

# UnitedHealthcare and ERC Alliance Plans

Plan Code	In-Network										Out-of-Network				
	Deductible			Coinsurance	Out-of-Pocket Maximum		Copayment				Deductible		Coinsurance	Out-of-Pocket Maximum	
	Single	Family	Type		Single	Family	Office Visit	Specialist Visit	Urgent Care	ER	Single	Family		Single	Family
<b>Split Copayment Plans</b>															
OHPSC00001	\$250	\$750	Embedded	90%	\$1,500	\$3,000	\$25	\$50	\$50	\$250	\$500	\$1,500	70%	\$3,000	\$6,000
OHPSC00006	\$250	\$750	Embedded	80%	\$2,000	\$4,000	\$25	\$50	\$50	\$250	\$500	\$1,500	60%	\$4,000	\$8,000
OHPSC00002	\$500	\$1,500	Embedded	90%	\$2,500	\$5,000	\$25	\$50	\$50	\$250	\$1,000	\$3,000	70%	\$5,000	\$10,000
OHPSC00007	\$500	\$1,500	Embedded	80%	\$3,000	\$6,000	\$25	\$50	\$50	\$250	\$1,000	\$3,000	60%	\$6,000	\$12,000
OHPSC00008	\$750	\$2,250	Embedded	80%	\$3,500	\$7,000	\$25	\$50	\$50	\$250	\$1,500	\$4,500	60%	\$7,000	\$14,000
OHPSC00009	\$1,000	\$3,000	Embedded	80%	\$3,500	\$7,000	\$30	\$60	\$60	\$250	\$2,000	\$6,000	60%	\$7,000	\$14,000
OHPSC00003	\$1,500	\$4,500	Embedded	90%	\$3,500	\$7,000	\$30	\$60	\$60	\$250	\$3,000	\$9,000	70%	\$7,000	\$14,000
OHPSC00010	\$1,500	\$4,500	Embedded	80%	\$4,500	\$9,000	\$30	\$60	\$60	\$250	\$3,000	\$9,000	60%	\$9,000	\$18,000
OHPSC00004	\$2,000	\$6,000	Embedded	90%	\$4,000	\$8,000	\$30	\$60	\$60	\$250	\$4,000	\$12,000	70%	\$8,000	\$16,000
OHPSC00011	\$2,000	\$6,000	Embedded	80%	\$5,000	\$10,000	\$30	\$60	\$60	\$250	\$4,000	\$12,000	60%	\$10,000	\$20,000
OHPSC00012	\$2,000	\$6,000	Embedded	100%	\$2,000	\$6,000	\$30	\$60	\$60	\$250	\$4,000	\$12,000	80%	\$8,000	\$16,000
OHPSC00005	\$2,500	\$7,500	Embedded	90%	\$5,000	\$10,000	\$30	\$60	\$60	\$250	\$5,000	\$15,000	70%	\$10,000	\$20,000
OHPSC00013	\$2,500	\$7,500	Embedded	100%	\$2,500	\$7,500	\$30	\$60	\$60	\$250	\$5,000	\$15,000	80%	\$9,000	\$18,000
<b>Qualified HDHPs HSA Compatible Plans (include preventive care at 100%, deductible waived)</b>															
OHPQD00001 <sup>1,2</sup>	\$1,500	\$3,000	Non-Embedded	80%	\$3,500	\$7,000	80%	80%	80%	80%	\$3,000	\$6,000	50%	\$7,000	\$14,000
OHPQD00003 <sup>1,2</sup>	\$1,500	\$3,000	Non-Embedded	100%	\$3,000	\$6,000	100%	100%	100%	100%	\$3,000	\$6,000	70%	\$4,000	\$8,000
OHPQD00004 <sup>1,2</sup>	\$2,000	\$4,000	Non-Embedded	100%	\$4,000	\$8,000	100%	100%	100%	100%	\$4,000	\$8,000	70%	\$8,000	\$16,000
OHPQD00005 <sup>2</sup>	\$2,500	\$5,000	Embedded	100%	\$5,000	\$10,000	100%	100%	100%	100%	\$5,000	\$10,000	70%	\$10,000	\$20,000
OHPQD00002 <sup>2</sup>	\$3,000	\$6,000	Embedded	80%	\$5,800	\$11,600	80%	80%	80%	80%	\$6,000	\$12,000	50%	\$10,000	\$20,000
OHPQD00006 <sup>2</sup>	\$5,200	\$10,400	Embedded	100%	\$5,800	\$11,600	100%	100%	100%	100%	\$10,000	\$20,000	70%	\$20,000	\$40,000

The Lifetime Maximum for all the medical plans noted above is \$3.5 million.

Plans feature deductible and coinsurance for all lab & radiology services.

For all plans listed, deductible applies toward Out-of-Pocket Maximum.

<sup>1</sup> Plans with non-embedded deductibles reflect family deductible and out-of-pocket maximum, meaning no single individual in the family has satisfied the deductible or out-of-pocket maximum until the entire family amount has been met.

<sup>2</sup> Once the deductible is satisfied, members will be responsible for Rx copayments (\$10/\$35/\$70) until they reach their Out-of-Pocket Maximum.

A designated HRA portfolio will be available at a later date.

Please Note: The information in this grid is provided for informational purposes only and is not intended for use as a contract. For a complete listing of coverage and exclusions, please refer to the Certificate of Coverage or talk to your UnitedHealthcare representative for additional details that could impact the benefits. Different UnitedHealthcare plans may have varying approaches to whether pharmacy costs are included or excluded from the medical deductible, whether preventive services are covered at 100%, and other benefit details.

Insurance coverage provided by or through UnitedHealthcare Insurance Company of the River Valley.



Pharmacy Plans					
RX Code	Deductible Single/Family	Tier 1	Tier 2	Tier 3	Mail Order (90-day)
OHPRX00001	None	\$10	\$25	\$60	2.5x
OHPRX00002	None	\$10	\$35	\$70	2.5x
OHPRX00003	None	\$10	\$50	\$100	2.5x
OHPRX00004	None	\$15	\$45	\$90	2.5x
Pharmacy Options with Deductibles					
OHPRX00005	\$100/\$300	\$10	\$35	\$70	2.5x
OHPRX00006	\$250/\$750	\$10	\$35	\$70	2.5x
Rx Options for Qualified HDHPs (HSA Compatible Plans) – combined medical/pharmacy <sup>2</sup>					
Same as the medical plan code <sup>2</sup>	Medical Deductible	\$10	\$35	\$70	2.5x