

Medical & Prescription Benefits at a Glance UWUA 2021

Medical Plans	United Healthcare (UHC) PPO Plan		United Healthcare Choice Plan
Bi-Weekly Cost – Employee Only	\$53.84		\$35.57
Bi-Weekly Cost - Family	\$134.61		\$36.53
Type of Services	In-Network	Out-of-Network	In-Network
Preventive Care copay	\$0	20% coinsurance*	\$0
Virtual Visit copay	\$15	N/A	\$10
Primary Care copay	\$30	20% coinsurance*	\$20
Specialist copay	\$30	20% coinsurance*	\$35
Chiropractic copay	\$30	20% coinsurance*	\$35
Urgent Care copay	\$30	20% coinsurance*	\$35
Emergency Room Visit copay**	\$0	\$0	\$100
Hospitalization copay	\$0	\$0	\$0
Retail Prescriptions			
Tier 1 / Tier 2 / Tier 3	\$10/\$30/\$45	\$10/\$30/\$45	\$10/\$20/\$35
Mail Order Prescriptions			
Tier 1 / Tier 2 / Tier 3	\$25/\$75/112.50	Not Covered	\$20/\$40/\$70
Deductible	Individual: \$0 Family: \$0	Individual: \$700 Family: \$2,100	Individual: \$0 Family: \$0
Out-of-pocket Limit	Individual: \$7,150 Family: \$14,300	Individual: \$900 Family: \$2,400	Individual: \$2,500 Family: \$5,000
Out-of-network Benefits	Yes		No

*After Deductible

**Waived if admitted

For questions regarding benefits, contact HR Services at HR.Services@nypa.gov or 914-287-3114.