2027 EMPLOYEE MEDICAL & RX BENEFITS OVERVIEW

COST PER PAY PERIOD*	CHOICE	CHOICE PLUS	CHOICE PLUS W/ HSA
EMPLOYEE ONLY	$68.33	$55.07	$29.01
EMPLOYEE + SPOUSE	$302.36	$272.52	$213.89
EMPLOYEE + CHILD(REN)	$262.71	$237.53	$188.01
EMPLOYEE + FAMILY	$386.55	$344.80	$262.71

MEDICAL BENEFITS (UnitedHealthcare)	CHOICE	CHOICE PLUS		CHOICE PLUS W/ HSA	
PLAN HIGHLIGHTS	In-network only	In-network	Out-of-network	In-network	Out-of-network
Lifetime maximum	Unlimited	Unlimited		Unlimited	
ANNUAL DEDUCTIBLE	Embedded	Embedded		Aggregate	
Individual	$0	$500	$1,000	$1,775	$3,550
Family	$0	$1,500	$3,000	$3,550	$7,100
COINSURANCE *(Member pays after deductible)*	10%	20%	40%	20%	40%
OUT-OF-POCKET LIMITS					
Individual	$3,500	$2,500	$5,000	$4,300	$8,600
Family	$7,000	$5,000	$10,000	$8,000	$16,000
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	10%	Ded & 20%	Ded & 40%	Ded & 20%	Ded & 40%
Inpatient facility	$200 Copay & 10%	Ded & 20%	Ded & 40%	Ded & 20%	Ded & 40%
VIRTUAL VISITS *(Through UHC's selected providers)*	$0 Copay	$0 Copay		$54 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.