

<i>Benefit Description</i>	PROPOSED United Healthcare VA Choice Plus HPVV635021B HSA IN-NETWORK		PROPOSED United Healthcare VA Choice Plus HPVV350022B HSA IN-NETWORK		PROPOSED United Healthcare VA Choice Plus P2500i100LX21B IN-NETWORK	
<i>Annual Deductible (single/family)</i>	\$6,350/\$12,700		\$3,500/\$7,000		\$2,500/\$5,000	
<i>Coinurance</i>	Plan pays 100%		Plan pays 100%		Plan pays 100%	
<i>Out-of-Pocket Maximum (single/family) (includes deductible)</i>	\$6,350/\$12,700		\$3,500/\$7,000		\$5,000/\$10,000	
<i>Maximum Benefit</i>	Unlimited		Unlimited		Unlimited	
<i>Office Visits: Preventive Care</i>						
Primary Care Physician Office Visit	Plan pays 100%		Plan pays 100%		Plan pays 100%	
Specialist Physician Office Visit	Plan pays 100%		Plan pays 100%		Plan pays 100%	
Well Child Care	Plan pays 100%		Plan pays 100%		Plan pays 100%	
<i>Office Visits: Illness or Injury</i>						
Primary Care Physician (PCP) office visit	Plan pays 100% after deductible		Plan pays 100% after deductible		\$25 Copay	
Specialty Care Physician office visit	Plan pays 100% after deductible		Plan pays 100% after deductible		\$75 Copay	
Telemed Virtual Care Visits	Plan pays 100%		Plan pays 100%		Plan pays 100%	
<i>Emergency Room Services</i>						
Life-threatening illness, serious accidental injury	Plan pays 100% after deductible		Plan pays 100% after deductible		\$300 Copay + deductible	
Urgent Care	Plan pays 100% after deductible		Plan pays 100% after deductible		\$50 Copay	
<i>Hospital Services - Inpatient</i>						
Facility/ Hospital Charges	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Physician Fees for Surgical and Medical Services	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
<i>Outpatient Services</i>						
Surgery facility/Hospital charges	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Diagnostic Lab services	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Diagnostic X-Ray	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Major Diagnostics (CT, PET, MRI, MRA, and nuclear medicine)	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Physician Fees for Surgical and Medical Services	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
<i>Prescription Drugs</i>						
Tier 1	Plan pays 100% after deductible		Plan pays 100% after deductible		\$10 Copay	
Tier 2	Plan pays 100% after deductible		Plan pays 100% after deductible		\$35 Copay	
Tier 3	Plan pays 100% after deductible		Plan pays 100% after deductible		\$75 Copay	
Tier 4	Plan pays 100% after deductible		Plan pays 100% after deductible		\$250 Copay	
	EE Monthly Amount	EE Cost Per Pay Period	EE Monthly Amount	EE Cost Per Pay Period	EE Monthly Amount	EE Cost Per Pay Period
Employee Only	\$170.88	\$78.87	\$372.24	\$171.80	\$357.14	\$164.83
Employee + Spouse	\$361.54	\$166.87	\$804.51	\$371.31	\$771.28	\$355.98
Employee + Child(ren)	\$313.87	\$144.86	\$696.45	\$321.44	\$667.75	\$308.19
Family	\$536.31	\$247.53	\$1,200.78	\$554.21	\$1,150.93	\$531.20

Employee Tier	Original Rates	AI Flat Fee Contribution	Original Rates	AI Flat Fee Contribution	Original Rates	AI Flat Fee Contribution
Employee Only	\$427.20	\$256.32	\$628.56	\$256.32	\$613.46	\$256.32
Employee + Spouse	\$903.86	\$542.32	\$1,346.83	\$542.32	\$1,313.60	\$542.32
Employee + Child(ren)	\$784.68	\$470.81	\$1,167.26	\$470.81	\$1,138.56	\$470.81
Family	\$1,340.78	\$804.47	\$2,005.25	\$804.47	\$1,955.40	\$804.47