

Milton Park Partners Plan Year 5/1/2019 to 4/30/2020

Medical Plan Options	New Option 1		New Option2		New Plan Option 3		New Plan Option 4		New Option 5	
Carrier Network	United Healthcare UHC Choice Plus BBXU/529 RX		United Healthcare UHC Choice Plus * BBWJ/529 RX		United Healthcare UHC Choice Plus BBXQ HSA Emb/2V RX		United Healthcare UHC Choice Plus BBXS HSA Emb/2V RX		United Healthcare UHC Choice Plus *BBWM/529 RX	
Plan Name	002W9861		002W9862		002W9866		005X1574		003X8652	
Annual Deductible	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual	\$500	\$1,000	\$2,500	\$5,000	\$3,000	\$5,000	\$5,000	\$10,000	\$5,000	\$10,000
Family	\$1,000	\$2,000	\$5,000	\$10,000	\$6,000	\$10,000	\$10,000	\$20,000	\$10,000	\$20,000
Annual Out of Pocket	Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible	
Individual	\$4,000	\$8,000	\$6,000	\$10,000	\$5,000	\$10,000	\$6,500	\$15,000	\$6,500	\$13,000
Family	\$8,000	\$16,000	\$12,000	\$20,000	\$10,000	\$20,000	\$13,000	\$30,000	\$13,000	\$26,000
Co-Insurance	20%	40%	0%	30%	0%	30%	0%	30%	0%	30%
Lifetime Max Benefit	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Physician Office Visit										
Virtual Care	\$10	40% after Ded.	\$10	30% after Ded.	0% after Ded.	30% after Ded.	0% after Ded.	30% after Ded.	\$10	30% after Ded.
Primary Care	**\$30	40% after Ded.	**\$25	30% after Ded.	0% after Ded.	30% after Ded.	0% after Ded.	30% after Ded.	**\$30	30% after Ded.
Specialist	\$60	40% after Ded.	\$50 after Ded.	30% after Ded.	0% after Ded.	30% after Ded.	0% after Ded.	30% after Ded.	\$60 after Ded	30% after Ded.
Lab/ Diagnostic										
X-ray/ bloodwork	Free Standing - \$0 Hospital Based - 20% Ded N/A	Free Standing - 30% after Ded. Hospital Based - 40% after Ded.	\$50 after Ded.	30% after Ded.	Free Standing - 0% after Ded. Hospital Based - 20% after Ded.	Free Standing - 30% after Ded. Hospital Based - 30% after Ded.	Free Standing - 0% after Ded. Hospital Based - 20% after Ded.	Free Standing - 30% after Ded. Hospital Based - 30% after Ded.	\$60 after Ded.	30% after Ded.
Imaging (CT/PET scans, MRIs)	Free Standing - 20% after Ded. Hospital Based - \$500 + 20% after Ded.	Free Standing - 40% after Ded. Hospital Based - \$500 + 40% after Ded.	\$500/service after Ded.	30% after Ded.	Free Standing - 0% after Ded. Hospital Based - \$500/service + 0% after Ded.	Free Standing - 30% after Ded. Hospital Based - \$500/service + 30% after Ded.	Free Standing - 0% after Ded. Hospital Based - \$500/service + 0% after Ded.	Free Standing - 30% after Ded. Hospital Based - \$500/service + 30% after Ded.	\$500/service after Ded.	30% after Ded.
Hospital Charge										
In-Patient	\$500 + 20% after Ded.	\$500 + 40% after Ded.	\$1,000 after Ded.	30% after Ded.	\$500 + 0% after Ded.	\$500 + 30% after Ded	\$500 + 0% after Ded.	\$500 + 30% after Ded	\$1,000 after Ded.	30% after Ded.
In-Patient Physician	20% after Ded.	40% after Ded.	0% after Ded.	30% after Ded.	0% after Ded.	30% after Ded.	0% after Ded.	30% after Ded.	0% after Ded.	30% after Ded.
Out-Patient	***20% after Ded.	***40% after Ded.	\$500 after Ded.	30% after Ded.	***0% after Ded.	***30% after Ded.	***0% after Ded.	***30% after Ded.	\$500 after Ded.	30% after Ded.
Out-Patient Physician	***20% after Ded.	***40% after Ded.	0% after Ded.	30% after Ded.	***0% after Ded.	***30% after Ded.	***0% after Ded.	***30% after Ded.	0% after Ded.	30% after Ded.
Emergency	\$350		\$350 after Ded.		0% after Ded		0% after Ded		\$350 after Ded.	
Urgent Care Ctr.	\$50	40% after Ded.	\$50	30% after Ded.	0% after Ded.	30% after Ded.	0% after Ded.	30% after Ded.	\$50	30% after Ded.
Rx Deductible	N/A		N/A		N/A		N/A		N/A	
RX - Tier I/Tier II/Tier III/TierIII	\$10 / \$35 / \$75 / \$150		\$10 / \$35 / \$75 / \$150		\$10 / \$35 / \$60		\$10 / \$35 / \$60		\$10 / \$35 / \$75 / \$150	
RX - Mail Order (90 Day Supply)	2.5 x Retail		2.5 x Retail		2.5 x Retail		2.5 x Retail		2.5 x Retail	
RATES										
Employee Only	\$785.27		\$606.79		\$597.35		\$483.37		\$542.30	
Employee + Spouse	\$1,649.05		\$1,274.25		\$1,254.44		\$1,015.06		\$1,138.83	
Employee + Child(ren)	\$1,492.02		\$1,152.91		\$1,134.98		\$918.40		\$1,030.38	
Employee + Family	\$2,355.80		\$1,820.36		\$1,792.06		\$1,450.10		\$1,626.91	

This representation above is for informational purposes only. Please consult the applicable Summary of Benefits for specific details on each plan.

* The following services will be subject to In-Network Coinsurance less than 100%: Ambulance, Skilled Nursing Facility, Allergy & Other Injections, Out-patient Chemotherapy, Hospice

** Physician's Office Services - Sickness and Injury: Covered persons less than age 19: You pay nothing for a primary care physician office visit. A deductible does not apply.

*** Surgery - Outpatient - You pay nothing after the medical deductible has been met for services provided at an ambulatory surgical center or in a physician's office. After you pay the \$500 per occurrence deductible per date of service; the medical deductible applies for services provided at an outpatient hospital-based surgical center.

In 2019, maximum HSA contribution is \$3,500 single/\$7,000 family. These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers age 55 and over.

The UnitedHealthcare Health Savings Account (HSA) high-deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with a bank of their choice or through Optum BankSM, Member FDIC.

"UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP.