Provider Organization (PPO) plan. The administrator of this plan is UMR and the network is United Healthcare Choice Plus which is a national network.

This type of plan allows you to visit whatever in-network physician or provider you wish without requiring a referral from a Primary Care Physician. What you pay depends on where you get your care. If your care is provided by a Cone Health or THN provider, your out of pocket costs are lower (see Cone Health Network column) than if you go to a provider that is in the United Healthcare network but not part of Cone Health or THN (see United Healthcare Choice Plus Network column below). However, your total annual out-of-pocket maximum is exactly the same.

### Advantages of the Choice Plan:

- Large nationwide network of providers; good particularly if you live out of state or have children who go to school or live out of state.
- No referrals required prior to seeking medical care at your choice of United Healthcare in-network providers.
- Lower costs for services at a Cone Health or THN physician or Cone Health facility
- Low deductible
- Predictable co-pays
- No cost for e-Visits and Virtual Visits (video/phone)

Choice Plan Specifics	United Healthcare Choice Plus Network	Cone Health Network - These discounts are an incentive to use the Cone Health Network
<b>Calendar Year Deductible</b> - CYD (Individual/Family)	\$300/\$600	\$300/\$600
<b>Out-of-Pocket Maximum</b> - OOP (Individual/Family)	\$7,900 /\$15,800	\$7,900 /\$15,800
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Preventive Care</b> - Annual wellness exams, Paptest, screening colonoscopy, bone density and/or vision care (eye exam)	No cost	No cost
<b>Breast Health</b> - Screening mammograms, ultrasound and/or MRI	No cost	No cost
<b>Breast Health</b> - Diagnostic mammograms, ultrasound and/or MRI	No cost after deductible	No cost after deductible
<b>Hospital Admission</b>	\$1,000 copay and 40% after deductible	\$500 copay and 20% after deductible
<b>Maternity</b> - Follows regular hospital admission and physician services	\$1,000 copay and 40% after deductible	\$500 copay and 20% after deductible
<b>Outpatient Ambulatory Surgery</b>	\$500 copay and 40% after deductible	\$250 copay and 20% after deductible
<b>Radiology Services</b> - ((Except CT, MRI and PET scans) Regardless of where they are done including physician offices	40% after deductible	20% after deductible
<b>Select Radiology Services</b> - (CT, MRI and PET scans) Regardless of where they are done including physician offices	\$500 copay and 40% after deductible	\$250 copay and 20% after deductible
<b>Primary Care Office Visit</b> - (Includes family practice and internal medicine physicians and pediatricians)	\$35 copay after deductible	\$15 copay - NOT subject to deductible if Triad HealthCare Network or Cone Health provider
<b>Specialist Office Visit</b> - (Includes all specialty physicians such as surgeons, cardiologists, radiologists, OB/GYNs)	\$60 copay after deductible	\$50 copay if a Triad HealthCare Network specialist after deductible
<b>e-Visits via MyChart</b>	Not applicable	No cost
<b>Virtual Visits (video/phone)</b>	Not applicable	No cost
<b>Chiropractic Office Visit</b>	\$40 copay after deductible	Only available in the United Healthcare Choice Plus Network
<b>Physician Services</b> - Hospital inpatient or outpatient surgery	20% after deductible	20% after deductible
<b>Emergency Room Visit</b>	\$500 copay after deductible	\$500 copay after deductible
<b>Urgent Care Visit</b>	\$100 copay after deductible	\$75 co-pay after deductible
<b>Laboratory Services</b> (Medically necessary)	Routine wellness labs covered at 100%; all other labs 20% after deductible	Routine wellness labs covered at 100%; all other labs 20% after deductible
<b>Therapeutic Services</b> (Physical, occupational, speech therapy office visits)	\$40 copay after deductible 24 visit maximum per year	\$20 copay after deductible
<b>Cardiac and Pulmonary Rehab Visits</b>	\$40 copay after deductible 24 visit maximum per year	No cost
<b>Holistic Treatment</b>	\$40 copay with \$500 maximum benefit per year after deductible	\$40 copay with \$500 max benefit per year after deductible
<b>Individual or Group Therapy</b>	\$35 copay after deductible	\$15 copay - NOT subject to deductible if THN or CH provider

\*This is a quick reference chart for convenience. If there is a discrepancy in benefits listed and the legal plan language in our Summary of Plan (SPD) documents, the SPD will govern plan benefits available.