

The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

UNITED HEALTHCARE	BASE PLAN	PREMIUM PLAN	HIGH DEDUCTIBLE PLAN (HSA)
	Choice Plus	Choice Plus	Choice Plus
	In-Network	In-Network	In-Network
Calendar Year Deductible			
Individual	\$650	\$500	\$3,400
Family	\$1,300	\$1,000	\$6,400
Calendar Year Out-of-Pocket Maximum (Includes Deductible)			
Individual	\$3,000	\$1,500	\$3,400
Family	\$6,000	\$3,000	\$6,400
	You pay	You pay	You pay
Coinsurance	10%	0%	0%
Preventive Care	No Charge	No Charge	No Charge
Primary Care Physician	\$25	\$20	Deductible
Specialist	\$50	\$30	Deductible
Urgent Care	\$75	\$50	Deductible
Emergency Room	\$200	\$150	Deductible
Lab & X-ray	Deductible then 10%	Deductible	Deductible
Hospitalization	Deductible then 10%	Deductible	Deductible
Diagnostic Imaging (MRI/CT)	Deductible then 10%	Deductible	Deductible
Pharmacy			
Rx Deductible	N/A	N/A	Medical Deductible Applies
Rx Out-of-Pocket Max			
Individual	\$3,000	\$1,500	N/A
Family	\$6,000	\$3,000	N/A
Retail Rx (up to 30-day supply)			
Tier 1	\$12	\$12	Full cost until the \$3,400 Deductible is met; then 100% covered in Network
Tier 2	\$40	\$35	
Tier 3	\$60	\$55	
Mail Order Rx (90-day supply)	\$24 / \$80 / \$120	\$24 / \$70 / \$110	
UHC <u>ONLY</u> Medical Monthly Premiums			
	RETIREES & COBRA/LOA		
	BASE PLAN	PREMIUM PLAN	HIGH DEDUCTIBLE PLAN (HSA)
Retiree Only	\$759.99	\$906.42	\$629.22
Retiree & Spouse	\$1,324.45	\$1,666.53	\$1,054.67
Retiree & Spouse + 1 Child	\$1,601.01	\$2,075.96	\$1,321.99
Retiree & Spouse & 2+ Children	\$1,900.38	\$2,438.74	\$1,601.03
Retiree & 1 Child	\$1,036.43	\$1,315.72	\$844.22
Retiree & 2+ Children	\$1,324.45	\$1,690.10	\$1,075.58