

# MEDICAL PLANS

	PPO (\$1,000 Plan) In-Network	HDHP (\$2,000 Plan) In-Network	Surest In-Network
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## UHC MEDICAL PLAN BENEFITS

Annual Deductible	\$1,000 Individual \$2,000 Family	\$2,000 Associate Only \$6,000 with Dependents	\$0
Coinsurance	80%	80%	\$0
Annual Out-of-Pocket	\$6,000 Individual \$12,000 Family	\$6,900 Associate Only \$8,150 with Dependents	\$9,000 Individual \$18,000 Family
Preventive Care Services	Covered 100%	Covered 100%	Covered 100%
Telehealth	UHC Virtual Visit: No copay All others: same as office visit	20% after deductible	\$0 – \$155 copay per visit by a Designated Virtual Network Provider
Office Visit – Primary Care Physician	\$25 copay	20% after deductible	\$45 – \$155 copay
Office Visit – Specialist	\$45 copay	20% after deductible	\$45 – \$155 copay
Hospital Services – Inpatient / Outpatient	20% after deductible	20% after deductible	\$400 – \$5,500 copay per stay
Urgent Care	\$50 copay	20% after deductible	\$110 copay
Emergency Room	20% after deductible	20% after deductible	\$1,000 copay per visit

## UHC PRESCRIPTION BENEFITS

Rx – Retail (30 days)			
Tier 1	\$10 copay	\$10 copay after deductible	\$20 copay
Tier 2	\$35 copay	\$35 copay after deductible	\$90 copay
Tier 3	\$70 copay	\$70 copay after deductible	\$150 copay