

**Dec 1, 2018 - Nov 30, 2019**

New Hire Eligibility: First of the month following a 60 day Waiting Period-

UnitedHealthcare®

HP 6550 HSA	P30003060ELX	P100030ELX
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**BENEFIT SUMMARY**

Find a Doctor: [www.myallsaversmember.com](http://www.myallsaversmember.com); Select Network: Choice Plus

<b>MEDICAL</b>	<b>Deductible EEO / EE+Sps, EE+Ch, EE+Fam</b>	\$6,550 / \$13,300	\$3,000 / \$6,000	\$1,000 / \$2,000
	<b>Is Deductible Included in OOP Max?</b>	YES	YES	YES
	<b>Coinsurance Carrier / Member (Non-Designated)</b>	100% / 0%	100% / 0%	80% / 20%
	<b>Out of Pocket Max (OOP) EEO / EE+Sps, EE+Ch, EE+Fam</b>	\$6,550 / \$13,300	\$5,500 / \$11,000	\$3,500 / \$7,000
	Preventive Services (Wellness)	\$0	\$0	\$0
	Physician Services (PCP / Specialist/Non-Designated Spec.) (ND = UHC Provider w/out Tier 1 Designation)	Deductible & 0%	\$30 / \$60	\$30 / \$30
	Urgent Care	Deductible & 0%	\$100	\$100
	Prescriptions (Retail) Tier 1/Tier 2/Tier 3/Tier 4	Deductible & 0%	\$15/\$35/\$75/\$250	\$15/\$35/\$75/\$250
	Speicalty Meds (Retail) Tier 1/Tier 2/Tier 3/Tier 4	n/a	n/a	n/a
	Inpatient Hospital	Deductible & 0%	Deductible & 0%	Deductible & 20%
	Outpatient Diagnostic Lab & Minor X-Rays	Deductible & 0%	Deductible & 0%	Deductible & 20%
	Outpatient Complex Imaging (MRI, CT, Pet, Nuclear Medicine)	Deductible & 0%	Deductible & 0%	Deductible & 20%
	Outpatient Surgery	Deductible & 0%	Deductible & 0%	Deductible & 20%
	Emergency Room	Deductible & 0%	\$300/occ + Ded & 0%	\$300/occ + Ded & 20%
	<b>OUT OF NETWORK</b>			
	Deductible EEO / EE+Sps, EE+Ch, EE+Fam	\$13,300 / \$26,600	\$6,000 / \$12,000	\$2,000 / \$4,000
	Coinsurance	50% / 50%	50% / 50%	50% / 50%
	Out of Pocket Max (OOP) EEO / EE+Sps, EE+Ch, EE+Fam	\$26,600 / \$53,200	\$11,000 / \$22,000	\$7,000 / \$14,000
	<b>RATE SUMMARY</b>	<b>Per Pay Period (52)</b>		
	<b>Employee Only</b>	<b>\$54.59</b>	<b>\$60.81</b>	<b>\$71.90</b>
<b>Employee + Spouse</b>	<b>\$171.68</b>	<b>\$192.09</b>	<b>\$228.47</b>	
<b>Employee + Child(ren)</b>	<b>\$148.05</b>	<b>\$165.60</b>	<b>\$196.88</b>	
<b>Employee + Family</b>	<b>\$281.58</b>	<b>\$315.30</b>	<b>\$375.42</b>	

<b>LIFE</b>	UnitedHealthcare®	<b>Your employer provides a \$25,000 Basic Term Life policy at no additional cost to you.</b>
		<i>(this policy includes a matching Accidental Death &amp; Dismemberment benefit)</i>

This illustration is intended to highlight some of the provisions of the plans offered by your employer. In case of a conflict between the Group Master Contract, Certificate of Coverage, and this illustration, then the Group Master Contract and Certificate of Coverage will govern.