

Medical Insurance

You may select from two medical plan options with UnitedHealthcare as illustrated in this brief overview. Please refer to the summaries of benefits and coverage in the enrollment materials for more detailed information.

To Find a Medical Provider

1. Visit www.myuhc.com
2. Under "Find a Doctor," click on Find a Provider
3. Select the option "All UnitedHealthcare Plans"
4. Choose the appropriate "Plan Networks"
 - A. HSA: Choice Plus/Core
5. Enter your ZIP code or city and state
6. Search by "doctor name or specialty," "facility name," "clinic name," or "medical group name"
7. Or choose any of the specialties listed
8. Continue and find a list of in-network providers
9. Contact that provider to confirm they are participating in the UHC network and accepting new patients

The prescription drug formulary is regularly reviewed by physicians and pharmacists. Drugs included in the formulary list are selected based on their safety, efficacy, cost, and how they compare to other drugs currently on the formulary. Please review the UHC prescription drug list for covered drugs online at www.myuhc.com.

Medical Plan Comparison

Network:	HSA Choice Plus		HSA Core	
	Choice Plus		Core	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	\$3,200	\$5,000	\$3,200	\$5,000
Family Deductible	\$6,400	\$10,000	\$6,400	\$10,000
Your Coinsurance	20%	40%	20%	40%
Individual Out-of-Pocket	\$6,350	\$10,000	\$6,350	\$10,000
Family Out-of-Pocket	\$12,700	\$20,000	\$12,700	\$20,000
Primary Care Copay	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Specialist Copay	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance
Emergency Room	20% after deductible		20% after deductible	
Wellness Visits	No charge		No charge	
Prescription Drug Coverage (30-day supply)—In-Network				
Tier 1—Lowest Cost	\$10 copay after deductible		\$10 copay after deductible	
Tier 2—Midrange Cost	\$35 copay after deductible		\$35 copay after deductible	
Tier 3—High Cost	\$60 copay after deductible		\$60 copay after deductible	

Mail Order Drug Coverage (90-day supply)

	HSA Choice Plus	HSA Core
Tier 1—Lowest Cost	\$25 copay after deductible	\$25 copay after deductible
Tier 2—Midrange Cost	\$87.50 copay after deductible	\$87.50 copay after deductible
Tier 3—High Cost	\$150 copay after deductible	\$150 copay after deductible

Monthly Contributions

Tier	HSA Choice Plus Monthly Rate	HSA Core Monthly Rate
Agent Only	\$1,300.01	\$1,116.44
Agent + Spouse	\$2,730.06	\$2,344.57
Agent + Child(ren)	\$2,236.05	\$1,920.30
Agent + Family	\$3,926.01	\$3,371.63

If you want to look at alternate individual plans, visit: www.ChooseMylo.com. Please note: Plans listed through this link are individual plans.

