

# 2024 EMPLOYEE MEDICAL & RX BENEFITS OVERVIEW

COST PER PAY PERIOD*	CHOICE	CHOICE PLUS	CHOICE PLUS W/ HSA
EMPLOYEE ONLY	\$54.28	\$42.85	\$22.51
EMPLOYEE + SPOUSE	\$234.63	\$208.92	\$163.14
EMPLOYEE + CHILD(REN)	\$203.71	\$182.01	\$143.34
EMPLOYEE + FAMILY	\$300.67	\$264.69	\$200.59
MEDICAL BENEFITS (UnitedHealthcare)	CHOICE	CHOICE PLUS	CHOICE PLUS W/ HSA
PLAN HIGHLIGHTS Lifetime maximum	In-network only Unlimited	In-network   Out-of-network Unlimited	In-network   Out-of-network Unlimited
ANNUAL DEDUCTIBLE	Embedded	Embedded	Aggregate
Individual	\$0	\$500   \$1,000	\$2,000   \$4,000
Family	\$0	\$1,500   \$3,000	\$4,000   \$8,000
COINSURANCE <i>(Member pays after deductible)</i>	10%	20%   40%	20%   40%
OUT-OF-POCKET LIMITS			
Individual	\$4,500	\$4,000   \$8,000	\$4,500   \$9,000
Family	\$9,000	\$8,000   \$16,000	\$8,700   \$18,000
ACCOUNT FUNDING	N/A	N/A	Single: \$500/Family: \$1,000
OFFICE VISITS			
Primary care office visit	\$30 Copay	\$25 Copay   Ded & 40%	Ded & 20%   Ded & 40%
Specialist office visit	\$40 Copay	\$35 Copay   Ded & 40%	Ded & 20%   Ded & 40%
Office procedures	10%	Ded & 20%   Ded & 40%	Ded & 20%   Ded & 40%
In-office lab and x-ray	Included	Included   Ded & 40%	Ded & 20%   Ded & 40%
PREVENTATIVE CARE	Free	Free   Ded & 40%	Free   Ded & 40%
OTHER SERVICES			
Other lab and x-ray	\$100 Copay & 10%	Ded & 20%   Ded & 40%	Ded & 20%   Ded & 40%
MRI/CT/PET scans	\$100 Copay & 10%	Ded & 20%   Ded & 40%	Ded & 20%   Ded & 40%
Outpatient facility	\$200 Copay & 10%	Ded & 20%   Ded & 40%	Ded & 20%   Ded & 40%
Inpatient facility	\$500 Copay & 10%	Ded & 20%   Ded & 40%	Ded & 20%   Ded & 40%
VIRTUAL VISITS <i>(Through UHC's platform)</i>	\$0 Copay	\$0 Copay	\$49 Copay
URGENT CARE	\$50 Copay	\$50 Copay   Ded & 40%	Ded & 20%   Ded & 40%
EMERGENCY ROOM			
Emergency Medical Transport	\$100 Copay	Ded & 20%	Ded & 20%
Facility Charges	\$200 Copay & 10%	Ded & 20%	Ded & 20%
ER Physician Charges	10%	Ded & 20%	Ded & 20%
PRESCRIPTION DRUGS			
Tier 1 Retail	10% with \$10 min, \$50 max	10% with \$10 min, \$50 max	Ded & 20%
Mail Order	10% with \$10 min, \$100 max	10% with \$10 min, \$100 max	Ded & 20%
Specialty	10% with \$20 min, \$100 max	10% with \$20 min, \$100 max	Ded & 20%
Tier 2 Retail	30% with \$30 min, \$100 max	30% with \$30 min, \$100 max	Ded & 20%
Mail Order	30% with \$30 min, \$200 max	30% with \$30 min, \$200 max	Ded & 20%
Specialty	30% with \$60 min, \$200 max	30% with \$60 min, \$200 max	Ded & 20%
Tier 3 Retail	50% with \$60 min, \$150 max	50% with \$60 min, \$150 max	Ded & 20%
Mail Order	50% with \$60 min, \$300 max	50% with \$60 min, \$300 max	Ded & 20%
Specialty	50% with \$120 min, \$300 max	50% with \$120 min, \$300 max	Ded & 20%

\*Premiums displayed are based on Non-Tobacco medical plans. A \$75 tobacco surcharge will apply to Tobacco medical plans. See Summary of Benefits and Coverage (SBC) for more details. If a discrepancy is found between this overview and the SBC, the SBC will govern.