

2025 EMPLOYEE MEDICAL & RX BENEFITS OVERVIEW

COST PER PAY PERIOD*	CHOICE	CHOICE PLUS	CHOICE PLUS W/ HSA
EMPLOYEE ONLY	\$57.14	\$44.90	\$23.10
EMPLOYEE + SPOUSE	\$246.97	\$219.43	\$170.40
EMPLOYEE + CHILD(REN)	\$214.43	\$191.18	\$149.77
EMPLOYEE + FAMILY	\$316.48	\$277.94	\$209.28
MEDICAL BENEFITS (UnitedHealthcare)	CHOICE	CHOICE PLUS	CHOICE PLUS W/ HSA
PLAN HIGHLIGHTS Lifetime maximum	In-network only Unlimited	In-network Out-of-network Unlimited	In-network Out-of-network Unlimited
ANNUAL DEDUCTIBLE Individual Family	Embedded \$0 \$0	Embedded \$500 \$1,000 \$1,500 \$3,000	Aggregate \$2,000 \$4,000 \$4,000 \$8,000
COINSURANCE <i>(Member pays after deductible)</i>	10%	20% 40%	20% 40%
OUT-OF-POCKET LIMITS Individual Family	\$4,500 \$9,000	\$4,000 \$8,000 \$8,000 \$16,000	\$4,500 \$9,000 \$8,700 \$18,000
ACCOUNT FUNDING	N/A	N/A	Single: \$500/Family: \$1,000
OFFICE VISITS Primary care office visit Specialist office visit Office procedures In-office lab and x-ray	\$30 Copay \$40 Copay 10% Included	\$25 Copay Ded & 40% \$35 Copay Ded & 40% Ded & 20% Ded & 40% Included Ded & 40%	Ded & 20% Ded & 40% Ded & 20% Ded & 40% Ded & 20% Ded & 40% Ded & 20% Ded & 40%
PREVENTATIVE CARE	Free	Free Ded & 40%	Free Ded & 40%
OTHER SERVICES Other lab and x-ray MRI/CT/PET scans Outpatient facility Inpatient facility	\$100 Copay & 10% \$100 Copay & 10% \$200 Copay & 10% \$500 Copay & 10%	Ded & 20% Ded & 40% Ded & 20% Ded & 40% Ded & 20% Ded & 40% Ded & 20% Ded & 40%	Ded & 20% Ded & 40% Ded & 20% Ded & 40% Ded & 20% Ded & 40% Ded & 20% Ded & 40%
VIRTUAL VISITS <i>(Through UHC's selected providers)</i>	\$0 Copay	\$0 Copay	\$54 Copay
URGENT CARE	\$50 Copay	\$50 Copay Ded & 40%	Ded & 20% Ded & 40%
EMERGENCY ROOM Emergency Medical Transport Facility Charges ER Physician Charges	\$100 Copay \$200 Copay & 10% 10%	Ded & 20% Ded & 20% Ded & 20%	Ded & 20% Ded & 20% Ded & 20%
PRESCRIPTION DRUGS			
Tier 1 Retail	10% with \$10 min, \$50 max	10% with \$10 min, \$50 max	Ded & 20%
Mail Order	10% with \$10 min, \$100 max	10% with \$10 min, \$100 max	Ded & 20%
Specialty	10% with \$20 min, \$100 max	10% with \$20 min, \$100 max	Ded & 20%
Tier 2 Retail	30% with \$30 min, \$100 max	30% with \$30 min, \$100 max	Ded & 20%
Mail Order	30% with \$30 min, \$200 max	30% with \$30 min, \$200 max	Ded & 20%
Specialty	30% with \$60 min, \$200 max	30% with \$60 min, \$200 max	Ded & 20%
Tier 3 Retail	50% with \$60 min, \$150 max	50% with \$60 min, \$150 max	Ded & 20%
Mail Order	50% with \$60 min, \$300 max	50% with \$60 min, \$300 max	Ded & 20%
Specialty	50% with \$120 min, \$300 max	50% with \$120 min, \$300 max	Ded & 20%

*Premiums displayed are based on Non-Tobacco medical plans. A \$75 tobacco surcharge will apply to Tobacco medical plans. See Summary of Benefits and Coverage (SBC) for more details. If a discrepancy is found between this overview and the SBC, the SBC will govern.