

2025 Medical Plan Fact Sheet

UnitedHealthcare

Group Number: 708550

<http://whyuhc.com/ampf>

1.877.835.9846

This fact sheet highlights the services and supplies available under the Medical Plan options. Refer to the 2025 Prescription Drug Program Fact Sheet for prescription drug coverage information. For provider information, please refer to the website address above. Or for additional information, you may contact the UnitedHealthcare Member Services team at the phone number above.

	Premium PPO		Basic PPO		PPO w/ HSA ¹	
Type of Service	Network	Non-Network	Network	Non-Network	Network	Non-Network
General						
Annual deductible						
• Individual	\$400	\$1,200	\$600	\$1,800	\$1,650	\$4,800
• Family*	\$1,200	\$3,000	\$1,800	\$5,400	\$3,300	\$9,600
Annual out-of-pocket maximum (includes the deductible)						
• Individual	\$2,300	\$6,900	\$3,500	\$10,500	\$4,000	\$12,000
• Family*	\$6,900	\$20,700	\$9,200	\$31,500	\$8,000 ³	\$24,000
Referrals to specialists	Not Required		Not Required		Not Required	
Charges above “allowed amount”	Provider responsibility	Member responsibility	Provider responsibility	Member responsibility	Provider responsibility	Member responsibility
Precertification requirements: See section 4 of the Summary Plan Description for details	Provider responsibility	Member responsibility	Provider responsibility	Member responsibility	Provider responsibility	Member responsibility
Additional company contribution	None		None		\$250 if HSA opened through Optum Bank ²	
Lifetime maximum	None		None		None	
Physician Services						
Office visits	80%	60%	80%	60%	80%	60%
Urgent care	80%	60%	80%	60%	80%	60%
Physician hospital visits	80%	60%	80%	60%	80%	60%
Preventative care (well adult and child care, immunizations, gynecological exam, mammogram)	100%	60%	100%	60%	100%	60%
Allergy injections	80%	60%	80%	60%	80%	60%
Lab and x-ray	80%	60%	80%	60%	80%	60%
Nutritionist (12 visits annually except an eating disorder diagnosis)	80%	60%	80%	60%	80%	60%

*How the family deductible & out-of-pocket maximum works for each plan option:

- Premium PPO & Basic PPO: the family deductible and out-of-pocket maximum is applicable for three or more covered participants.
- PPO w/HSA: the entire family deductible must be met before any benefits are paid, including prescription drug benefits. There is an embedded Network out-of-pocket maximum of \$6,850 for an individual enrolled in family coverage.

Type of Service	Premium PPO		Basic PPO		PPO w/ HSA	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Hospital Services						
Inpatient	80%	60%	80%	60%	80%	60%
Bariatric Surgery	80%	Not Covered	80%	Not Covered	80%	Not Covered
Outpatient	80%	60%	80%	60%	80%	60%
Emergency care	80%	80%	80%	80%	80%	80%
Ambulance	80%	80%	80%	80%	80%	80%
Skilled nursing (unlimited)	80%	60%	80%	60%	80%	60%
Organ and bone marrow transplant	80%	60%	80%	60%	80%	60%
Maternity						
Office visit	80%	60%	80%	60%	80%	60%
Delivery	80%	60%	80%	60%	80%	60%
Infertility (\$20,000 lifetime max must enroll in Optum Fertility Solutions by calling UHC)	80%	60%	80%	60%	80%	60%
Mental Health/Substance Abuse						
Mental health						
• Office visit	80%	60%	80%	60%	80%	60%
• Outpatient	80%	60%	80%	60%	80%	60%
• Inpatient	80%	60%	80%	60%	80%	60%
Substance abuse						
• Office visit	80%	60%	80%	60%	80%	60%
• Outpatient	80%	60%	80%	60%	80%	60%
• Inpatient	80%	60%	80%	60%	80%	60%
Other						
Therapy						
• Physical (90 visit max per year)	80%	60%	80%	60%	80%	60%
• Occupational Physical (90 visit max per year)	80%	60%	80%	60%	80%	60%
• Speech (90 visit max per year)	80%	60%	80%	60%	80%	60%
Chiropractic (20 visits max per year)	80%	60%	80%	60%	80%	60%
Medical equipment	80%	60%	80%	60%	80%	60%
Home health care	80%	60%	80%	60%	80%	60%
Hospice care	80%	60%	80%	60%	80%	60%

Non-network coverage is based on the carrier's allowable charge for a particular service, as defined under the Plan. In the event of a discrepancy between the above information and the actual Plan provisions, the actual Plan provisions will govern.

If you live in Massachusetts, Maine or New Hampshire, you have access to the Harvard Pilgrim Network as part of the Ameriprise Financial Medical Plan. Visit <http://whyuhc.com/ampf> for more information.

¹The Prescription Drug Program benefits do not apply until you meet your deductible.

²To be eligible for the company HSA contribution of \$250, you must open and actively contribute to the Ameriprise HSA.

³HSA Network has an embedded out-of-pocket maximum of \$6,850 for one covered participant.