2023 Employee Medical & Rx Benefits Overview

Medical	Benefits - UHC	Choice	Choice Plus		Choice Plus w/ HSA		
Plan High	hlights	In Network Only	In Network	Out of Network	In Network	Out of Network	
Lifetime Maximum		Unlimited	Unlimited		Unlimited		
Deductible (Ded) (Calendar Year)		Embedded	Embedded		Aggregate		
	Individual	\$0	\$500	\$1,000	\$2,000	\$4,000	
Family		\$0	\$1,500	\$3,000	\$4,000	\$8,000	
Co-Insurance Member Pays After Deductible		10%	20%	40%	20%	40%	
(Includes	ocket Limits deductible						
and some copays)		* 4.500	# 4.000	Ф0.000		Φ0.000	
	Individual	\$4,500	\$4,000	\$8,000	\$4,500	\$9,000	
Account Funding		\$9,000	\$8,000	\$16,000	\$8,700	\$18,000	
, cooding and ing		N/A	N/A		Single: \$500 Family: \$1,000		
Physician Office Visits					T GITTII	y. ψ1,000	
Prima	ary Care Office Visit	\$30 Copay	\$25 Copay	Ded & 40%	Ded & 20%	Ded & 40%	
S	pecialist 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%	
Preventive Care Allowable Charge		Free	Free	Ded & 40%	Free	Ded & 40%	
Other Services		гіее	riee	Deu & 40 %	riee	Deu & 40 /6	
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 Through LILC's platform		Conov	¢0 Copov		\$40 Capay		
Through UHC's platform Urgent Care		\$0 Copay	\$0 Copay		\$49 Copay		
orgent o	urc	\$50 Copay	\$50 Copay	Ded & 40%	Ded & 20%	Ded & 40%	
Emergency Room (true emergencies)							
Emergency Medical Transportation		\$100 Copay	Ded & 20%		Ded & 20%		
Facility Charges		\$200 Copay & 10%	Ded & 20%		Ded & 20%		
ER Physician Charges		10%	10% Ded & 20%		Ded & 20%		
Prescription Drugs Tier 1 Retail		10% with \$10 min - \$50 max			Ded & 20%		
1101 1	Mail Order	10% with \$10 min - \$100 max			Ded & 20% Ded & 20%		
	Specialty	10% with \$20 min - \$100 max		Ded & 20%			
Tier 2	Retail		ith \$30 min - \$100 max		Ded & 20%		
Mail Order		30% with \$30 min - \$200 max			Ded & 20%		
-	Specialty	30% with \$60 min - \$200 max			Ded & 20%		
Tier 3	Retail Mail Order	50% with \$60 min - \$150 max			Ded & 20%		
	Mail Order Specialty	50% with \$60 min - \$300 max 50% with \$120 min - \$300 max			Ded & 20% Ded & 20%		
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^{*}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.