

	UHC HDHP		UHC PPO		UHC EPO				
	In-Network (Choice Plus)	Out-of-Network	In-Network (Choice Plus)	Out-of-Network	In-Network (Choice)				
Medical Coverage									
Annual Deductible (Individual/Family)	\$2,500/\$5,000	\$3,000/\$6,000	\$750/\$1,500	\$1,500/\$3,000	\$500/\$1,000				
Out-of-Pocket Maximum (Individual/Family)	\$3,000/\$6,000	\$4,000/\$8,000	\$3,000/\$6,000	\$5,000/\$10,000	\$3,000/\$6,000				
Coinsurance	90%	70%	80%	60%	90%				
Company HSA Contribution (Individual/Family)	\$1,000/\$2,000		N/A		N/A				
Preventive Care	100%	70%	100%	60%	100%				
Telemedicine: Virtual Visits	\$49	Not Covered	\$10	Not Covered	\$10				
Primary Care Physician	90%*	70%*	\$25	60%*	\$25				
Convenience Care/Walk-in Clinics	90%*	70%*	\$25	60%*	\$25				
Specialist	90%*	70%*	\$40	60%*	\$40				
Urgent Care	90%*	70%*	\$40	60%*	\$50				
Emergency Room	90%*	90%*	\$200	\$200	\$200				
Hospital In-patient	90%*	70%*	80%*	60%*	90%*				
Hospital Out-patient	90%*	70%*	80%*	60%*	90%*				
Prescription Coverage									
Rx OOPM Individual/Family	Combined with Medical		Combined with Medical		Combined with Medical				
ACA Preventative Medications	100%	Not Covered	\$0	Not Covered	\$0				
Retail Generic	90%*		\$10		\$10				
Retail Brand Formulary	90%*		\$30		\$30				
Retail Non-Formulary	90%*		\$50		\$50				
Rx Specialty	90%*		\$100		\$100				
Mail Order – 90-day supply									
Mail Generic	90%*	Not Covered	\$20	Not Covered	\$20				
Mail Brand Formulary	90%*		\$70		\$70				
Mail Non-Formulary	90%*		\$125		\$125				
Non-Vice President Levels Employee Contributions – Bi-weekly									
	FHRA**	PHRA**	NHRA**	FHRA**	PHRA**	NHRA**	FHRA**	PHRA**	NHRA**
Employee	\$0	N/A	\$53.00	\$48.47	N/A	\$82.92	\$73.69	N/A	\$108.14
Employee and Spouse/DP	\$0	\$60.66	\$121.32	\$107.78	\$147.20	\$186.63	\$165.71	\$205.13	\$244.56
Employee and Child/ren	\$0	N/A	\$100.11	\$89.59	N/A	\$154.66	\$137.87	N/A	\$202.94
Employee and Family	\$0	\$80.38	\$160.77	\$140.00	\$192.25	\$244.50	\$216.72	\$268.97	\$321.22
Vice President Level & Above Employee Contributions – Bi-weekly									
	FHRA**	PHRA**	NHRA**	FHRA**	PHRA**	NHRA**	FHRA**	PHRA**	NHRA**
Employee	\$65.71	N/A	\$118.71	\$151.30	N/A	\$185.75	\$207.78	N/A	\$242.23
Employee and Spouse/DP	\$150.42	\$211.08	\$271.74	\$339.20	\$378.62	\$418.05	\$468.95	\$508.37	\$547.80
Employee and Child/ren	\$124.14	N/A	\$224.25	\$281.37	N/A	\$346.44	\$389.52	N/A	\$454.59
Employee and Family	\$199.35	\$279.73	\$360.12	\$443.18	\$495.43	\$547.68	\$615.03	\$667.28	\$719.53

*Coinsurance for all plans and services (outside of preventive care) reflects what the plan pays after deductible is met. Preventive (in-network) care is covered 100% before deductible.

**FHRA stands for Full HRA Participant, PHRA stands for Partial HRA Participant and NHRA stands for Non-HRA Participant. For more information on the Health Risk Assessment (HRA) Program benefit credit incentive and the tiered approach to our medical plan employee contributions, view the 2025 Benefits Enrollment Guide.



KEY NOTES

All UHC Plan Options

- National coverage for all employees
 - Preventative care (in network) is covered 100% before any deductible.
 - Coinsurance for all plans and services (outside of preventative care) reflects what the plan pays after deductible is met.
 - Puerto Rico employees will have the PPO Copay and EPO Copay options available.
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1. UHC HDHP Option

- In-network and out-of-network coverage (**Choice Plus** Network)
- **Does not have comingled in-network and out-of-network benefits.** Therefore, services that are received in-network will not go towards the out-of-network deductible/out-of-pocket maximum and vice versa.
- **Deductibles are not embedded:** If you have family coverage, benefits will not begin for any covered person in the family until the family deductible is met by one covered person or a combination of several covered persons
- **Health Savings Account (HSA) eligible** which includes a company provided contribution to help with any out-of-pocket costs and for future usage including retirement.

2. UHC PPO Copay Option

- In-network and out-of-network coverage (**Choice Plus** Network)
- **Does not have comingled in-network and out-of-network benefits.** Therefore, services that are received in-network will not go towards the out-of-network deductible/out-of-pocket maximum and vice versa.
- **Deductibles are embedded:** If you have family coverage, benefits will begin for an individual covered person once that covered person meets their individual deductible, and benefits will begin for the rest of the family when any combination of covered persons meet the family deductible. No one person will pay more toward the deductible than that person's individual embedded deductible amount.
- Copays apply prior to deductible
- **Not HSA eligible** (only Healthcare FSA eligible – there are no employer contributions to the FSA)

3. UHC EPO Copay Option

- **In-network coverage only** (**Choice** Network) – 100% out-of-pocket cost if you need to go out-of-network
- Lowest annual deductible
- Copays apply prior to deductible
- **Deductibles are embedded:** If you have family coverage, benefits will begin for an individual covered person once that covered person meets their individual deductible, and benefits will begin for the rest of the family when any combination of covered persons meet the family deductible. No one person will pay more toward the deductible than that person's individual embedded deductible amount.
- **Not HSA eligible** (only Healthcare FSA eligible – there are no employer contributions to the FSA)