2023 Retiree Choice Plus Plan Overview

Medical Benefits - UHC		Choice Plus		
Plan Highlights		In Network	Out of Network	
Lifetime Maximum		Unlim	Unlimited	
Deductible (Ded)		Embedded		
(Calendar Year)				
Individual		\$500	\$1,000	
Family		\$1,500	\$3,000	
Co-Insurance				
Member Pays After		20%	40%	
Deductible			10,0	
Out-of-Pocket Limit				
(Includes deductible				
and some copays)		¢4.000	000	
Individual		\$4,000	\$8,000	
Family Account Funding		\$8,000	\$16,000	
Account Funding N/A			Λ	
Physician Office Visits			Α	
Primary Care Office Visit		\$25 Copay	Ded & 40%	
Specialist Office Visit		\$35 Copay	Ded & 40% Ded & 40%	
Office Procedures		Ded & 20%	Ded & 40% Ded & 40%	
In office Lab and X-ray		Included	Ded & 40% Ded & 40%	
Preventive Care		moluded	Ded & 40 /8	
Allowable Charge		Free	Ded & 40%	
Other Services		1100	D04 & 1070	
Other Lab and X-ray		Ded & 20%	Ded & 40%	
MRI/CT/PET Scans		Ded & 20%	Ded & 40%	
Outpatient Facility		Ded & 20%	Ded & 40%	
Inpatient Facility		Ded & 20%	Ded & 40%	
Virtual Visits				
Through UHC's platform		\$0 Copay		
Urgent Care			· ,	
		\$50 Copay	Ded & 40%	
Emergency Ro	oom	• •		
(true emergen				
Emergency Medical		Ded & 20%		
Transportation				
Facility Charges		Ded & 20%		
ER Physician Charges		Ded & 20%		
	rescription Drugs		. 050	
Tier 1	Retail	10% with \$10 min - \$50 max		
	Mail Order	10% with \$10 min - \$100 max		
T: 6	Specialty	10% with \$20 min - \$100 max		
Tier 2	Retail	30% with \$30 min - \$100 max		
		-	30% with \$30 min - \$200 max	
T: 6	Specialty 30% with \$60 min - \$200 max			
Tier 3 Retail			50% with \$60 min - \$150 max	
	Mail Order	50% with \$60 n		
	Specialty	50% with \$120 r	mın - \$300 max	

^{*}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.