



2018-2019 Active Employee 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.