

# Short Term Medical Plans by Unitedhealthcare in Texas

[Review the brochure here.](#)

Plans are available based on following categories:

## **Value**

- Lifetime maximum: \$250,000 per covered person
- Deductible: \$1,000, \$2,500, \$5,000, \$10,000, \$12,500
- Deductible Type: Per Cause, Per Term
- Coinsurance (per term): 60/40
- Coinsurance Out-of-Pocket Maximum (per term): \$10,000
- Days of Coverage: 184 days
- Doctor's Office visit: 40% coinsurance after deductible
- Prescription Drug Benefits: Nil

## **Value Direct**

- Lifetime maximum: \$500,000 per covered person
- Deductible: \$2,500, \$5,000, \$10,000, \$12,500
- Deductible Type: Per Term
- Coinsurance (per term): 60/40
- Coinsurance Out-of-Pocket Maximum (per term): \$10,000
- Plan Coverage: Up to 364 days
- Doctor's Office visit: 40% coinsurance after deductible
- Prescription Drug Benefits: Inpatient Rx drugs only. Discount card provided, discounts vary by pharmacy.

## **Value Select A**

- Lifetime maximum: \$2 million per covered person
- Deductible: \$1,000, \$2,500, \$5,000, \$10,000, \$12,500
- Deductible Type: Per Term
- Coinsurance (per term): 60/40, 70/30
- Coinsurance Out-of-Pocket Maximum (per term): \$10,000
- Plan Coverage: Up to 184 days
- Doctor's Office visit: Pay coinsurance after deductible
- Prescription Drug Benefits: Tier 1: \$25 copay, Tiers 2-4: you pay coinsurance after deductible.

## **Plus Direct**

- Lifetime maximum: \$500,000 per covered person
- Deductible: \$1,000, \$2,500, \$5,000, \$10,000, \$12,500
- Deductible Type: Per Term
- Coinsurance (per term): 60/40, 80/20
- Coinsurance Out-of-Pocket Maximum (per term): \$10,000
- Plan Coverage: Up to 364 days
- Doctor's Office visit: Pay coinsurance after deductible
- Prescription Drug Benefits: Tier 1: \$25 copay, Tiers 2-4: you pay coinsurance after deductible.

#### **Plus**

- Lifetime maximum: \$2 million per covered person
- Deductible: \$1,000, \$2,500, \$5,000, \$7,500, \$10,000, \$12,500
- Deductible Type: Per Term
- Coinsurance (per term): 80/20
- Coinsurance Out-of-Pocket Maximum (per term): \$2,000, \$5,000, \$10,000
- Plan Coverage: Up to up to 30 days to 364 days
- Doctor's Office visit: Coinsurance after deductible
- Prescription Drug Benefits: Tier 1 - \$25 copay, no deductible, Tiers 2-4, coinsurance after deductible.

#### **Plus Select A**

- Lifetime maximum: \$2 million per covered person
- Deductible: \$1,000, \$2,500, \$5,000, \$10,000, \$12,500
- Deductible Type: Per Term
- Coinsurance (per term): 60/40, 80/20
- Coinsurance Out-of-Pocket Maximum (per term): \$2,000, \$5,000, \$10,000
- Plan Coverage: Up to up to 30 days to 184 days
- Doctor's Office visit: Chosen coinsurance after deductible
- Prescription Drug Benefits: You pay chosen coinsurance after deductible, Preferred Price Card, \$3,000 maximum covered expenses per person per term.

#### **Plus Elite A**

- Lifetime maximum: \$2 million per covered person
- Deductible: \$2,500, \$5,000, \$10,000, \$12,500
- Deductible Type: Per Term
- Coinsurance (per term): 100/0
- Coinsurance Out-of-Pocket Maximum (per term): \$0
- Plan Coverage: 30 days to 364 days
- Doctor's Office visit: No charge after deductible

- Prescription Drug Benefits: You pay: No charge after deductible. Preferred Price Card. \$3,000 Maximum covered expenses per person per term. You pay for prescriptions at the point of sale, and submit a claim for reimbursement.

#### **Medical Plus (TX only)**

- Lifetime maximum: \$2 million per covered person
- Deductible: \$1,000, \$2,500, \$5,000, \$7,500, \$10,000, \$12,500
- Deductible Type: Per Term
- Coinsurance (per term): 80/20
- Coinsurance Out-of-Pocket Maximum (per term): \$2,000, \$5,000, \$10,000
- Plan Coverage: 30 days to 364 days
- Doctor's Office visit: You pay: coinsurance after deductible.
- Prescription Drug Benefits: Tier 1 - \$25 copay, no deductible. Tiers 2-4 you pay: coinsurance after deductible.

#### **Medical Plus Select A (TX only)**

- Lifetime maximum: \$2 million per covered person
- Deductible: \$1,000, \$2,500, \$5,000, \$10,000
- Deductible Type: Per Term
- Coinsurance (per term): 60/40 or 80/20
- Coinsurance Out-of-Pocket Maximum (per term): \$2,000, \$5,000, \$10,000
- Plan Coverage: 30 days to 360 days
- Doctor's Office visit: You pay: coinsurance after deductible.
- Prescription Drug Benefits: You pay: Chosen coinsurance after deductible. Preferred Price Card. \$3,000 Maximum covered expense per person per term. You pay for prescriptions at the point of sale, at the lowest price available, and submit a claim for reimbursement.

#### **Copay Direct**

- Lifetime maximum: \$500,000 per covered person
- Deductible: \$2,500, \$5,000, \$7,500, \$10,000, \$12,500
- Deductible Type: Per Term
- Coinsurance (per term): 60/40
- Coinsurance Out-of-Pocket Maximum (per term): \$10,000
- Plan Coverage: 30 days to 364 days
- Doctor's Office visit: \$75 copay – no deductible. Number of visits based on duration purchased: 1-3 months = 1 office copay; 4-6 months – 2 office copays; 7-9 months = 3 office copays; 10+ months = 4 copays. Subsequent visits are subject to deductible and

coinsurance. These office visit copays are for injury and illness and cannot be used for preventive services.

- Preventive Care: You pay: coinsurance after deductible.
- Prescription Drug Benefits: Tier 1 - \$25 copay, no deductible; Tiers 2-4 You pay: Coinsurance after deductible

#### **Medical Copay (TX only)**

- Lifetime maximum: \$2 million per covered person
- Deductible: \$2,500, \$5,000, \$7,500, \$10,000, \$12,500
- Deductible Type: Per Term
- Coinsurance (per term): 80/20
- Coinsurance Out-of-Pocket Maximum (per term): \$5,000 or \$10,000
- Plan Coverage: 30 days to 364 days
- Doctor's Office visit: \$75 copay – no deductible. Number of visits based on duration purchased: 1-3 months = 1 office copay; 4-6 months – 2 office copays; 7-9 months = 3 office copays; 10+ months = 4 copays. Subsequent visits are subject to deductible and coinsurance. These office visit copays are for injury and illness and cannot be used for preventive services.
- Preventive Care: You pay: coinsurance after deductible.
- Prescription Drug Benefits: Tier 1 - \$25 copay, no deductible; Tiers 2-4: You pay: Coinsurance after deductible