

Milton Park Partners Plan Year 5/1/2021 to 4/30/2022

Medical Plan Options	Option 1		Option 2		Option 3		Option 4		Option 5	
Carrier	United Healthcare		United Healthcare		United Healthcare		United Healthcare		United Healthcare	
Network	UHC Choice Plus		UHC Choice Plus		UHC Choice Plus		UHC Choice Plus		UHC Choice Plus	
Plan Name	CA3N/RX D98 002W9861		CAZH/RX D98 002W9862		CAZQ H.S.A. / RX T5-INT 002W9866		CAZR H.S.A. / RX T5-INT 005X1574		CAZL / RX D98 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	\$5,000	\$3,000	\$10,000	\$5,000	\$10,000	\$6,000	\$15,000	\$5,000	\$10,000
Family	\$1,000	\$10,000	\$6,000	\$20,000	\$10,000	\$20,000	\$12,000	\$30,000	\$10,000	\$20,000
Annual Out of Pocket	Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible		Includes Deductible	
Individual	\$4,000	\$10,000	\$8,150	\$15,000	\$5,000	\$15,000	\$6,000	\$20,000	\$8,150	\$15,000
Family	\$8,000	\$20,000	\$16,300	\$30,000	\$10,000	\$30,000	\$12,000	\$40,000	\$16,300	\$30,000
Co-Insurance	20%	40%	0%	30%	0%	30%	0%	30%	0%	30%
Lifetime Max Benefit	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Physician Office Visit										
Virtual visits (Telehealth)	No Charge by a Designated Virtual Network Provider	40% coinsurance	No Charge by a Designated Virtual Network Provider	30% coinsurance	0% coinsurance	30% coinsurance	0% coinsurance	30% coinsurance	No Charge by a Designated Virtual Network Provider	30% coinsurance
Primary Care	\$25 copay/visit; Deduct N/A	40% coinsurance	\$25 copay/visit; Deduct N/A	30% coinsurance	0% coinsurance	30% coinsurance	0% coinsurance	30% coinsurance	\$25 copay/visit; Deduct N/A	30% coinsurance
Specialist	\$50 copay/visit ****	40% coinsurance	\$50 copay/visit ****	30% coinsurance	0% coinsurance	30% coinsurance	0% coinsurance	30% coinsurance	\$50 copay/visit ****	30% coinsurance
Preventive Care/ Screening/Immunization	No Charge	30% coinsurance	no charge	30% coinsurance	no charge	30% coinsurance	0% coinsurance	30% coinsurance	no charge	30% coinsurance
Lab/ Diagnostic										
X-ray/ bloodwork	No Charge	30% coinsurance - preauthorization required**	\$80 copay/service	30% coinsurance**	0% coinsurance	30% coinsurance - preauthorization required**	0% coinsurance	30% coinsurance - preauthorization required**	\$100 Copay per service after Deductible is met	30% coinsurance - preauthorization required**
Imaging (CT/PET scans, MRIs)	Free Standing Office & Hospital: 20% coinsurance + \$500 Hosp occur	40% coinsurance - preauthorization required**	\$350 copay/service	30% coinsurance**	0% coinsurance	30% coinsurance - preauthorization required**	0% coinsurance	30% coinsurance - preauthorization required**	\$500 Copay per service after Deductible is met	30% coinsurance - preauthorization required**
Hospital Charge										
In-Patient (IP) Ded. & Co Ins. (D&C)	20% coinsurance	40% coinsurance**	\$1,000 copay/day up to a max \$3,000	30% coinsurance**	0% coinsurance after Ded.	30% coinsurance**	0% coinsurance after Ded.	30% coinsurance**	\$2,500 copay per day up to max of \$7,500	30% coinsurance**
In-Patient Physician	20% coinsurance	40% coinsurance**	0% Co-Insur after Ded.	30% coinsurance**	0% Co-Insur after Ded.	30% coinsurance**	0% Co-Insur after Ded.	30% coinsurance**	0% Co-Insur after Ded.	30% coinsurance**
Out-Patient (OP)	20% coinsurance (\$500 Hospital)	40% coinsurance**	\$350 copay/visit	30% coinsurance**	0% coinsurance after Ded.	30% coinsurance**	0% coinsurance after Ded.	30% coinsurance**	\$500 copay per visit, after deductible, then 0% coinsurance	30% coinsurance**
Out-Patient Physician	20% coinsurance	40% coinsurance**	0% Co-Insur after Ded.	30% coinsurance**	0% Co-Insur after Ded.	30% coinsurance**	0% Co-Insur after Ded.	30% coinsurance**	0% Co-Insur after Ded.	30% coinsurance**
Emergency (ER)	ER \$500 copay/visit - deductible N/A		ER \$500 copay/visit		ER 0% coinsurance after Ded.		ER 0% coinsurance after Ded.		ER \$500 copay/visit after deductible	
Urgent Care (UC)	UC =\$50 copay per visit, Deduct N/A	40% coinsurance *****	UC =\$50 copay per visit, Deduct N/A	30% coinsurance *****	UC = 0% coinsurance after Ded.	30% coinsurance	UC = 0% coinsurance after Ded.	30% coinsurance	UC =\$50 copay per visit, ded. does not apply	30% coinsurance
Rx Deductible	\$250 Individual / \$500 Family RX Deductible (Tier 2-4)		\$250 Individual / \$500 Family RX Deductible (Tier 2-4)		N/A		N/A		\$250 Individual / \$500 Family RX Deductible (Tier 2-4)	
RX - Tier I/Tier II/Tier III/Tier IIII	\$10 / \$45 / \$85 / \$125		\$10 / \$45 / \$85 / \$125		0% coinsurance after Ded. / No Tier IIII Cov		0% coinsurance after Ded. / No Tier IIII Cov		\$10 / \$45 / \$85 / \$125	
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	New Rate		New Rate		New Rate		New Rate		New Rate	
Employee Only	\$879.03		\$626.36		\$596.27		\$562.88		\$587.15	
Employee + Spouse	\$1,845.96		\$1,315.33		\$1,252.15		\$1,182.04		\$1,232.99	
Employee + Child(ren)	\$1,670.15		\$1,190.09		\$1,132.92		\$1,069.47		\$1,115.60	
Employee + Family	\$2,637.08		\$1,879.07		\$1,788.80		\$1,688.63		\$1,761.44	

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

* Deductible/coinsurance may not apply to certain services; You may have to pay for services that aren't preventative.

** Preauthorization required for out of network for certain services or benefit reduces to 50% of allowed

*** \$500 Hospital-Based per occurrence deductible applies prior to the overall deductible.

**** Preferred 90 Day Retail Network Pharmacy. If you use an out-of-network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount.

***** If you receive services in addition to office visit, urgent care visit, additional copays, deductibles, or coinsurance may apply (e.g. surgery)

In 2021, maximum HSA contribution is \$3,600 single/\$7,200 family. These amounts are subject to change by the IRS and do not include catch-up contributions for subscribers age 55 and over of \$1,000.

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.

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