

Choice Plus Medical Plans

DEDUCTIBLE* IN / OUT	OUT-OF-POCKET MAXIMUM IN / OUT	COINSURANCE IN / OUT	IN-NETWORK			PLAN CODE			
			OFFICE VISIT**	URGENT CARE	ER	CHOICE PLUS			
\$250 / \$500	\$1,500 / \$3,000	90% / 70%	\$20	\$50	\$100	US-A			
		80% / 60%				US-B			
\$500 / \$1,000	\$2,000 / \$4,000	90% / 70%	\$20	\$50	\$100	US-C			
		80% / 60%				US-D			
\$1,000 / \$2,000	\$2,500 / \$5,000	90% / 70%	\$20	\$50	\$100	US-E			
		80% / 60%				US-F			
\$1,500 / \$3,000	\$3,500 / \$7,000	90% / 70%	90%	90%	90%	US-G			
			\$25	\$75	\$125	US-H			
		80% / 60%	80%	80%	80%	US-I			
			\$25	\$75	\$125	US-J			
\$2,000 / \$4,000	\$4,000 / \$8,000	90% / 70%	90%	90%	90%	US-K			
			\$25	\$75	\$125	US-L			
		80% / 60%	80%	80%	80%	US-M			
			\$25	\$75	\$125	US-N			
\$2,500 / \$5,000	\$4,500 / \$9,000	90% / 70%	90%	90%	90%	US-O			
			\$25	\$75	\$125	US-P			
		80% / 60%	80%	80%	80%	US-Q			
			\$25	\$75	\$125	US-R			
\$3,000 / \$6,000	\$5,000 / \$10,000	90% / 70%	90%	90%	90%	US-S			
			\$30	\$100	\$150	US-T			
		80% / 60%	80%	80%	80%	US-U			
			\$30	\$100	\$150	US-V			
\$5,000 / \$7,500	\$7,500 / \$10,000	90% / 70%	90%	90%	90%	US-W			
			\$30	\$100	\$150	US-X			
		80% / 60%	80%	80%	80%	US-Y			
			\$30	\$100	\$150	US-Z			
100% PLANS									
\$1,000 / \$2,000	\$1,000 / \$5,000	100% / 80%	\$20	\$50	\$100	AN-A			
			100%	100%	100%	AN-B			
\$2,000 / \$4,000	\$2,000 / \$8,000		\$25	\$75	\$125	AN-C			
			100%	100%	100%	AN-D			
SPLIT COPAY PLANS									
DEDUCTIBLE IN/OUT		OUT-OF-POCKET MAXIMUM		COINSURANCE IN/OUT	OFFICE VISIT		URGENT CARE	ER	PLAN CODE
SINGLE	FAMILY	SINGLE	FAMILY		PCP	SPECIALIST			CHOICE PLUS
\$500 / \$1,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$4,000 / \$8,000	80% / 60%	\$20	\$35	\$50	\$100	EA-A
\$1,000 / \$2,000	\$3,000 / \$6,000	\$2,500 / \$5,000	\$5,000 / \$10,000	80% / 60%	\$20	\$35	\$50	\$100	EA-B
\$1,500 / \$3,000	\$4,500 / \$9,000	\$3,500 / \$7,000	\$7,000 / \$14,000	80% / 60%	\$25	\$50	\$75	\$125	EA-C
\$1,000 / \$2,000	\$3,000 / \$6,000	\$1,000 / \$5,000	\$3,000 / \$10,000	100% / 80%	\$20	\$35	\$50	\$100	EA-D
\$2,000 / \$4,000	\$6,000 / \$12,000	\$2,000 / \$8,000	\$6,000 / \$16,000	100% / 80%	\$25	\$50	\$75	\$125	EA-E

Notes:

* Deductible applies toward out-of-pocket maximum; per covered person

** Office visit copays for PCPs and Specialists are the same

Family deductible: 3x

Family out-of-pocket maximum for US plans: 2x

Family out-of-pocket maximum for AN/OM plans: 3x for in network; 2x for out of network

For in-network coinsurance plans, you must meet the deductible first, before coinsurance is applicable (excludes ER).

Enterprise Series Lifetime Maximum = \$5 million

PHARMACY PLANS

PRODUCT	K4	H9	2V	G4	S8
Tier 1 Copay [†]	\$10	\$10	\$10	\$10	\$10
Tier 2 Copay [†]	\$25	\$30	\$35	\$30	\$30
Tier 3 Copay [†]	\$40	\$50	\$60	\$50	\$50
Mail Service (90-day supply)	2.5x	2.5x	2.5x	2.5x	2.5x
Deductible (per covered person)	\$0	\$0	\$0	\$100	\$250

[†] The participant will pay the lesser of the applicable minimum copayment or the Network Pharmacy's U&C charge. In certain documents Tier 1 was referred to as "generics"; Tier 2 was referred to as "preferred brands" or "brand name on the PDL"; and Tier 3 was referred to as "non-preferred brands," "not on the PDL," or "brand name not on the PDL." These changes in descriptive terms do not affect your benefit coverage.

All pharmacy plans, including Shared Pharmacy, are available with all medical plans.

DEDUCTIBLE* IN / OUT	OUT-OF-POCKET MAXIMUM IN / OUT	COINSURANCE IN / OUT	IN-NETWORK			PLAN CODE	
			OFFICE VISIT	URGENT CARE	ER	CHOICE PLUS	
SPLIT COPAY PLANS							
			OFFICE VISIT	SPECIALIST VISIT			
\$250 / \$500	\$2,250 / \$4,500	80% / 60%	\$20	\$40	\$50	\$200	OI-A**
\$500 / \$1,000	\$3,000 / \$6,000	80% / 60%	\$20	\$40	\$50	\$200	OI-B**
\$1,000 / \$2,000	\$4,000 / \$8,000	80% / 60%	\$25	\$50	\$75	\$200	OI-C**
COINSURANCE PLANS							
\$500 / \$1,000	\$2,000 / \$4,000	90% / 70%	90%	90%	90%	90%	OL-A
\$500 / \$1,000	\$2,000 / \$4,000	80% / 60%	80%	80%	80%	80%	OL-B
\$1,000 / \$2,000	\$2,500 / \$5,000	90% / 70%	90%	90%	90%	90%	OL-C
SERIES PLANS							
N/A / \$500	\$1,500 / \$3,000	70% / 60%	\$20	\$35	\$75	\$75	OH-A
N/A / \$500	\$1,500 / \$2,000	80% / 80%	\$20	\$35	\$75	\$75	OH-B*
N/A / \$500	\$1,500 / \$2,000	80% / 80%	\$15	\$35	\$75	\$75	OH-C
N/A / \$300	\$1,000 / \$2,000	90% / 70%	\$15	\$35	\$75	\$75	OH-D
N/A / \$300	\$500 / \$2,000	100% / 80%	\$15	\$35	\$75	\$75	OH-E
N/A / \$1,000	\$2,000 / \$4,000	80% / 60%	\$20	\$35	\$75	\$75	OH-Q
N/A / \$1,000	\$3,000 / \$6,000	80% / 60%	\$25	\$35	\$75	\$75	OH-R*
N/A / \$1,000	\$4,000 / \$8,000	70% / 50%	\$25	\$35	\$75	\$75	OH-S*
100% PLANS							
\$500 / \$1,000	\$500 / \$2,500	100% / 80%	\$20	\$50	\$100	\$100	OM-A
\$500 / \$1,000	\$500 / \$2,500	100% / 80%	100%	100%	100%	100%	OM-B

Notes:

* OH-B, OH-R and OH-S plans have a \$250 inpatient and a \$125 outpatient hospital copay.

** OI plans have a \$250 outpatient diagnostic copay (i.e. MRI, CT scans, PET scans, etc.).

OH & OM plans are HMO products and are for Ohio-based groups that access the local network. These are policy year plans.

OI & OL plans are insurance products and are for Ohio-based groups that access the national network. These are calendar year plans and are subject to pre-existing exclusions.

Out of Pocket includes deductibles, coinsurance and IP/OP copay.

PHARMACY PLANS					
PRODUCT	K4	H9	2V	G4	S8
Tier 1 Copay [†]	\$10	\$10	\$10	\$10	\$10
Tier 2 Copay [†]	\$25	\$30	\$35	\$30	\$30
Tier 3 Copay [†]	\$40	\$50	\$60	\$50	\$50
Mail Service (90-day supply)	2.5x	2.5x	2.5x	2.5x	2.5x
Deductible (individual/family) ^{††}	\$0	\$0	\$0	\$100 / \$300	\$250 / \$750

[†] The participant will pay the lesser of the applicable minimum copayment or the Network Pharmacy's U&C charge. In certain documents Tier 1 was referred to as "generics"; Tier 2 was referred to as "preferred brands" or "brand name on the PDL"; and Tier 3 was referred to as "non-preferred brands," "not on the PDL," or "brand name not on the PDL." These changes in descriptive terms do not affect your benefit coverage.

^{††} Does not apply to out-of-pocket maximum.

All pharmacy plans, including Shared Pharmacy, are available with all medical plans.

These benefit grids are intended only to highlight plan benefits and should not be relied upon to fully determine coverage. These plans may not cover all health care expenses. This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your broker or UnitedHealthcare.