

BENEFIT	ADVANTAGE CHOICE PLUS PLAN		
PLAN COMPONENT	SLUCARE & SSM	In-Network	Out-of-Network
Medical			
Deductible – Individual	\$250	\$4,000	\$6,000
Deductible – Family	\$500	\$8,000	\$12,000
OOP Max - Individual	\$2,700	\$8,000	\$12,000
OOP Max – Family	\$5,400	\$16,000	\$24,000
Primary Care Visit	\$10	30%	40%
Specialist Visit	\$20	30%	40%
Diagnostic and Imaging	15%	30%	40%
Inpatient Visit	15%	30%	40%
Outpatient Visit	15%	30%	40%
Urgent Care	\$40	30%	40%
Emergency Room	\$250	\$250	\$250
PRESCRIPTION DRUGS*	MEDONE ADVANTAGE CHOICE PLUS PLAN		
Generic	\$10	\$25	
Preferred Brand	25% Coinsurance \$30 Min – \$50 Max	25% Coinsurance \$75 Min – \$125 Max	
Non-Preferred Brand	50% Coinsurance \$50 Min – \$100 Max	50% Coinsurance \$125 Min – \$250 Max	
Specialty	20% Coinsurance up to \$200 Max	N/A	
Preventive Medications	Priced According to Tier		
Out-of-Pocket Maximum (Includes Rx Copays & Coinsurance)			
Single	\$1,500		
Family	\$3,000		

*In-Network Pharmacy benefits only applies to the Medical Tier 2 deductible and out-of-pocket maximum limit, not Medical Tier 1.

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. You may obtain a list of preventive care services at www.myuhc.com.

NOTE: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary, and Reasonable charges apply for all out-of-network benefits.

Medical and Prescription Drug Benefits (Continued)

Cost of Coverage

COVERAGE TYPE	MONTHLY PREMIUM		BI-WEEKLY PREMIUM	
	Non-Wellness	With Wellness Discount*	Non-Wellness	With Wellness Discount*
UHC Traditional Choice Plus Plan				
Employee Only	\$233.00	\$163.00	\$107.54	\$75.23
Employee and Spouse	\$623.00	\$518.00	\$287.54	\$239.07
Employee and Child(ren)	\$544.00	\$474.00	\$251.08	\$218.77
Employee and Family	\$858.00	\$753.00	\$396.00	\$347.54
UHC Traditional Choice Plus Plan – Employees Earning Up To \$43,340				
Employee Only	\$79.00	\$9.00	\$36.46	\$4.15
Employee and Spouse	\$435.00	\$330.00	\$200.77	\$152.30
Employee and Child(ren)	\$360.00	\$290.00	\$166.15	\$133.84
Employee and Family	\$647.00	\$542.00	\$298.62	\$250.15
UHC Traditional Choice Plus Plan – Employees Earning \$150,000 Or More				
Employee Only	\$253.00	\$183.00	\$116.77	\$84.46
Employee and Spouse	\$682.00	\$577.00	\$314.77	\$266.30
Employee and Child(ren)	\$594.00	\$524.00	\$274.15	\$241.84
Employee and Family	\$933.00	\$828.00	\$430.61	\$382.15

*The "With Wellness Discount" premiums listed assume the maximum \$105 for spousal coverage situations. Rates may be higher if both employee and spouse do not complete requirements. For details on the wellness discount, see page 13.

Medical and Prescription Drug Benefits (Continued)

Cost of Coverage

COVERAGE TYPE	MONTHLY PREMIUM		BI-WEEKLY PREMIUM	
	Non-Wellness	With Wellness Discount*	Non-Wellness	With Wellness Discount*
UHC Qualified High-Deductible Health Plan				
Employee Only	\$139.00	\$69.00	\$64.15	\$31.84
Employee and Spouse	\$413.00	\$308.00	\$190.62	\$142.15
Employee and Child(ren)	\$354.00	\$284.00	\$163.38	\$131.08
Employee and Family	\$556.00	\$451.00	\$256.62	\$208.15
UHC Qualified High-Deductible Health Plan – Employees Earning \$150,000 Or More				
Employee Only	\$158.00	\$88.00	\$72.92	\$40.61
Employee and Spouse	\$464.00	\$359.00	\$214.15	\$165.69
Employee and Child(ren)	\$396.00	\$326.00	\$182.77	\$150.47
Employee and Family	\$626.00	\$521.00	\$288.92	\$240.46

*The "With Wellness Discount" premiums listed assume the maximum \$105 for spousal coverage situations. Rates may be higher if both employee and spouse do not complete requirements. For details on the wellness discount, see page 13.

Each person's Healthcare needs are different. That's why our medical plan offers multiple options so that you can choose the coverage level best-suited to your personal situation. Accessing benefits through SLUCare or SSM will result in lower costs to you and your family.

BENEFIT	TRADITIONAL CHOICE PLUS PLAN (FORMERLY UHC PLUS PLAN)		
	SLUCARE & SSM	In-Network	Out-of-Network
Annual Deductible (Single/Family)	\$750/\$1,500	\$2,500/\$5,000	\$4,500/\$9,000
Out-of-Pocket Maximum (Single/Family)	\$3,000/\$6,000	\$5,000/\$10,000	\$10,000/\$20,000
Coinsurance	15%	25%	40%
Physician Services			
Doctor's Office Visit	\$25 Copay	25% After Ded	40% After Ded
Specialist Office Visit	\$50 Copay	25% After Ded	40% After Ded
Preventive Care	100% Covered	100% Covered	100% Covered
Hospital Services			
Inpatient	15% After Ded	25% After Ded	40% After Ded
Outpatient	15% After Ded	25% After Ded	40% After Ded
Emergency Care	\$250 Copay	\$250 Copay	\$250 Copay
Urgent Care	\$60 Copay	25% After Ded	40% After Ded
PRESCRIPTION DRUGS*	MEDONE TRADITIONAL CHOICE PLUS PLAN		
	MedOne Retail (34-Day Supply)		MedOne Mail Order (90-Day Supply)
Prescription Drug Costs			
Tier 1	\$10		\$25
Tier 2	25% Coinsurance \$30 Min-\$50 Max		25% Coinsurance \$75 Min-\$125 Max
Tier 3	50% Coinsurance \$50 Min-\$100 Max		50% Coinsurance \$125 Min-\$250 Max
Tier 4	20% Coinsurance to \$200		N/A
Preventive Medications	Prices According To Tier		
Out-of-Pocket Maximum (Includes Rx Copays & Coinsurance)			
Single	\$1,500		
Family	\$3,000		

*In-Network Pharmacy benefits only applies to the Medical Tier 2 deductible and out-of-pocket maximum limit, not Medical Tier 1.

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. You may obtain a list of preventive care services at www.myuhc.com.

NOTE: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary, and Reasonable charges apply for all out-of-network benefits.