

MEDICAL BENEFIT—BUY-UP PPO

CARRIER	United Healthcare	
PLAN TYPE	Choice Plus CFZ6 Mod Rx-EU	
	NETWORK	NON-NETWORK
DEDUCTIBLE	\$5,000 Ind / \$10,000 Fam	\$15,000 Ind / \$30,000 Fam
TYPE	Embedded	Embedded
CO-INSURANCE	70/30%	50/50%
OUT-OF-POCKET WITH DEDUCTIBLE & CO-PAYS	\$8,550 Ind / \$17,100 Fam	\$25,650 Ind / \$51,300 Fam
OFFICE VISITS	\$35 Co-Pay - PCP \$60 Co-Pay - Specialist	Ded. & Co-Ins. Labs Not Covered
PREVENTIVE CARE	Covered in Full	Not Covered
PROFESSIONAL SERVICES	Ded. & Co-Ins. Major Diagnostic & Imaging Designated Network: Ded. & Co-Ins. Network: \$500 Co-Pay then Ded. & 50% Co-Ins.	Ded. & Co-Ins. Major Diagnostic & Imaging \$500 Co-Pay then Ded. And Co-Ins.
INPATIENT HOSPITAL	Ded. & Co-Ins.	Ded. & Co-Ins.
OUTPATIENT FACILITY	Ded. & Co-Ins.	Ded. & Co-Ins.
EMERGENCY ROOM	\$250 Co-Pay then Ded. & Co-Ins.	\$300 Co-Pay then 30% Co-Ins.
URGENT CARE	\$75 Co-Pay	Ded. & Co-Ins.
PRESCRIPTION DRUGS		
RETAIL	Tier 1: \$10 Tier 2: \$40 Tier 3: \$75 Tier 4: \$125	Tier 1: \$10 Tier 2: \$40 Tier 3: \$75 Tier 4: \$125 Then difference between network
MAIL ORDER (90 day supply)	Medical Ded. Applies Tier 1: \$25 Tier 2: \$100 Tier 3: \$187.50 Tier 4: \$312.50	Not Covered

[Disclaimer](#)

This benefit overview only summarizes your benefit plans. If there is a discrepancy between the information in this overview and the official plan documents, the plan documents will always govern. While the company intends to continue these plans, it reserves the right to change, amend or terminate them at any time for any reason.