

TRADITIONAL CHOICE PLUS PLAN (Formerly UHC Plus Plan)

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	\$60 Copay	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.

UHC QHDHP (Qualified High Deductible Health Plan)

BENEFIT	UHC QHDHP		
	SLUCARE & SSM	In-Network	Out-of-Network
Health Savings Account SLU Contribution	\$400 Single/\$800 Family		
Annual Deductible (Single/Family)	\$1,750/\$3,500	\$4,000/\$8,000	\$6,000/\$12,000
Out-of-Pocket Maximum (Single/Family)	\$3,000/\$6,000	\$8,000/\$12,000	\$12,000/\$24,000
Coinsurance	15%	25%	50%
Physician Services			
Doctor's Office Visit	0% After Ded	25% After Ded	50% After Ded
Specialist Office Visit	15% After Ded	25% After Ded	50% After Ded
Preventive Care	100% Covered	100% Covered	100% Covered
Hospital Services			
Inpatient	15% After Ded	25% After Ded	50% After Ded
Outpatient			50% After Ded
Emergency Care			20% After Ded
Urgent Care			50% After Ded
PRESCRIPTION DRUGS*	MEDONE QHDHP		
	MedOne Retail (34-Day Supply)		MedOne Mail Order (90-Day Supply)
Prescription Drug Costs			
Tier 1	Medical Deductible, Then 10% Coinsurance*		
Tier 2	Medical Deductible, Then 10% Coinsurance*		
Tier 3	Medical Deductible, Then 25% Coinsurance*		
Tier 4	Medical Deductible, Then 10% Coinsurance*		
Preventive Medications	Covered 100%, No Deductible		
Out-of-Pocket Maximum (Includes Rx Copays & Coinsurance)			
Single	Combined with Medical		
Family	Combined with Medical		

*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.

ADVANTAGE CHOICE PLUS PLAN (New for January 1, 2027)

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.