

UNITED HEALTHCARE 2021

| Schedule of Benefit Summary | EPO Select Choice Plus | POS | | HDHP w/ HSA | |
|---|--|--|--|--|--|
| | | In Network | Out of Network | In Network | Out of Network |
| Annual (CYD) Deductible/Family Maximum | \$0 | \$250/\$500 | \$500/\$1,000 | \$1,400/\$2,800 | \$3,300/\$6,600 |
| Out of Pocket Maximum (Single/Family) | \$2,600/\$5,200 | \$2,700/\$5,400 | \$3,000/\$6,000 | \$2,700/\$5,400 | \$5,000/\$10,000 |
| Physician Office Visit | \$20 per visit | \$20 per visit | 40% after CYD | 20% after CYD | 40% after CYD |
| Specialist (Premium Designated) Specialist (Non-Premium Designated) | \$30 \$40 | \$30 \$40 | 40% after CYD | 20% after CYD | 40% after CYD |
| Virtual Visits | \$15 | \$15 | Not Covered | 20% after CYD | Not Covered |
| Preventative Care Services | \$0 | \$0 | 40% after CYD | \$0 | 40% after CYD |
| Low End Imaging (X-Rays, Lab work, Mammograms) | \$0 | 20% after CYD | 40% after CYD | 20% after CYD | 40% after CYD |
| Advanced Imaging (MRI, CAT, PET, CT) | \$150 | 20% after CYD | 40% after CYD | 20% after CYD | 40% after CYD |
| Urgent Care Center Services | \$30 | \$30 | 40% after CYD | 20% after CYD | 40% after CYD |
| Hospital - Inpatient (per admission) | \$300 | 20% after CYD | 40% after CYD | 20% after CYD | 40% after CYD |
| Hospital - Outpatient (per visit) | \$200 | 20% after CYD | 40% after CYD | 20% after CYD | 40% after CYD |
| Hospital - Mental Health/Alcohol & Substance Abuse Outpatient (per visit) | \$20 | \$20 | 40% after CYD | 20% after CYD | 40% after CYD |
| Emergency Room | \$200 | \$200 | \$200 | 0% after CYD | 0% after In Network CYD |
| Prescription Coverage | \$10 Tier I \$30 Tier II \$50 Tier III Mail Order 2x Retail | \$10 Tier I \$30 Tier II \$50 Tier III Mail Order 2x Retail | \$10 Tier I \$30 Tier II \$50 Tier III Mail Order Not Covered | \$10 Tier I \$30 Tier II \$50 Tier III Mail Order 2x Retail | \$10 Tier I \$30 Tier II \$50 Tier III Mail Order Not Covered |

****CHANGES TO PLAN ARE HIGHLIGHTED IN RED****