

Medical Plan Summary

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|--|--------------|--------------------|--------------------|--------------------|
| Group Name: City of Jefferson | | UHC | UHC | UHC |
| Effective Date: January 1, 2017 | | | | |
| Network Utilized: | | ChoicePlus | ChoicePlus | ChoicePlus |
| Plan Type: | | PPO | PPO | Embedded H S A |
| Plan Design: | | Traditional | Standard | H S A |
| Individual Deductible: | Network: | \$750 | \$500 | \$2,600 |
| | Non-Network: | \$3,000 | \$1,000 | \$7,500 |
| Family Deductible: | Network: | \$1,500 | \$1,500 | \$5,200 |
| | Non-Network: | \$6,000 | \$3,000 | \$15,000 |
| Coinsurance: | Network: | 90% | 80% | 90% |
| | Non-Network: | 60% | 50% | 60% |
| Individual Out of Pocket Max* Includes Deductible | Network: | \$3,000 | \$4,000 | \$3,600 |
| | Non-Network: | \$5,000 | \$8,000 | \$8,500 |
| Family Out of Pocket Max* Includes Deductible | Network: | \$6,000 | \$8,000 | \$7,200 |
| | Non-Network: | \$10,000 | \$16,000 | \$17,000 |
| Inpatient Services: | Network: | Ded. + Coins. | Ded. + Coins. | Ded. + Coins. |
| | Non-Network: | Ded. + Coins. | Ded. + Coins. | Ded. + Coins. |
| Outpatient Services: | Network: | Ded. + Coins. | Ded. + Coins. | Ded. + Coins. |
| | Non-Network: | Ded. + Coins. | Ded. + Coins. | Ded. + Coins. |
| Office Visit Copay: <i>Primary Care Physician</i> | Network: | \$20 | \$30 | Ded. + Coins. |
| | Non-Network: | Ded. + Coins. | Ded. + Coins. | Ded. + Coins. |
| Office Visit Copay: <i>Specialist</i> | Network: | \$40 | \$60 | Ded. + Coins. |
| | Non-Network: | Ded. + Coins. | Ded. + Coins. | Ded. + Coins. |
| Prescription Copay: | Deductible: | \$0 | \$0 | Medical Ded then |
| | Tier 1: | \$10 | \$10 | \$10 |
| | Tier 2: | \$35 | \$35 | \$35 |
| | Tier 3: | \$60 | \$60 | \$60 |
| | Mail Order: | 2.5 x retail copay | 2.5 x retail copay | 2.5 x retail copay |
| Emergency Room Copay: | Network: | \$200 | Ded. + Coins. | Ded. + Coins. |
| | Non-Network: | \$200 | Ded. + Coins. | Ded. + Coins. |
| Urgent Care Copay: | Network: | \$75 | \$75 | Ded. + Coins. |
| | Non-Network: | Ded. + Coins. | Ded. + Coins. | Ded. + Coins. |
| Virtual Visits/UHC on-line physician visit | | \$15 | \$25 | Ded + Coins |
| Allergy Injections | Network: | PCP / Spec Copay | PCP / Spec Copay | Ded. + Coins. |
| | Non-Network: | Ded. + Coins. | Ded. + Coins. | Ded. + Coins. |
| Chiropractic Care | Network: | 50% (Ded waived) | 50% (Ded waived) | Ded. + Coins. |
| | Non-Network: | | | Ded. + Coins. |
| Vision Exam (1 exam every 24 months) | Network: | \$20 | \$30 | Ded. + Coins. |
| | Non-Network: | Ded. + Coins. | Ded. + Coins. | Ded. + Coins. |

This is only a summary of benefits. UHC Certificate of Coverage will override any conflicts.

| | Monthly Employee out-of-pocket rates | | |
|-----------------------|--------------------------------------|----------------------|----------------------|
| | Traditional | Standard | H S A |
| | Wellness/No Wellness | Wellness/No Wellness | Wellness/No Wellness |
| Employee | \$55/\$90 | \$0/\$35 | \$0/\$35 |
| Employee & Spouse | \$346/\$396 | \$233/\$283 | \$150/\$200 |
| Employee & Child(ren) | \$244/\$279 | \$141/\$176 | \$73/\$108 |
| Family | \$473/\$523 | \$317/\$367 | \$175/\$225 |