

<b>SCHEDULE OF BENEFITS UHC HDHP PPO</b>		
<b>Plan Feature</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Medical Care, Mental Health &amp; Substance-Related &amp; Addictive Disorder Treatment</b>		
<b>Annual HDHP Deductible</b>		
▪ Individual	\$2,800	\$5,600
▪ Family: 2+ Persons	\$5,600	\$11,200
<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,” page 85 and “Preventive Pharmacy Benefits”, page 116)	Paid at 100%	No benefits are paid for an Out-of-Network Provider
<b>Maximum Lifetime Benefit</b> (Combined)	\$2,000,000 Per Person	
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<b>Pharmacy Program</b>		
<b>Retail</b> (Up to 31-day supply)*	Pharmacy Coinsurance Percentage** (\$10 minimum,*** \$100 maximum Retiree Pharmacy Coinsurance payment per prescription)	
<b>Retiree Retail Pharmacy Coinsurance after HDHP Deductible</b>		
You pay:		
Tier 1 – Generic	20%	
Tier 2 – Preferred	30%	
Tier 3 – Non-Preferred	40%	
<b>Mail Order</b> (Up to 90-day supply)	Pharmacy Coinsurance Percentage** (\$25 minimum,*** \$150 maximum Retiree Pharmacy Coinsurance payment per prescription)	
<b>Retiree Mail Order Pharmacy Coinsurance after HDHP Deductible</b>		
You pay:		
Tier 1 – Generic	15%	
Tier 2 – Preferred	25%	
Tier 3 – Non-Preferred	40%	

\*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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