Health Benefits - Summary Effective January 1, 2017

Benefits/Service	UHC PPO Choice Plus Network		UHC EPO (In Network Only)	UHC HDHP Choice Plus Network	
*Includes deductible, or copayment & colnsurance.	In Network	Out of Network	Choice Network	In Network	Out of Network
Annual Deductible	\$750 per	\$1,500 per	\$350 per person	\$1,600 per	\$3,200 per
(per person)	person	person		person	person
Annual family deductible	\$2,250 family	\$4,500 family	\$1,050 family	\$3,200 family	\$6,400 family
	(3 individuals)	(3 individuals)	(3 individuals)		
Annual co-insurance after deductible	80%	50%	80%	80%	50%
Annual out-of-	\$3,250 per	\$4,500 per	\$1,350 per	\$3,200 per	\$6,400 per
pocket maximum* (per person)	person	person	person	person	person
Annual out-of- pocket maximum*	\$9,750 family	\$13,500 family	\$4,050 family	\$6,400 family	\$12,800 family
(family)	(3 individuals)	(3 individuals)	(3 individuals)		
Office visit co-pays	\$20	50% after deductible	\$20	80% after deductible	50% after deductible
Urgent Care	\$35	50% after	\$35 Designated	80% after	50% after
		deductible	urgent care centers and doctor offices	deductible	deductible
Specialist Office	\$35	50% after	\$35	80% after	50% after
Visits		deductible		deductible	deductible
Emergency room	\$150	\$150	\$125	80% after	80% after
				deductible	deductible
Preventive	100%	50% after	100%	100%	50% after
		deductible			deductible

Prescription Drugs - OptumRx (In Network Benefit Only)

Benefits/Services	UHC PPO	UHC EPO	UHCHDHP**
	Choice Plus Network	Choice Network	Choice Plus Network
Pharmacy annual out-of-	Individual \$3,900	Individual \$5,800	Included in Medical Out-Of-
pocket maximum*	Family \$4,550	Family \$10,250	Pocket Maximum
Retail Tier 1: Generic	\$8	\$8	80% after deductible
(30-day supply)			
Retail Tier 2: Preferred	10% with \$25 minimum	10% with \$25 minimum	80% after deductible
Brand (30-day supply)			
Retail – Tier 3:	20% with \$50 minimum	20% with \$50 minimum	80% after deductible
Non-Preferred Brand			15
(30-day supply)			
Multi-Source Brand	Member-Pay-Difference*	Member-Pay-Difference*	N/A
Mail order—Tier 1:	\$16	\$16	80% after deductible
Generic			(pricing discounts at mail
(90 day supply)		*	order)
Mail order Tier 2: Preferred	\$50	\$50	80% after deductible
Brand			(pricing discounts at mail
(90 day supply)			order)
Mail order – Tier 3:	\$100	\$100	80% after deductible
Non-preferred Brand			(pricing discounts at mail
(90-day supply)			order)
Multi-Source Brand	Member-Pay-Difference*	Member-Pay-Difference*	80% after deductible
			(pricing discounts at mail
			order)

^{*}Member-Pay-the-Difference: Member pays the \$8 Retail Generic (\$16 Mail Order Generic) copay plus the gross cost difference between the Brand and equivalent Generic. This additional cost is excluded from the out-of-pocket limit.

Vision Benefits

If you elect health insurance, you will also receive vision coverage through National Vision Administrators (NVA). When you enroll, NVA will provide you with an identification card. For a list of providers, please visit www.e-nva.com. Note: Vision benefits are not offered on a free standing basis (e.g. can't be unbundled).

Vision Benefits	Frequency	Covered Amounts In-Network Providers ONLY
Exam	Once every 12 months	Covered 100%
Frames	Once every 12 months	Up to \$82 (20% discount off balance)
Lenses -glass or plastic Type-Single Vision, Bifocal, Trifocal or Lenticular	One pair every 12 months	Covered 100%
Contact lenses (in lieu of frames and lenses)	One pair every 12 months	Up to \$100 Retail Allowance

Note Eligibility Restrictions for Health/Vision Benefits:

- > (15) Part time Recreation Employees are not eligible for health/vision benefits.
- > (17) Active Substitute Teachers are not eligible for health/vision benefits effective 9/1/12.
- > (20) Temporary Employees, LTEs are not eligible for health/vision benefits.
- > Seasonal Laborers are not eligible for health/vision benefits effective with dates of hire or layoff on or after 7/1/12.

^{**}HDHP only: Retail and mail order pharmacy coverage at 1, 2, or 3 tier copay costs for specific preventive drug on OptumRx preventive drug list – see current list on *mConnect*, and the MPS Website.