

Plan Features	Essentials		Consumer HSA		Surest Copay	
Network and Out of Network Coverage Receive the highest coverage levels when choosing UHC Choice Plus PPO providers.						
Health Savings Account Compatible Pair with an Optum HSA to cover eligible expenses using tax-free dollars.						
What You Will Pay for In-Network Services	Essentials		Consumer HSA		Surest Copay	
Preventive Care	\$0 Copay		\$0 Copay		\$0 Copay	
Virtual Visits with UHC Virtual Providers	\$0 Copay		\$0 Copay		\$0 Copay	
Deductible (Individual Family)	\$5,000 \$10,000		\$3,500 \$7,000		\$0 \$0	
Primary Care Office Visit Specialist Office Visit	30% After Deductible		10% After Deductible		\$0 to \$150 Copay	
Urgent Care Emergency Room	30% After Deductible		10% After Deductible		\$110 \$1,200 Copay	
All Other Inpatient Outpatient Facility Services	30% After Deductible		10% After Deductible		\$80 to \$6,500 Copay	
Prescription Drug Coverage	Retail Mail		Retail Mail		Retail Mail	
Tier 1 Medications	30% After Deductible		10% After Deductible		\$10 \$25 Copay	
Tier 2 Medications	30% After Deductible		25% After Deductible		\$60 \$150 Copay	
Tier 3 Medications	30% After Deductible		50% After Deductible		\$90 \$225 Copay	
Specialty Medications	30% After Deductible		50% After Deductible		\$10, \$150 or \$300 Copay	
Maximum Out of Pocket Limit (Individual Family)	\$8,300 \$16,600		\$6,500 \$13,000		\$8,000 \$16,000	
Monthly Premium to Enroll	STANDARD RATE	WELLNESS RATE	STANDARD RATE	WELLNESS RATE	STANDARD RATE	WELLNESS RATE
Employee Only	\$76	\$51	\$210	\$160	\$301	\$251
Employee + Spouse	\$160	\$135	\$441	\$391	\$632	\$582
Employee + Child(ren)	\$137	\$112	\$378	\$328	\$542	\$492
Employee + Family	\$213	\$188	\$588	\$538	\$843	\$793
Tobacco Surcharge	+\$100	+\$100	+\$100	+\$100	+\$100	+\$100
Spousal Surcharge	+\$300	+\$300	+\$300	+\$300	+\$300	+\$300