

SCHEDULE OF BENEFITS UHC HDHP PPO		
Plan Feature	Network	Non-Network
<b>Medical Care, Mental Health and Substance Use Disorder Treatment</b>		
<b>Annual HDHP Deductible</b>		
▪ Individual	\$2,600	\$ 5,200
▪ Family: 2+ Persons	\$5,200	\$10,400
<b>Note: The Annual HDHP Deductible applies to both Medical and Pharmacy benefits and must be met before the Plan pays benefits. The Annual HDHP Coinsurance Maximum also applies to both Medical and Pharmacy benefits.</b>		
<b>Plan/Retiree Medical Coinsurance after HDHP Deductible</b>		
▪ Plan pays	80%	60%
▪ You pay	20%	40%
<b>HDHP Coinsurance Maximum</b> (Your annual Limit after HDHP Deductible)		
▪ Individual	\$2,900	\$ 5,800
▪ Family: 2+ Persons	\$5,800	\$11,600
<b>Preventive Care</b> (As outlined under “Health Management Programs,” see page 89 and “Preventive Pharmacy Benefits” see page 128)	Paid at 100%	No benefits are paid for a Non-Network Provider

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Maximum Lifetime Benefit (Combined)	\$2,000,000 Per Person	
Pharmacy Program		
Retail (Up to 31-day supply)* Retiree Retail Pharmacy Coinsurance after HDHP Deductible You pay:	Pharmacy Coinsurance Percentage** (\$10 minimum,*** \$100 maximum Retiree Pharmacy Coinsurance payment per prescription)	
Tier 1 – Generic	20%	
Tier 2 – Preferred	30%	
Tier 3 – Non-Preferred	40%	
Mail Order (Up to 90-day supply) Retiree Mail Order Pharmacy Coinsurance after HDHP Deductible You pay:	Pharmacy Coinsurance Percentage** (\$25 minimum,*** \$150 maximum Retiree Pharmacy Coinsurance payment per prescription)	
Tier 1 – Generic	15%	
Tier 2 – Preferred	25%	
Tier 3 – Non-Preferred	40%	

## 2017 UHC Retiree Medical

\*Certain generic drugs may be purchased at a Retail Pharmacy for a 90-day supply. Contact UnitedHealthcare for more information.

\*\*Retiree Pharmacy Coinsurance counts towards the annual Coinsurance Maximum

\*\*\*If the actual cost of the drug is less than the stated minimum, the member will pay the actual drug cost.

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