

Medical Plan Comparison-Choice Plus

UMR-#76415205
MEDICAL PLAN 1 BASE PPO
MEDICAL PLAN 2 MONEY SAVER

IN-NETWORK

DEDUCTIBLE[Calendar Year]

Individual	\$2,000	\$5,000
Family	\$4,000	\$10,000

OUT-OF-POCKET (OOP) MAXIMUM[Calendar Year]

Individual	\$7,350	\$7,350
Family	\$14,700	\$14,700

BENEFIT DETAILS

Coinsurance Percentage	You pay 20%, plan pays 80%	You pay 20%, plan pays 80%
Teladoc Virtual Visits	\$0	\$0
Preventive Care	Covered at 100%	Covered at 100%
Primary Care Physician (PCP)	\$10 premium designated provider \$25 non-premium designated provider	\$10 premium designated provider \$50 non-premium designated provider
Specialist*	\$25 premium designated provider \$50 non-premium designated provider	\$25 premium designated provider \$100 non-premium designated provider
Mental Health Services	Tier 1 Premium Designation: \$10 copay per mental health office visit Tier 2 UHC Network: \$25 copay per mental health office visit	Tier 1 Premium Designation: \$10 copay per mental health office visit Tier 2 UHC Network: \$50 copay per mental health office visit
Emergency Room	\$300 copay, then you pay 20% after deductible *waived if admitted	You pay 20%; after deductible plan pays 80%
Inpatient/Outpatient Hospital	You pay 20%; after deductible plan pays 80%	You pay 20%; after deductible plan pays 80%
Urgent Care	\$50 copay	\$50 copay
Outpatient Surgery	You pay 20%; after deductible plan pays 80%	You pay 20%; after deductible plan pays 80%
Lab/X-Ray (Outpatient)	No charge Outpatient setting; Deductible Waived	No charge Outpatient setting; Deductible Waived

OUT-OF-NETWORK**

Deductible	\$5,000 / \$10,000	\$12,000 / \$24,000
Coinsurance	50%	50%
Out-of-Pocket Maximum(OOP)	\$10,000 / \$20,000	\$24,000 / \$48,000

** When visiting out-of-network providers, costs may be higher, and providers may ask for full payment at time-of-service.

In both plan options, the family deductible is an embedded deductible, which means that an individual participant may reach the individual deductible amount and begin having services paid by the plan regardless of whether the family deductible has been met.

In both plans, all out-of-pocket expenses, except for copays, count toward the family deductible until it is met; copays apply only to the out-of-pocket maximum. The family deductible can be met by any one or combination of plan participants, at which time the plan will begin paying services for all participants.