



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA EMPLOYEE BENEFITS

A nonprofit benefits Plan exclusively serving YMCA's since 1970.

UNITED HEALTHCARE CHOICE PLUS 80/60

QUICK LOOK SUMMARY

TYPE OF BENEFIT	IN NETWORK COVERAGE	OUT OF NETWORK COVERAGE		
Wellness Exams & Preventive Screening	Mammogram and Pap Smear; Physicals; Well-Baby Care; Immunizations 100% - No co-pay	Mammogram and Pap Smear only 60%*		
Deductible	None	\$1,000/Individual \$2,000/Family		
Physician Office Visit	\$25 co-pay for Primary Care \$40 co-pay for Specialist Virtual Visit - \$25 co-pay	60%*		
Inpatient Hospital	80%	60%*		
Outpatient Hospital	80%	60%*		
Emergency Room	100% after \$250 co-pay (waived if admitted)			
Urgent Care Facility	100% after \$50 co-pay	60%*		
Other Eligible Medical Charges	80%	60%*		
Annual Out-of-Pocket Maximum¹	\$3,500/Individual \$7,000/Family	\$13,000/Individual \$26,000/Family		
Lifetime Maximum	Unlimited			
Prescription Drugs		Generic	Preferred Brand	Non -Preferred Brand
	Local Network Pharmacy (31 Day Supply)	\$10	\$35	\$60
	Mail Order (90 Day Supply)	\$25	\$85	\$150
In-Network Vision (EyeMed Vision Care)	\$10 co-pay for annual eye exam; Discounts for glasses and contacts			

* Subject to deductible

¹ The Annual Out-of-Pocket Maximum is the most you pay each calendar year for Covered Health Services. If you exceed the annual maximum, the Plan pays 100% of Eligible Expenses for Covered Health Services through the end of the calendar year. The Out-of-Pocket Maximum includes deductibles, covered coinsurance, and co-pays.

Please refer to the Summary Plan Description for a complete listing of services, exclusions, and a description of all the terms and conditions of coverage. If this description conflicts in any way with the Summary Plan Description, the Summary Plan Description prevails.