

# UnitedHealthcare® Compass

Individual Rates 2018 – Standard Market Plans

	PLATINUM	GOLD	SILVER	BRONZE
<b>DEDUCTIBLE / MAXMIUM OUT OF POCKET</b>				
DEDUCTIBLE	\$0	\$600.00person /\$1,200 family	\$2,000 person / \$4,000 family	\$4,000 person/\$8,000 family
OOP MAXIMUM	\$2,000 person / \$4,000 family	\$4,000 person / \$8,000 family	\$6,750 person / \$13,500. family	\$7,150 person / \$14,300 family
<b>COPAYMENTS</b>		<i>after deductible</i>	<i>after deductible</i>	<i>After deductible</i>
PRIMARY CARE (PCP)	\$15	\$25 copay	\$30 copay	\$15
SPECIALIST VISITS	\$35	\$40 copay	\$50 copay	\$35
URGENT CARE	\$55	\$70 copay	\$70 copay	\$55
EMERGENY ROOM	\$100	\$150 copay per visit	\$250 copay per visit	\$100 copay per visit
INPATIENT SURGERY FACILITY FEE	\$500	\$1,000 copay per admission	\$1,500 copay per admission	\$500 copay per admission
OUT PATIENT SURGERY FACILITY FEE	\$100	\$100 copay per admission	\$100 copay per admission	\$100 copay per admission
QUEST LABS	\$35	\$40 copay	\$50 copay	\$35
<b>PRESCRIPTION DRUGS</b>	<i>after deductible</i>			
GENERIC DRUGS	\$10 copay	\$10 copay	\$10 copay	\$10 copay
PREFERRED BRANDS	\$30 copay	\$35 copay	\$35 copay	\$30 copay
NON PREFERRED BRANDS	\$60 copay	\$70 copay	\$70 copay	\$60 copay
<b>2018 RATES NASSAU/SUFFOLK/QUEENS/BROOKLYN/BRONX/WESTCHESTER/STATEN ISLAND</b>				
INDIVIDUAL	\$1,178.94	\$1009.43	\$865.30	\$681.24
INDIVIDUAL + SPOUSE	\$ 2,357.88	\$2,018.86	\$1,730.60	\$1,362.48
INDIVIDUAL + CHILD(REN)	\$ 2,004.20	\$1,716.03	\$1,471.01	\$1,158.11
FAMILY	\$ 3,359.98	\$2,876.87	\$2,466.10	\$1,941.53