



Open Enrollment

2025

Phoenix Elementary School District

Medical plan coverage details

	Choice Plus \$1,500 www.whyuhc.com/choiceplus			Doctor's Plan \$1,000			HDHP www.whyuhc.com/choiceplus			
Premium	Your employer will provide your premium amounts									
Annual medical deductibles and out-of-pocket limits	Network		Out-of network		Network		Out-of network		Network	
Deductible amounts										
Individual	\$1,500	\$3,000	\$1,000	\$3,000	\$3,300	\$6,000				
Family	\$3,000	\$6,000	\$2,000	\$6,000	\$6,600	\$12,000				
Out-of-pocket limits										
Individual	\$6,000	\$8,000	\$5,000	\$8,000	\$6,000	\$10,000				
Family	\$12,000	\$16,000	\$10,000	\$16,000	\$12,000	\$20,000				
Medical copays (\$) and coinsurance (%)	Network		Out-of network		Network		Out-of network		Network	
Doctors and other professionals										
Primary care visit (illness or injury)	\$25	50%*	Covered in Full	50%*	20%*	50%*				
Specialist	\$50	50%*	\$75	50%*	20%*	50%*				
Mental health visit (outpatient)	\$25	50%*	Covered in Full	50%*	20%*	50%*				
Preventive care visit	Covered in Full	Not Covered	Covered in Full	Not Covered	Covered in Full	Not Covered				
Virtual, urgent and emergency care										
24/7 Virtual Visit (online doctor)	Covered in Full	Not Covered	Covered in Full	Not Covered	20%*	Not Covered				
Urgent care visit	\$75	50%*	Covered in Full	50%*	20%*	50%*				
Emergency room	\$300	\$300	\$300	\$300	20%*	20%*				
Prescription type	Retail up to 31-day supply	Out-of-network	Home delivery up to 90-day supply	Retail up to 31-day supply	Out-of-network	Home delivery up to 90-day supply	Retail up to 31-day supply	Out-of-network	Home delivery up to 90-day supply	
Tier level 1 (\$ – generic)	\$5	\$5	\$12.50	\$5	\$5	\$12.50	\$5*	\$5*	\$12.50*	
Tier level 2 (\$\$ – brand-name and generic)	\$40	\$40	\$100	\$40	\$40	\$100	\$40*	\$40*	\$100*	
Tier level 3 (\$\$\$ – brand-name and generic)	\$105	\$105	\$262.50	\$105	\$105	\$262.50	\$105*	\$105*	\$262.50*	
Specialty (\$\$\$\$)	\$250	\$250	N/A	\$250	\$250	N/A	\$250*	\$250*	N/A	

The above is only a summary. It is not intended to be a complete listing of all plan details.
*After the deductible.



Common health care terms — good info to know

Coinsurance

The percentage of costs you pay for a covered health care service after your deductible is reached.

Copayment

Also called a copay, this is a fixed amount of money you may pay for certain covered health services, like a doctor's appointment.

Deductible

The amount you pay before your plan starts sharing costs for covered services.

Out-of-pocket limit

The most you could pay for covered services in a plan year.

Premium

A routine payment that's typically taken out of your paycheck and helps keep your plan active, so you can stay covered.

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ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

These plans have exclusions, limitations and reduction of benefits. For costs and complete details contact your employer.

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