

Medical Benefits

UnitedHealthcare | Group Number: Plans Opt 1 & Opt 2: 932488 / Plan Opt 3: 78800528

In-Network Benefits	Option 1	Option 2	Option 3
Network Name	Choice Plus	Choice Plus	Surest Plan
Deductible Individual / Family	\$4,000 / \$8,000	\$3,000 / \$6,000	\$0 / \$0
Coinsurance Percentage Plan / Member	80% / 20%	80% / 20%	100% / 0%
Max Out of Pocket Individual / Family	\$5,150 / \$10,300	\$6,000 / \$12,000	\$6,000 / \$12,000
PHYSICIAN COPAYS			
Office Services - Sickness & Injury Primary Care / Specialist	\$45 / \$85 copay	\$30 / \$75 copay	\$15-\$100 range
Telehealth (Virtual Care)	\$35 copay Optum Virtual Care, Teladoc, Doctor on Demand, AmWell, Walmart- access through myuhc.com	\$20 copay Optum Virtual Care, Teladoc, Doctor on Demand, AmWell, Walmart- access through myuhc.com	\$0 copay Doctor On Demand + K Health
Allergy Treatments/Injections & Serum	\$45 / \$85 copay	\$45 / \$85 copay	\$15-\$100 range
Maternity Prenatal Visits Initial / Subsequent & Postnatal	\$0 Prenatal and Postnatal	\$0 Prenatal and Postnatal	\$0 Prenatal and Postnatal
Preventive Care	100%	100%	100%
Laboratory Services	In-network physician's office: covered 100%; otherwise member pays 20% coinsurance	In-network physician's office: covered 100%; otherwise member pays 20% coinsurance	\$0 for routine x-ray, lab, ultrasound
HOSPITAL/OTHER SERVICES			
Inpatient Hospital Expenses	20% after ded.	20% after ded.	\$200 - \$3,000
Outpatient Surgery Expenses	20% after ded.	20% after ded.	\$40 - \$3,000
Advanced Imaging (MRI, CT, PET)	20% after ded.	20% after ded.	\$125 - \$775
Home Health Care	No Copay; 60 visits/year, 16 max hours/day	No Copay; 60 visits/year, 16 max hours/day	\$45 copay
EMERGENCY MEDICAL CARE			
Urgent Care Facility	\$100 copay	\$100 copay	\$50 copay
Emergency Room	\$500 copay	\$500 copay	\$500 copay
Ambulance	20% after ded.	20% after ded.	\$250 copay
PRESCRIPTION SERVICES			
Generic / Formulary Brand / Non-Formulary Brand	\$0 / \$50 / \$100	\$0 / \$50 / \$100	\$10 / \$60 / \$90
Mail Order	\$0 / \$125 / \$250	\$0 / \$125 / \$250	\$25 / \$150 / \$225
Specialty Drugs	\$100 / \$200 / \$300	\$100 / \$200 / \$300	\$240 / \$270 / \$300

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Out-of-Network Benefits	Option 1	Option 2	Option 3
Deductible Individual / Family	\$8,000 / \$16,000	\$6,000 / \$12,000	\$0 / \$0
Coinsurance Percentage Plan / Member	60% / 40%	60% / 40%	Not Applicable
Max Out of Pocket Individual / Family	\$10,300 / \$20,600	\$12,000 / \$24,000	\$12,000 / \$24,000

This overview provides a summary of benefits and is presented for illustrative purposes. Please refer to your plan documents for out-of-network and full plan descriptions.

Payroll Deduction Monthly	Option 1	Option 2	Option 3
Employee Only	\$50.00	\$115.00	\$80.00
Employee & Spouse	\$334.00	\$480.00	\$419.00
Employee & Children	\$262.00	\$385.00	\$332.00
Employee & Family	\$545.00	\$785.00	\$685.00

Please see pages 10-13 for additional benefits and programs available to you when you enroll in a medical plan.

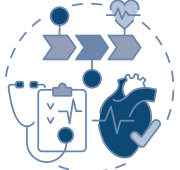
5 Tips for Reducing Your Healthcare Spend



Visit the Doctor

Preventive care can help you identify health areas for improvement to keep illness and disease at bay.

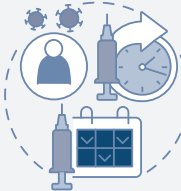
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Stay In Network

Your medical carrier partners with select providers to lower the cost of care. If you go elsewhere (out of network), you will not have these discounts.


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Know Where to Go

Not all health care settings are appropriate for every kind of care or cost the same. Go to page 12 for more guidance on where to go.


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Manage Prescriptions

When you receive a prescription from your doctor, you can ask for a lower cost option such as a generic equivalent. Mail order is also a great option for maintenance medications.

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Get Guidance

When visiting your doctor, don't be afraid to ask them if there are comparable procedures or services that are more affordable while still being effective.

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