Plan Year: September 1, 2026 – August 31, 2027 | In-Network Benefits – UnitedHealthcare Choice Plus Network

	PLAN 1 - HDHP $1,700	PLAN 2 - PPO $2,500
DEDUCTIBLE		
Individual / Family	$1,700 / $3,400*	$2,500 / $5,000**
MAXIMUM OUT-OF-POCKET		
Individual / Family	$7,050 / $14,100	$7,500 / $15,000
OUT-OF-NETWORK		
	Refer to Summary of Benefits and Coverage	Refer to Summary of Benefits and Coverage
PREVENTIVE CARE		
Annual Well Check, Immunizations & Related Services	$0	$0
FACILITY VISITS		
Virtual Visits – UnitedHealthcare	$0 after deductible	$0
Primary Care	20% coins. after deductible	$20 copay
Specialist	20% coins. after deductible	$45 copay
Urgent Care	20% coins. after deductible	$60 copay
Emergency Room	20% coins. after deductible	$250 copay (1st visit), then 20% coins. after deductible
Inpatient Hospital	20% coins. after deductible	20% coins. after deductible
Outpatient Surgery (Facility)	20% coins. after deductible	20% coins. after deductible
OUTPATIENT DIAGNOSTIC SERVICES		
Lab	20% coins. after deductible	20% coins. after deductible
X-Ray	20% coins. after deductible	20% coins. after deductible
Imaging (CT / PET Scan, MRI)	20% coins. after deductible[1]	20% coins. after deductible[1]
PRESCRIPTIONS AT PREFERRED PHARMACY		
Tier 1 – Generic	Retail $10 / Mail $25 (after deductible)	Retail $10 / Mail $25
Tier 2 – Preferred Brand	Retail $35 / Mail $87.50 (after deductible)	Retail $50 / Mail $125
Tier 3 – Non-Preferred Brand	Retail $110 / Mail $275 (after deductible)	Retail $125 / Mail $312.50
Tier 4 – Specialty	50% coinsurance (after deductible)	50% coinsurance
WEEKLY COST FOR MEDICAL & PRESCRIPTION[2]		
Employee Only	$0.00	$0.00
Employee + Spouse	$315.35	$307.70
Employee + Child(ren)	$299.59	$292.32
Family	$725.31	$707.71

[1]Radiology services must be received from a Designated Diagnostic Provider for the Network benefit level to apply. [2]Per-paycheck amount based on 48 pay periods per year.

*If enrolled as a family, the entire family deductible must be satisfied collectively by all family members before benefits will be paid at the coinsurance rate. **If enrolled as a family, the entire family deductible must be satisfied by one individual or collectively before benefits will be paid at the coinsurance rate.

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