

Medical Benefits (United HealthCare)

(Effective January 1, 2024)

Below is a summary of the benefits offered under the United Healthcare plan options. The chart below is for illustrative purposes only. For specific plan details, please refer to your summary plan description (SPD).

In-Network				
Description	Choice Plus PPO	Choice EPO	Choice Plus PPO HDHP Base	Choice Plus PPO HDHP Buy Up
Annual Deductible Individual / Family	\$500 / \$1,500	\$1,000 / \$2,000	\$3,500 / \$7,000	\$1,600 / \$3,200
Deductible Type ¹	Embedded	Embedded	Collective	Collective
Coinsurance	0% after deduct.	20% after deduct.	20% after deduct.	10% after deduct.
Annual Out-of-Pocket Maximum Individual / Family	\$1,000 / \$3,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$3,200 / \$6,400 ²
Physician Office Visits Primary Care Physician / Specialist	\$25 / \$35	\$30 / \$50	20% after deductible	After deductible \$25 / \$35
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Telehealth	\$20 copay	\$25 copay	20% after deductible	\$20 copay after deductible
Lab and Radiology Svcs Basic Services Advanced Radiology	Covered 100% \$250 copay after deductible	20% after deduct. 20% after deduct.	20% after deduct. 20% after deduct.	10% after deduct. 10% after deduct.
Emergency Care Urgent Care Center Emergency Services - Outpatient	\$75 copay \$150 copay	\$75 copay \$100 copay	20% after deduct. 20% after deduct.	10% after deduct. 10% after deduct.
Inpatient Hospital Services	\$250 copay after deductible	20% after deduct.	20% after deduct.	10% after deduct.
Outpatient Hospital Services	\$250 copay after deductible	20% after deduct.	20% after deduct.	10% after deduct.

Out-of-Network Benefits ¹				
Description	Choice Plus PPO	Choice EPO	Choice Plus PPO HDHP Base	Choice Plus PPO HDHP Buy Up
Annual Deductible Individual / Family	\$1,000 / \$3,000	N/A	\$7,000 / \$14,000	\$3,500 / \$6,000
Coinsurance	40% after deduct.	N/A	40% after deduct.	30% after deduct.
Annual Out-of-Pocket Maximum Individual / Family	\$2,500 / \$7,500	N/A	\$10,000 / \$20,000	\$5,000 / \$10,000

¹ A collective deductible means the family deductible must be met before any individual family member begins paying coinsurance or copays. An embedded deductible means all individual deductibles will count towards the family deductible, but an individual will not need to pay more than the individual deductible.

² An individual will not need to pay more than the individual out-of-pocket maximum, even if the family out-of-pocket maximum has not yet been met. Out-of-Network reimburses at 200% of MCR.

³ Networks can be viewed at <https://www.uhc.com/find-a-doctor> (choose Choice Plus)

⁴ Hawaii residents will be offered the Hawaii-specific Medical plan, which most-closely resembles the PPO Plan

Prescription Benefits (CVS/United HealthCare)

Below is a summary of the Prescription benefits offered and the copays associated with each tier. This chart is for illustrative purposes only. For specific plan details, please refer to your summary plan description (SPD).

In-Network				
Description	Choice Plus PPO	Choice EPO	Choice Plus PPO HDHP Base	Choice Plus PPO HDHP Buy Up
Prescription Deductible	N/A	N/A	Subject to Medical Deductible	Subject to Medical Deductible
Prescription Out-of-Pocket Maximum	Subject to Medical Out-of-Pocket Maximum	Subject to Medical Out-of-Pocket Maximum	Subject to Medical Out-of-Pocket Maximum	Subject to Medical Out-of-Pocket Maximum
Retail Pharmacy Program (up to 30-day supply) Tier 1 / Tier 2 / Tier 3	\$10 / \$25 / \$50	\$15 / \$35 / \$70	After deductible \$20 / \$30 / \$60	After deductible \$20 / \$30 / \$60
Mail Order Prescription Program (up to 90-day supply) Tier 1 / Tier 2 / Tier 3	\$20 / \$50 / \$100	\$30 / \$70 / \$140	After deductible \$40 / \$60 / \$120	After deductible \$40 / \$60 / \$120
Specialty Drugs	30% to a maximum of \$100 for brand name, \$10 for generic.	30% to a maximum of \$100 for brand name, \$10 for generic.	10% after medical deductible	10% after medical deductible