

Medical Insurance Plan

Qualified High Deductible Plan

Annual Deductible Individual Family Per Hospital Confinement	In-Network \$2,300 \$4,600 None	Out-of-Network \$4,600 \$9,200 None
Coinsurance Percentage	UHC Pays 100% - You Pay 0%	UHC Pays 80% - You Pay 20%
Out-of-Pocket Maximum Individual Family	\$2,300 \$4,600	\$9,200 \$18,400
Lifetime Maximum	Unlimited	Unlimited
Physician Services Office Visits (Primary Care & Specialist) Diagnostic Lab & X-Ray Urgent Care	UHC pays 100% after deductible UHC pays 100% after deductible UHC pays 100% after deductible	UHC pays 80% after deductible UHC pays 80% after deductible UHC pays 80% after deductible
Preventive Care Services Routine Physical Exams Well Child Care/Immunizations Annual Well Woman Exam Routine Mammograms Routine Vision Exam (limited to 1 exam every 2 years) Routine Colonoscopies	UHC pays 100% UHC pays 100% UHC pays 100% UHC pays 100% UHC pays 100% UHC pays 100%	UHC pays 80% after deductible UHC pays 80% after deductible UHC pays 80% after deductible UHC pays 80% after deductible UHC pays 80% after deductible UHC pays 80% after deductible
Outpatient Diagnostic Services Lab & X-Ray Mammograms Colonoscopies	UHC pays 100% after deductible UHC pays 100% after deductible UHC pays 100% after deductible	UHC pays 80% after deductible UHC pays 80% after deductible UHC pays 80% after deductible
Outpatient Surgery	UHC pays 100% after deductible	UHC pays 80% after deductible
Inpatient Hospital Care	UHC pays 100% after deductible	UHC pays 80% after deductible
Emergency Care Hospital Emergency Room Ambulance Services	UHC pays 100% after deductible UHC pays 100% after deductible	
Prescription Drug Services		
Retail Pharmacy Tier 1 Tier 2 Tier 3	Deductible, then UHC pays: 100% 100% 100%	Deductible, then You pay: \$10 \$75 \$125
Mail Order (90-Day Supply) Tier 1 Tier 2 Tier 3	Deductible, then UHC pays: 100% 100% 100%	Deductible, then You pay: \$25 \$187.50 \$312.50
Contraceptives (covered through both retail & mail order)	Oral, diaphragms and self-administered injectibles covered	

If you have questions regarding coverage for a service that is not listed above, please call United Healthcare at 1-800-241-4675.

Notes:

1. Deductibles and out-of-pocket maximums are separate for in-network and out-of-network and do not cross-apply. The out-of-pocket maximums shown above already include the annual deductible amounts.
2. Expenses not covered by the plan do not count towards the out-of-pocket maximum.
3. For further details regarding the plan, please refer to your Summary Plan Description and any Amendments or call United Healthcare at 1-800-241-4675.