



**Connecticut  
Union**

## Medical Coverage – United Healthcare (UHC) 4/1/22 - 3/31/23

	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
\$1,154.98	\$2,260.67	\$3,306.31