

Medical and prescription drug overview

Prescription drug expenses are paid the same as any other medical expense. You will be responsible for the cost of the prescription drugs until you have met or satisfied the deductible under the Standard or Premium CDHP or the Savings HDHP. Any maintenance prescription, after two (2) retail fills, will require future fills through the mail order program through OptumRx. There is only one prescription drug plan, OptumRx, available for enrollment in the Savings HDHP, Standard CDHP or Premium CDHP. "Charges above the allowable amounts not included" refers to reasonable and customary (R&C) charges. Refer to the Summary Plan Description for information on what's not covered or excluded. This chart is only a snapshot summary of your benefits. For specific details on how services are covered or excluded, please contact UnitedHealthcare at the number on the back of your ID card.

Savings HDHP		Standard CDHP		Premium CDHP	
With Employee-Funded HSA (maximum contribution): \$3,550 Employee \$7,100 Employee + One or more enrolled Note: If you are 55 or older, you can contribute an extra \$1,000 "catch-up" contribution.		With Company-Funded HRA Contribution: \$500 Employee \$750 Employee + Spouse/Domestic partner \$750 Employee + Children \$1,000 Family		With Company-Funded HRA Contribution: \$1,000 Employee \$1,500 Employee + Spouse/Domestic partner \$1,500 Employee + Children \$2,000 Family	
You Pay		You Pay		You Pay	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (The Deductibles are separate for In-Network and Out-of-Network providers and are not combined)					
Employee		Employee		Employee	
\$1,500	\$3,000	\$1,500	\$3,000	\$1,500	\$3,000
		Employee + Spouse/Domestic Partner		Employee + Spouse/Domestic Partner	
		\$2,250	\$4,500	\$2,250	\$4,500
Employee + One or more enrolled		Employee + Children		Employee + Children	
\$3,000	\$6,000	\$2,250	\$4,500	\$2,250	\$4,500
		Family		Family	
		\$3,000	\$6,000	\$3,000	\$6,000
Annual Out-of-Pocket Maximum (The Out-of-Pocket Maximums are separate for In-Network and Out-of-Network providers and are not combined)					
Employee		Employee		Employee	
\$3,600	\$7,200	\$3,600	\$7,200	\$3,200	\$6,400
		Employee + Spouse/Domestic Partner		Employee + Spouse/Domestic Partner	
		\$5,400	\$10,800	\$4,800	\$9,600
Employee + One or more enrolled		Employee + Children		Employee + Children	
\$6,850	\$14,400 (charges above allowable amount not included)	\$5,400	\$10,800	\$4,800	\$9,600
		Family		Family	
		\$6,850	\$14,400 (charges above allowable amount not included)	\$6,400	\$12,800 (charges above allowable amount not included)
Plan Pays (After Deductible)		Plan Pays (After Deductible)		Plan Pays (After Deductible)	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care: (No Deductible)					
100%	Not Covered	100%	Not Covered	100%	Not Covered
Inpatient (Facility), Office Visit, Outpatient (Facility), Prescriptions, Urgent Care					
80%	50% of allowable amount	80%	50% of allowable amount	80%	50% of allowable amount

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