

**Attachment 2: Plan Design Summaries
FlexWork Limited MVP* "Edge Plan"**

Benefit Category	FlexWork \$0 Deductible Limited MVP "Edge Plan"
Actuarial Value - per Federal AV Calculator	60.60%
Deductible (Individual/Family)	No deductibles
Coinsurance	No coinsurance
Annual out-of-pocket max (Individual/Family)	\$9,100 individual / \$18,200 family for in-network services
Health care reform preventive medical service/medications	Covered at 100%
HealthiestYou™ Virtual Care	Covered at 100%, no annual visit limits
PCP and Specialist Physician Office/Telehealth Visits; Includes Prenatal and Post-Natal Care, Office Visits, Allergy Testing and Retail Health Clinic PCPs	6 visit limit per year (combined for PCP and Specialist) PCP visit: \$25 copay; Specialist visit: \$50 copay
Chiropractor and Acupuncture	\$15 copay per visit 15 visit limit per year (combined for Chiropractor & Acupuncture)
Home Health Care	\$80 copay per visit 30 visit limit per year
Rehabilitation and Habilitative Services (PT, OT, ST, Cardiac, Pulmonary)	\$80 copay per visit 30 visit limit per year combined for rehabilitation + habilitative services
Skilled Nursing Care	Not covered
Durable Medical Equipment	Not covered
Hospice Services	Not covered
Outpatient Surgery: Facility + Professional	Office Visit: \$500 copay; Outpatient Visit: \$1,000 copay 1 visit limit per year
Diagnostic Tests (X-Ray, Blood Work)	Minor: Office Visit: \$50 copay; Outpatient Visit: \$150 copay 2 dates of service per year; unlimited tests per day (2 Major, 2 Minor)
Imaging (CT, PET, MRIs)	Major: Office Visit: \$50 copay; Outpatient Visit: \$150 copay 2 dates of service per year; unlimited tests per day
Emergency Room: Facility + Professional	\$500 copay; 2 visit limit per year
Emergency Medical Transport	Not covered
Urgent Care: Facility + Professional	4 visit limit per year; \$100 copay per visit
Hospital Services: Facility + Professional. Includes Inpatient Mental Health/Substance Use Disorder Services	\$35,000 maximum benefit per admission \$1,000 copay per admission. No annual admission limit
EAP Telephonic Support Line	\$0 copay, no visit limit
Outpatient Mental Health/Substance Use - Partial Hospitalization Program / Intensive Outpatient Treatment	\$150 copay per day PHP: 15 day limit per year; IOT: 15 day limit per year
Pharmacy Benefit	Copays - Tier 1: \$15; Tier 2: \$30; Tier 3 and 4: 50% coinsurance Retail only at UHC network pharmacies; no mail order
Prescription Drug List	FlexWork Limited Prescription Drug List

*Plan includes 125% Aggregate Stoploss corridor and a \$125,000 Individual Stoploss deductible