



Medical Coverage – United Healthcare (UHC) 4/1/22 - 3/31/23	
CT Non-Union	CHOICE PLUS – BXFH PLAN
Coinsurance	100%
Annual Deductible: Individual/Family	\$1,500 / \$3,000
Annual Out-of-Pocket (OOP): Individual/Family (includes deductible)	\$2,000 / \$4,000
Lifetime Maximum	Unlimited
<b>Physician Services</b>	
Preventive Care Services	100%
Primary Care Physician Office visit	\$20 copay
Specialist Office Visit	\$20 copay
<b>Diagnostics and Imaging</b>	
Diagnostic Lab	100%
Diagnostic X-ray	100%
Diagnostic Complex Imaging (CAT, MRI, MRA/MRS and PET scans)	100%
<b>Facility/Hospital Services</b>	
Urgent Care	\$75 copay
Emergency Room (Copay waived if admitted)	\$150 copay
Outpatient Surgery	100%, after deductible
Hospital Inpatient	100%, after deductible
<b>Out of Network Benefits</b>	
Coinsurance	80%
<b>Pharmacy</b>	
Generic	\$5
Preferred	\$25
Non-Preferred	\$40

Employee Biweekly Deductions		
CHOICE PLUS – BXFH PLAN		
Employee Only	Employee + 1	Employee + Family
\$208.56	\$986.93	\$1,461.15

This benefit guide describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in this guide and the official plan documents, the language of the official document shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information. Any plan benefits may be modified in the future to meet Internal Revenue Service rules or as decided by Sunrise.