

2012 Plan Design-Brevard Retirees Over 65	United Healthcare Indemnity Plan Group # 195643
<b>BENEFITS</b>	
<b>Monthly Retiree Rates</b>	<b>Single over 65: \$220</b>
Annual Deductible	Single, \$250; family, \$750
Annual Out-of-pocket limit	Single \$2,000, family \$4,000; prescriptions per person, \$2,500
Lifetime maximum	Unlimited
Out-of-Network Option	Not Applicable
Fitness	None
<b>HOSPITAL / Inpatient Care</b>	
Hospital care (semi-private room), surgery, x-rays and lab	80% coverage of Reasonable and Customary (R&C); after deductible
Skilled Nursing Facility	80% coverage of R & C; after deductible (up to 120 days per benefit period)
<b>EMERGENCY CARE</b>	
Emergency Room	80% of R & C, after deductible
Emergency transportation	80% of R & C, after deductible
<b>OUTPATIENT CARE</b>	
Office visit	80% of R & C, after deductible
Outpatient Surgery	80% of R & C, after deductible
Immunizations and injections	80% of R & C, after deductible
Preventive care	80% of R & C, after deductible
Gynecological care	80% of R & C, after deductible
X-ray, lab and diagnostic testing	80% of R & C, after deductible
Home Health	80% of R & C, after deductible
<b>OTHER BENEFITS</b>	
Mental health	<b>MANAGED BY UNITED HEALTHCARE</b>
Outpatient	80% of R & C, after deductible
Inpatient	80% of R & C, after deductible
Substance abuse	<b>MANAGED BY UNITED HEALTHCARE</b>
Outpatient	80% of R & C, after deductible
Inpatient	80% of R & C, after deductible
Outpatient Short-term speech, physical, occupational and respiratory therapy	80% of R & C, after deductible

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Dental Care	Inpatient oral surgery, accidental injury - 80% of R&C after deductible
Medical Supplies	80% of R & C, after deductible
Prescriptions	<p><b>30-day Supply:</b>  Generic - \$7 copay  Formulary - 20% (Minimum - \$25; Maximum - \$75)  Non-Formulary - 50% (Minimum - \$50; Maximum \$100)  <b>Harris Family Medical Center (HFMC) Pharmacy</b> - 30-day Supply:  Generic - \$5 copay  Formulary - 20% (Minimum - \$18.75; Maximum - \$56.25)  Non-Formulary - 50% (Minimum - \$37.50; Maximum \$75)  <b>Mail Order 90-day Supply:</b> Generic - \$17.50; Formulary - 20% - (\$62.50; \$187.50); Non-Formulary - 50% (\$125; \$250)  Administered through ExpressScripts (<a href="http://www.expresscripts.com">http://www.expresscripts.com</a>)</p>
Hearing Aids	None
Vision	None
Chiropractic	80% coverage of R&C, after deductible, \$1,500 annual limit
Website address	<a href="http://www.myuhc.com">www.myuhc.com</a>
The above contains a brief overview of the various benefit programs and does not describe any plan, its provisions or limitations in any detail. Please refer to the benefit plan booklet for more information.	