



United Healthcare

Available Statewide (Individual)

Toll-free Phone Number: 1-800-809-9831

www.CoverFloridaHealthCare.com Web Site: <http://www.coverflorida-uhc.com>

	Preventive	Catastrophic		
Benefits	\$0 deductible Medical benefits up to: \$500,000 lifetime	\$500 deductible Medical benefits up to: \$500,000 lifetime		
Doctor Visits	\$10 co-pay Up to \$450 in office visits per year for in-network physicians	\$20 co-pay Up to \$1,000 in office visits per year for in-network physicians		
Preventive Care	No co-pay for preventive services including 1 annual adult exam, 1 annual gynecological, prostate, colorectal, cervical cancer screenings and mammograms.	No co-pay for preventive services including 1 annual adult exam, 1 annual gynecological, prostate, colorectal, cervical cancer screenings and mammograms.		
Hospital Inpatient Services	N/A	10 days of inpatient hospital stays per year Services up to \$2,000 per day (in-network) and \$1,000 per day (out-of-network) \$500 annual deductible		
Hospital Outpatient Services	100% in network coverage up to \$600 per year, for preventive services only	Coverage up to \$600 per year in preventive services (100% of charges covered in-network) and \$400 per year in non-preventive services (80% of charges covered in-network)		
Emergency Care	N/A	Hospital ER services up to \$1,500 per year; 80% of charges covered for accident, trauma, heart attack, stroke Coverage for ambulance services up to \$500 per year (\$100 co-pay for ambulance services)		
Prescription Drugs	\$10 co-pay for generic drugs, up to \$500 per year.	\$10 co-pay for generic drugs up to \$500 per year.		
Other Services Included in Plans	<u>Durable Medical Equipment</u> : 80% of charges covered (in-network); up to \$500 per yr <u>Behavioral Health</u> : \$40 co-pay (5 office visits/yr) <u>Diabetic Supplies</u> : \$25 co-pay (in-network), \$100 per year coverage.	<u>Durable Medical Equipment</u> : 80% of charges covered (in-network); up to \$500 per yr <u>Diagnostic Services</u> : 80% of charges covered up to \$500 with no co-pay for X-ray and other diagnostic services <u>Behavioral Health</u> : \$40 co-pay (5 office visits/yr) \$500 co-pay (inpatient hospital; coverage limited to 5 days) <u>Diabetic Supplies</u> : \$25 co-pay (in-network), \$100 per year coverage.		
Monthly Rates (by age)	Female Male	Female Male		
0 - 18	\$88.95	\$88.95	\$232.07	\$232.07
19 - 29	\$134.68	\$81.82	\$351.39	\$213.46
30 - 39	\$141.77 to \$144.14	\$86.12 to \$104.40	\$369.88 to \$376.05	\$224.69 to \$272.39
40 - 49	\$142.64 to \$145.84	\$113.85 to \$127.72	\$372.15 to \$380.51	\$297.03 to \$333.22
50 - 59	\$157.75 to \$192.46	\$149.85 to \$191.69	\$411.57 to \$502.14	\$390.96 to \$500.11
60 - 64	\$192.46	\$191.69	\$502.14	\$500.11
65+	\$192.46	\$191.69	\$502.14	\$500.11
Average Rate	\$125.44	\$327.27		

Disclaimer: This sample benefit and premium information is for comparison purposes only. Consumers should carefully consider the benefits provided by each plan before purchasing. Additional information regarding each plan should be obtained by contacting the carrier directly.