



M.E. Simpson Co., Inc.

United Healthcare Medical Plan Illustration October 1, 2022

| Benefit Summary | Anthem Current Plan Options <u>1/1/2022</u> | | United Healthcare <u>10/1/2022 Plan</u> |
|--|--|----------------------------|--|
| | PPO Plan 8 T3 | PPO Plan 16 T3 | PPO P1000i80LX21 RX4 |
| | Blue Access PPO Network | | Choice Plus PPO Network |
| Deductible - In / Out of Network | | | |
| Individual | \$1,000 / \$3,000 | \$2,500 / \$7,500 | \$1,000 / \$2,000 |
| Family Maximum | \$3,000 / \$9,000 | \$7,500 / \$22,500 | \$2,000 / \$4,000 |
| Coinsurance - In / Out of Network | 80% / 60% | 80% / 60% | 80% / 50% |
| Out of Pocket Maximum - In / Out of Network (includes Deductible) | | | |
| Individual | \$4,000 / \$12,000 | \$6,000 / \$18,000 | \$4,500 / \$9,000 |
| Family Maximum | \$8,000 / \$24,000 | \$12,000 / \$36,000 | \$9,000 / \$18,000 |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited |
| Office Visit Copay | | | |
| Primary Physician | \$20 | \$30 | \$25 |
| Specialist | \$40 | \$50 | \$75 |
| Virtual Visits - Primary / Specialist | \$5 / \$50 | \$5 / \$50 | \$0 |
| Preventive Care Services | 100% In-Network | 100% In-Network | 100% In-Network |
| Emergency Room Copay | \$250 + 20% | \$250 + 20% | \$300 + Ded / Coins |
| Urgent Care Copay | \$75 | \$75 | \$50 |
| Inpatient Services | Deductible / Coinsurance | Deductible / Coinsurance | Deductible / Coinsurance |
| Outpatient Services | Deductible / Coinsurance | Deductible / Coinsurance | Deductible / Coinsurance |
| Major Diagnostic | Deductible / Coinsurance | Deductible / Coinsurance | Deductible / Coinsurance |
| Prescription Drugs | Level 1 / Level 2 | Level 1 / Level 2 | |
| Tier 1 | \$15 / \$25 | \$15 / \$25 | \$10 |
| Tier 2 | \$40 / \$50 | \$40 / \$50 | \$35 |
| Tier 3 | \$80 / \$90 | \$80 / \$90 | \$75 |
| Tier 4 | 25% to \$350 / \$450 | 25% to \$350 / \$450 | \$250 |
| Mail Order Drug Copay | \$38 / \$120 / \$240 / 25% | \$38 / \$120 / \$240 / 25% | \$25 / \$87.50 / \$187.50 / \$625 |
| <u>Medical Employee Per Pay Contributions</u> | | | |
| Employee Only | \$109.92 | \$77.83 | \$68.66 |
| Employee + Spouse | \$230.83 | \$163.44 | \$160.25 |
| Employee + Child(ren) | \$189.07 | \$133.87 | \$120.90 |
| Family | \$331.96 | \$235.05 | \$218.95 |