

Tech 2 (Choice Plus Plan)	
TYPES OF Coverage	Balanced 25/750/80% Plan WK-Y Network/Non-Network
Annual Deductible: Per Year *Family 3X Individual	\$750/\$1,500
Out-of-Pocket Maximum with Deductible *Family 3X Individual	\$3,500/\$7,000
Maximum Policy Benefit per Covered Person (combined Network/Non-Network)	\$5,000,000
Non-Network Coinsurance	50%
Preventive Care	
Office Visit	\$25 / Not Covered
Lab, X-ray and preventive test	100%
Vision Exams (Limited to one per year from a Network Provider)	\$25 / Not Covered
Emergency/Urgent Care	
Ambulance Services - Emergency and Non-Emergency	80%
Emergency Health Services – Outpatient	\$150 + 80%
Urgent Care Center Services	\$75
Professional Care/Diagnostics	
Office Visit	\$25
Professional Fees for Surgical and Medical Services	80%
Outpatient Surgery, Diagnostic and Therapeutic Services:	
Surgery	80%
Diagnostic Services	80%
CT Scans, PET Scans, MRI and Nuclear Medicine	80%
Outpatient Therapeutic Treatments	80%
Facility Care	
Hospital - Inpatient Stay (Inpatient per occurrence deductible of \$250)	80%
Skilled Nursing Facility/Inpatient Rehabilitation Facility Services (Limited to 60 days per year)	80%
Hospice Care	80%

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Additional Benefits	
Acupuncture Services (Limited to 10 days per year)	\$25
Durable Medical Equipment (Limited to \$5,000 per year)	80%
Hearing Aids (Limited to \$5,000 per year)	80%
Home Health Care (Limited to 130 home health care services per year)	80%
Mental Health Services	
Inpatient and Intermediate	80%
Outpatient	\$25
Neurodevelopment Disorders - Autism Spectrum Disorder Services	
Inpatient and Intermediate	80%
Outpatient	\$25
Neurodevelopment Therapy	\$25
Prosthetic Devices (Limited to \$5,000 per year)	80%
Rehabilitation Services - Outpatient Therapy and Manipulative Treatment**	\$25
Substance Use Disorder Services	
Outpatient	\$25
Inpatient and Intermediate	80%
Transplantation Services (Limited to \$350,000 combined Network/Non-Network)	80%
Rx Plan Choices (must select one)	EM, F5, H9, K6, N7, NR, OL, OO, OP
<p>** Limited to 30 visits combined for physical therapy; occupational therapy; speech therapy; massage therapy; pulmonary rehabilitation; cardiac rehabilitation; and post-cochleate implant aural therapy Per Year. Manipulative Treatment is limited to 18 visits Per Year.</p>	



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United Healthcare Services, Inc. or their affiliates.

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