

## CLOSED UNITEDHEALTHCARE SELECT PLUS POINT-OF-SERVICE PLAN

Closed Point of Service (POS) Plan	UHC Select Plus Closed POS	
	In-Network	Out-of-Network
Annual Deductible	None	\$200 individual, \$400 family
<b>Preventive Care</b>		
Routine Physical Exam	\$5 co-pay	Not covered
Well Baby/Child Care	\$5 co-pay	80%, no deductible
Childhood Immunizations	Covered in full	80%, no deductible
<b>Physician Services</b>		
Physician Office Visit	\$5 co-pay	80% after deductible
Specialist Office Visit	\$5 co-pay	80% after deductible
Lab Work and X-rays	Covered in full	Diagnostic: 90% after deductible Routine: not covered
Allergy Evaluations	\$5 co-pay- each visit	80% after deductible
Allergy Shots	Covered in full	90% after deductible
<b>Maternity Care</b>		
Prenatal and Postnatal Care	\$5 co-pay first visit, covered in full thereafter	90% after deductible
Physician Services	Covered in full	90% after deductible
Hospital Services	Covered in full	90% after deductible
<b>Emergency Service (when medically necessary)</b>		
Emergency Room	\$50 co-pay waived if admitted	\$50 co-pay waived if admitted
Emergency Physician Services	Covered in full	Covered in full
Emergency Ambulance	Covered in full	Covered in full
<b>Hospital Services - Inpatient</b>		
Semi-Private Room	Covered in full	90% after deductible up to 180 days
Professional Services	Covered in full	90% after deductible
Surgical Procedures	Covered in full	90% after deductible
Specialty Care/ Consultation	Covered in full	90% after deductible
Anesthesia	Covered in full	90% after deductible
Radiology and Drugs	Covered in full	90% after deductible
Intensive Care	Covered in full	90% after deductible
Coronary Care	Covered in full	90% after deductible
<b>Hospital Services - Outpatient</b>		
Surgical Procedures	Covered in full	90% after deductible
Professional Fees	Covered in full	90% after deductible
<b>Mental Health/Substance Abuse Services</b>		
Inpatient Days	Covered in full	100% up to 180 days
Outpatient Visits	Visits 1-5: You pay 0% Visits 6+: You pay 20%	Visits 1-30: You pay 20% after deductible Visits 31+: You pay 50%
<b>Other Services</b>		
Catastrophic Illness	Covered in full	Covered in full after \$1,500 out-of-pocket expenses (excludes deductible)
Durable Medical Equipment**	Covered in full	80% after deductible
Home Health Care/ Skilled Nursing Care	Covered in full (up to 40 visits in- and out-of-network)	90% after deductible
Hospice Care	Covered in full	90% after deductible
Urgent Care Centers	\$5 co-pay	80% no deductible

**Please Note:** All percentages shown for out-of-network service are up to the Usual, Customary, and Reasonable (UCR) charge as determined by UnitedHealthcare Select Plus or CareFirst BlueChoice. This description of benefits and services is only a summary. For complete information, please refer to the evidence of coverage on the ERSC Web site at [www.montgomeryschoolsmd.org/department/ersc](http://www.montgomeryschoolsmd.org/department/ersc).