

## MEDICAL BENEFIT— CORE HSA

<b>CARRIER</b>	United Healthcare	
<b>PLAN TYPE</b>	Choice Plus HSA DFID Mod Rx-EU	
	<b>NETWORK</b>	<b>NON-NETWORK</b>
<b>DEDUCTIBLE</b>	\$5,000 Ind / \$10,000 Fam	\$15,000 Ind / \$30,000 Fam
<b>TYPE</b>	Embedded	Embedded
<b>CO-INSURANCE</b>	100%	60/40%
<b>OUT-OF-POCKET WITH DEDUCTIBLE &amp; CO-PAYS</b>	\$6,900 Ind / \$13,800 Fam	\$20,700 Ind / \$41,400 Fam
<b>OFFICE VISITS</b>	\$30 Co-Pay after Ded. - PCP \$50 Co-Pay after Ded. - Specialist	Ded. & Co-Ins. Labs Not Covered
<b>PREVENTIVE CARE</b>	Covered in Full	Not Covered
<b>PROFESSIONAL SERVICES</b>	100% after Ded. Major Diagnostic & Imaging Designated Network: 100% after Ded. Network: \$500 Co-Pay then Ded. & 50% Co-Ins.	Ded. & Co-Ins. Major Diagnostic & Imaging \$500 Co-Pay then Ded. And Co-Ins.
<b>INPATIENT HOSPITAL</b>	100% after Ded.	Ded. & Co-Ins.
<b>OUTPATIENT FACILITY</b>	100% after Ded.	Ded. & Co-Ins.
<b>EMERGENCY ROOM</b>	\$250 Co-Pay after Ded.	\$300 Co-Pay after Ded.
<b>URGENT CARE</b>	\$75 Co-Pay after Ded.	Ded. & Co-Ins.
<b>PRESCRIPTION DRUGS</b>	<b>Medical Ded. Applies</b>	<b>Medical Ded. Applies</b>
<b>RETAIL</b>	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 and non network charges
<b>MAIL ORDER (90 day supply)</b>	<b>Medical Ded. Applies</b> 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.