



2018-2019 Pre-65 Retiree Health Plan Options

HSA Non-Qualified Health Plan			HSA Qualified High-Deductible Health Plan			HSA Qualified High-Deductible Health Plan		
	\$1,000 PPO			\$1,500 HDHP			\$2,500 HDHP	
	In Network	OON		In-Network	OON		In-Network	OON
ER Copay Deductible *	\$150	\$150	ER Copay Deductible ^	n/a	n/a	ER Copay Deductible ^	n/a	n/a
Single	\$1,000	\$2,000	Single	\$1,500	\$5,000	Single	\$2,500	\$5,000
Family	\$2,000	\$4,000	Not Single	\$3,000	\$10,000	Not Single	\$5,000	\$10,000
Coinsurance	20%	50%	Coinsurance	20%	50%	Coinsurance	20%	50%
OOP Maximum			OOP Maximum			OOP Maximum		
Single	\$4,000	\$8,000	Single	\$4,500	\$10,000	Single	\$6,000	\$10,000
Family	\$8,000	\$16,000	Not Single ^^	\$9,000	\$20,000	Not Single ^^	\$12,000	\$20,000
Pharmacy Retail	\$5/20% + \$10/30% + \$15		Pharmacy Retail	20% after deductible		Pharmacy Retail	20% after deductible	
Pharmacy Mail	\$0/20%/30% + \$15		Pharmacy Mail Program	20% after deductible		Pharmacy Mail Program	20% after deductible	
Pharmacy Specialty Rx	\$5/20% + \$10/30% + \$15		Pharmacy Specialty Rx	20% after deductible		Pharmacy Specialty Rx	20% after deductible	

Preventative Procedures Covered at 100% In-network

Out of Pocket maximum includes deductibles and Medical and Pharmacy copays. Pharmacy counts towards in-network only.

*** Deductible:**
If you have family coverage, any combination of covered family members can help meet the maximum family deductible, up to each person's individual amount.

^ Deductible:
If you have family coverage, any combination of covered family members can help meet the maximum family deductible.
^^ Not Single In-Network Out-of Pocket Maximum:
\$6,850 PPO Maximum amount that any one person will satisfy towards the annual family OOP in-network only.

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- The \$1000 PPO Plan has a stacked deductible, and the deductible is waived for pharmacy benefits. The \$1000 PPO Plan does qualify for a Flex Spending Account with pre-tax contributions.
- The \$1500/\$3000 HDHP and \$2500/\$5000 HDHP plans do not have the deductible waived for pharmacy benefits. The entire deductible, for a single enrollee or more than one enrollee (not single), must be met for pharmacy benefits to begin.
- All plans cover in-network preventive/wellness care and procedures at 100% with the deductible waived.

Stand-Alone Dental & Vision Plans	
Dental	
* Deductible:	
Single	\$50
Two-Party	\$100
Diagnostic/Preventive	100% (ded waived)
Basic Services	80%
Major Services	80%
Orthodontic	80%
Annual Benefit Maximum	\$1,500 per person
Lifetime Ortho Maximum	\$1,500 per person
Vision	
Eye Exam (1 per year)	100%
Lenses (1 set per year)	100% to \$350 Max
Frames (1 pair per year)	
Elective Contacts (1x year)	

Medical enrollment is not required to maintain Dental and/or Vision coverages.

*** Deductible:**
If you have two-party coverage, any combination of covered members can help meet the maximum two-party deductible, up to each person's individual amount.