



# State of Maryland Employees & Retirees

A side-by-side comparison of your plan options.

## Summary of Benefits

State of Maryland Benefits January 1–December 31, 2021	UnitedHealthcare ChoicePlus PPO		UnitedHealthcare Choice EPO
	In Network	Out of Network	In Network Only
<b>Plan Overview</b>			
Referrals		No	No
National Network		Yes	Yes
Deductible	None	\$250 Individual \$500 Family	None
Coinsurance Out-of-Pocket Limit	\$1,000 Individual \$2,000 Family	\$3,000 Individual \$6,000 Family	None
Copayment Out-of-Pocket Limit	\$1,000 Individual \$2,000 Family	None	\$1,500 Individual \$3,000 Family
Total Annual Medical Out-of-Pocket Costs	\$2,000 Individual \$4,000 Family	\$3,250 Individual \$6,500 Family	\$1,500 Individual \$3,000 Family
Lifetime Maximum		Unlimited	Unlimited
<b>Medical Overview*</b>			
Physician Office Visits			
Primary Care Provider (PCP)	\$15 copay	70% after deductible	\$15 copay
Specialist	\$30 copay	70% after deductible	\$30 copay
Inpatient Care	90%	70% after deductible	100%
Outpatient Care	90%	70% after deductible	100%
Inpatient Hospitalization	90%	70% after deductible	100%
Outpatient Facility	90%	70% after deductible	100%
Maternity	90%	70% after deductible	100%
Diagnostic Lab and X-ray	90% – Lab testing services related to diabetes, hypertension, coronary artery disease, asthma and COPD are paid at 100%.	70% after deductible	100%
Durable Medical Equipment	90%	70% after deductible	100%
Emergency Room (inside and outside the area)	100% after \$150 copay / Copays are waived if admitted. (If criteria are not met for a medical emergency, plan coverage is 50% of allowed amount, plus the \$150 copay)		
Behavioral Health	\$15 copay	70% after deductible	\$15 copay
Intensive Outpatient Services	90%	70% after deductible	100%

\*This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. This outline is intended as a summary only. For a detailed description of the benefits available, please refer to the Evidence of Coverage.

continued



## Summary of Benefits continued

State of Maryland Benefits January 1–December 31, 2021	UnitedHealthcare ChoicePlus PPO		UnitedHealthcare Choice EPO
	In Network	Out of Network	In Network Only
<b>Preventive Care</b>			
Mammography	100%	70%	100%
Immunizations, including annual flu shots (flu shots not covered out-of-network)	100%	70% after deductible	100%
Well Child Care	100%	70% after deductible	100%
Annual Physical Exams	100%	70% after deductible	100%
Physical/Occupational/Speech Therapy	\$30 copay	70% after deductible	\$30 copay
Acupuncture for Chronic Pain Management	\$30 copay	70% after deductible	\$30 copay
Chiropractic Services	\$30 copay	70% after deductible	\$30 copay
Hearing Aids	100% for Basic Model Hearing Aid	70% after deductible for Basic Model Hearing Aid	100% for Basic Model Hearing Aid
<b>Vision</b>	Please go to <a href="http://uhcmaryland.com">uhcmaryland.com</a> for full vision benefit information.		
You also have the added option of discounted services on laser vision correction surgery through Laser Vision Network of America.			

Mental health services are covered under both plans. Mental health providers can be found at [liveandworkwell.com](http://liveandworkwell.com).

## We're here to help.

### Get the answers you need.

If you have any questions — from help finding a network doctor to learning more about what's covered in a health plan — please visit us online or give us a call 24/7.



1-800-382-7513



[uhcmaryland.com](http://uhcmaryland.com)