

## 2021 Employee Health Plan Benefit Design Changes

<b>Benefit Design Components</b>	<b>Current UHC Choice EPO Health Plan</b>	<b>2021 UHC Choice EPO Health Plan</b>
Deductibles	\$750 Single/\$1,500 Family	\$1,000 Single/\$2,000 Family
Member Co-Insurance	10% Premium Providers/30% Non-Premium Providers	20% Premium Providers/40% Non-Premium Providers
Out-of-Pocket Maximums	\$1,500 Single/\$3,000 Family	\$2,000 Single/\$4,000 Family
Emergency Room Visits	\$200 Copay for Each Visit	\$250 Copay for Each Visit
Drug Coverage (30 day Supply)	20% Coinsurance with \$75 Max	20% Coinsurance with \$75 Max
<b>Benefit Design Components</b>	<b>Current UHC Choice Plus PPO Health Plan</b>	<b>2021 UHC Choice Plus PPO Health Plan (In Network)</b>
Deductibles	\$1,500 Single/\$3,000 Family	\$2,000 Single/\$4,000 Family
Member Co-Insurance	10% Premium Providers/30% Non-Premium Providers	20% Premium Providers/40% Non-Premium Providers
Out-of-Pocket Maximums	\$3,000 Single/\$6,000 Family	\$4,000 Single/\$8,000 Family
Emergency Room Visits	\$200 Copay for Each Visit	\$250 Copay for Each Visit
Drug Coverage (30 day Supply)	20% Coinsurance with \$75 Max	20% Coinsurance with \$75 Max
<b>Benefit Design Components</b>	<b>Current UHC High Deductible Health Plan</b>	<b>2021 UHC High Deductible Health Plan</b>
Deductibles	\$1,500 Single/\$3,000 Family	\$2,000 Single/\$4,000 Family
Member Co-Insurance	10% Premium Providers/30% Non-Premium Providers	20% Premium Providers/40% Non-Premium Providers
Out-of-Pocket Maximums	\$3,000 Single/\$6,000 Family	\$4,000 Single/\$8,000 Family
Emergency Room Visits	10% after deductible is met	20% after deductible is met
Drug Coverage (30 day Supply)	20% Coinsurance after deductible met	20% Coinsurance after deductible met

## 2021 Retiree Health Plan Benefit Design Changes

<b>Benefit Design Components</b>	<b>Current UHC Choice EPO Health Plan</b>	<b>2021 UHC Choice EPO Health Plan</b>
Deductibles	\$1,000 Single/\$2,000 Family	\$1,500 Single/\$3,000 Family
Member Co-Insurance	20% Premium Providers/40% Non-Premium Providers	20% Premium Providers/40% Non-Premium Providers
Out-of-Pocket Maximums	\$2,000 Single/\$4,000 Family	\$3,000 Single/\$6,000 Family
Emergency Room Visits	\$250 Copay for Each Visit	\$250 Copay for Each Visit
Drug Coverage (30 day Supply)	20% Coinsurance with \$75 Max	20% Coinsurance with \$75 Max
<b>Benefit Design Components</b>	<b>2021 UHC Choice Plus PPO Health Plan (In Network)</b>	<b>2021 UHC Choice Plus PPO Health Plan (In Network)</b>
Deductibles	\$2,000 Single/\$4,000 Family	\$3,000 Single/\$6,000 Family
Member Co-Insurance	20% Premium Providers/40% Non-Premium Providers	20% Premium Providers/40% Non-Premium Providers
Out-of-Pocket Maximums	\$4,000 Single/\$8,000 Family	\$6,000 Single/\$12,000 Family
Emergency Room Visits	\$250 Copay for Each Visit	\$250 Copay for Each Visit
Drug Coverage (30 day Supply)	20% Coinsurance with \$75 Max	20% Coinsurance with \$75 Max