



SUMMARY OF BENEFITS

Institute on Aging

United Healthcare
UHC PPO Core

7/1/2026

to

6/30/2027



Swipe card for benefit listed under the "Difference Card Pays" column.

TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	UHC BENEFIT
PHYSICIAN SERVICES			
Primary Care Office Visit Copay	\$0	\$30	\$30 Copay
Specialist Office Visit Copay	\$0	\$60	\$60 Copay
Preventive Care / Screening / Immunization	No Charge		
Urgent Care	\$0	\$30	\$30 Copay
PHARMACY			
Retail Prescriptions	T1-3 \$10/\$35/\$70 T4 \$10/\$150/\$250	\$0	T1-3 \$10/\$35/\$70 T4 \$10/\$150/\$250
Mail Order Prescriptions	\$25/\$87.50/\$175	\$0	\$25/\$87.50/\$175
DIAGNOSTIC PROCEDURES			
Diagnostic Test- Lab Bloodwork	Remaining Amount	First \$3,500	Deductible and Coinsurance
Diagnostic Test X-Ray	Remaining Amount	First \$3,500	Deductible and Coinsurance
Complex Imaging (CT/Pet Scans, MRIs)	Remaining Amount	First \$3,500	Deductible and Coinsurance
HOSPITAL SERVICES			
Emergency Room Care	Remaining Amount	First \$3,500	Deductible and Coinsurance
Outpatient Surgery	Remaining Amount	First \$3,500	Deductible and Coinsurance
Inpatient Hospital	Remaining Amount	First \$3,500	Deductible and Coinsurance
IN NETWORK DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	No		
Deductible Accumulation Period	Calendar year		
Family Deductible Accumulation Type	Individual Accumulation		
In-Network Individual Deductible	\$0	\$3,500	\$3,500
In-Network Family Deductible	\$3,500	\$3,500	\$7,000
In-Network Individual Coinsurance Limit	\$3,500	\$0	30% to \$3,500
In-Network Family Coinsurance Limit	\$7,000	\$0	30% to \$7,000
OUT OF NETWORK DEDUCTIBLE & COINSURANCE			
Out-of-Network Individual Deductible	\$10,500	\$0	\$10,500
Out-of-Network Family Deductible	\$21,000	\$0	\$21,000
Out-of-Network Individual Coinsurance Limit	\$12,000	\$0	50% to \$12,000
Out-of-Network Family Coinsurance Limit	\$24,000	\$0	50% to \$24,000

In-Network Family Multiplier 2

Mail Order Multiplier 2.5

All claims must be submitted within 3 months of the end of the deductible accumulation period.

Terminated members must submit claims within 3 months of the termination date.

Information on this document based on carrier SBC.

Please have your provider swipe the Difference Card for the following amounts:

- Primary Care Swipe - \$30
- Specialist Swipe - \$60
- Urgent Care Swipe - \$30
- Deductible Expenses - First \$3,500

Call 888.343.2110 with any questions.

Download the Mobile App to View and Submit Claims



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