



**School District of Superior
Benefit Summary
July 1, 2023**

		Plan Benefits		
Network	UHC Choice Plus			
Plan Type	HDHP - HSA			
Accumulation Type	Embedded			
Benefit Accumulator	Plan Year			
	In-Network		Out-of-Network	
Deductible (Single/Family)	\$3,000/\$6,000		\$6,000/\$12,000	
Coinsurance	100%		80%	
Total Maximum Out-of-Pocket (Deductible and Coinsurance)	\$3,000/\$6,000		\$8,000/\$16,000	
Medical Benefits				
Inpatient Hospital	Deductible/100%		Deductible/80%	
Outpatient Hospital	Deductible/100%		Deductible/80%	
Office Visit	Deductible/100%		Deductible/80%	
Specialist Office Visit	Deductible/100%		Deductible/80%	
Preventive Exam	100%/Deductible Waived		Deductible/80%	
Manipulation	Deductible/100%		Deductible/80%	
Phys/Occ/Sp/Resp Therapy	Deductible/100%		Deductible/80%	
Urgent Care	PPO Deductible/100%			
Emergency Room Care	PPO Deductible/100%			
Mental Health/Subst. Abuse:				
Office Visit	Deductible/100%		Deductible/80%	
Inpatient	Deductible/100%		Deductible/80%	
Outpatient	Deductible/100%		Deductible/80%	
High Tech Imaging Coverage	Deductible/100%		Deductible/80%	
Oral Surgery	Deductible/100%		Deductible/80%	
All Other Covered Medical Services	Deductible/100%		Deductible/80%	
Teladoc Benefits	PPO Deductible/100%			
Pharmacy Benefits				
Drug Plan Formulary	<u>Generic</u>	<u>Preferred</u>	<u>Non-Preferred</u>	
Retail, 30 Days	PPO Deductible/100%			
Retail, 31-90 Days	PPO Deductible/100%			
Mail Order, 90 Days	PPO Deductible/100%			
Specialty, 30 Days	PPO Deductible/100%			
	Mandatory Generic: Yes			
	Rx Max Out-of-Pocket: Included in medical			

This is a summary of the plan benefits. For more detailed benefit information, please refer to the Summary Plan Description (SPD). If a discrepancy is found between this renewal summary and your policy's SPD, the terms of the SPD will govern.