



The Bronze-level plan is for employees who are not-eligible for benefits and work at least 20 hours/week during the Initial Measurement Period in 2014.

Feature	UHC Bronze Plan
Medical Deductible (individual/family)	\$3,000/\$6,000
RX Deductible (individual/family)	\$1,600/\$3,200
Medical Plan Out-of-Pocket Maximum (individual/family)	\$5,000/\$10,000
RX Plan Out-of-Pocket Maximum (individual/family)	\$1,600/\$3,200
Health Reimbursement Account	None
PCP Office Visit	\$60 copay
Specialist Office Visit	\$85 copay
Preventive Care	No charge
Inpatient Hospital Care	30% copay (after deductible)
Mental Health Services (outpatient/inpatient)	\$40 copay/30% copay (after deductible)
Substance Abuse Services (outpatient/inpatient)	No charge
Infertility	Not covered
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge
Complex Radiology (PET, MRI)	30% copay (after deductible)
Outpatient Surgery	30% copay (after deductible)
Outpatient Physical/Rehabilitation Therapy	\$85 copay
Urgent Care (your medical group/other medical group)	\$60/\$100
Emergency Room (Copay waived if admitted)	\$300
Retail Prescription Drugs (generic/preferred/non-preferred)	\$15 Generic/\$35 Brand (after deductible)
Mail Order Prescription Drugs (generic/preferred/non-preferred)	\$30 Generic/\$70 Brand (after deductible)
Chiropractor Service	Not covered
Member Cost	\$616.50 single \$1,220.56 2 party \$1,721.93 family
District Contribution	None

Disclaimer: This summary is merely a brief description of the major benefits of the plan(s) and is not intended to alter or expand benefits, rights or liabilities as set forth in the official plan documents and contracts. Limitations may apply. See the Certificate/Evidence of Coverage for details.

