


Executive Summary of Benefits and Expenses (Medical)

 HRH	Proposed	
	UHC-10/90 PT-T	
	Network	Non-Network
PCP office copay	\$20	50%
Specialist office copay	\$40	50%
Deductible (single/ family)	\$1000/\$2000	\$1500/\$3000
Coinsurance (plan / member)	100%/0%	50%/50%
Out of Pocket Max, excludes ded. (s./f.)	N/A	\$7500/\$22,500
Lifetime Maximum	Unlimited	\$1,000,000
Network Name / PCP or Open Access	UHC-Open Access	
<u>Prescription Benefits</u>		
RX-Deductible	N/A	
Tier 1	\$7	
Tier 2	\$35	
Tier 3	\$50	
Tier4	N/A	
RX- Mail order copay (90 day supply)	2.5x co-pays (90 days supp)	
<u>Hospital Benefits</u>		
Emergency Room	\$100	
Urgent Care	\$35	50%
In-Patient Hospital Copay	N/A	N/A
In-Patient Hospital Coinsurance	0%	50%
Out-Patient Hospital Copay	N/A	N/A
Out-Patient Hospital Coinsurance	0%	50%
<u>Census Information</u>		
Census Information	<i>Proposed</i>	
Employee only	\$226.82	
EE + Spouse	\$476.31	
EE + Children	\$430.95	
Full Family	\$680.45	