


UnitedHealthcare FlexWork® 2024 Benefit and Cost Summary¹

Plan Option	Edge MVP Medical Plan		MEC Limited Medical Plan		Package and Save	EHIPP Indemnity Plan
Member cost share	Deductible - \$0, coinsurance – 0%		Deductible - \$0, coinsurance – 0%			When you purchase the MEC Medical and EHIPP plans together the cost is lower than purchasing separately.
Annual out-of-pocket maximum	Employee - \$9,100; family - \$18,200		Employee - \$9,100; family - \$18,200		paid to member	
Provider network	UnitedHealthcare Choice Plus		UnitedHealthcare Choice Plus			See details on the enrollment website
Medical benefits	copay	annual limit	copay	annual limit		
Preventive services & medications	• \$0	unlimited	• \$0	unlimited		not covered
HealthiestYou™ virtual care	• \$0	unlimited	• \$0	unlimited		• \$50, 2 days per year
Employee Assistance Plan (EAP)	• \$0	unlimited	• \$0	unlimited		• \$100, 2 days per year
Physician office visits						Included in physician office benefit ²
• Primary care provider (PCP)	• \$25	6 combined	• \$25	4 combined		• \$1,000, 2 days per year
• Specialist	• \$50		• \$50			
Chiropractor, acupuncture	• \$15	15 combined	• \$15	10 combined		not covered
Minor lab and imaging						not covered
• Office or freestanding facility	• \$50	2 service dates	• \$50	1 service dates		not covered
• Hospital outpatient facility	• \$150		• \$150			
Major lab and imaging						not covered
• Office or freestanding facility	• \$50	2 service dates	• \$50	1 service dates		not covered
• Hospital outpatient facility	• \$150		• \$150			
Urgent care visits	• \$100	4 per year	• \$150	2 per year	not covered	
Outpatient (OP) surgery					not covered	
• Office or freestanding facility	• \$500	1 surgery per year		not covered	not covered	
• Hospital outpatient facility	• \$1,000					
Home healthcare visits	• \$80	30 per year		not covered	not covered	
Rehabilitation, habilitative services	• \$80	30 per year		not covered	not covered	
Mental health, substance use	• \$150	15 per year		not covered	not covered	
Emergency room visits	• \$500	2 per year		not covered	not covered	
Inpatient services					not covered	
• Hospital admissions	• \$1,000	\$35,000 Maximum per admission ³		not covered	• \$1,500, 2 days per year	
• Inpatient daily benefit	all inpatient		• \$200, 364 days per year			
• Inpatient surgery	services		• \$1,000, 2 days per year			
Pharmacy benefits	member cost	annual limit	member cost	annual limit	paid to member	
• Tier 1	• \$15 copay	unlimited	• \$15 copay	unlimited	• \$10, 12 days per year	
• Tier 2	• \$30 copay		• \$30 copay			
• Tiers 3 & 4	• 50% cost share		• 50% cost share			
Monthly payroll deduction	Edge MVP Medical Plan		MEC Limited Medical Plan		MEC + EHIPP Package Rates	EHIPP Indemnity Plan
Employee Only	8.39% of earnings ⁴		\$136.15		\$185.83	\$53.41
Employee + Spouse	\$938.34		\$322.38		\$437.59	\$123.84
Employee + Child(ren)	\$650.36		\$242.38		\$333.27	\$97.70
Employee + Family	\$1,367.94		\$441.73		\$608.12	\$178.85

1. Plan option and cost summary is for illustrative purposes. Official plan documents will prevail over the indications of the benefit guide.

2. EHIPP pays member up to combined limits: 6 (PCP, specialist and urgent care visits)

3. Edge MVP limited medical plan limits coverage to \$35,000 per hospital admission; there is no limit on the number of times a member can be admitted per plan year.

4. Up to \$220.20/pay.

UnitedHealthcare FlexWork[®] Limited Medical Plans

FlexWork MEC and MVP Medical + Pharmacy Plans are designed to provide affordable benefits, that are easy to access and simple to use, so you can manage your health and wellbeing with confidence. FlexWork Medical plans cover Minimum Essential Coverage¹ preventive services at no member cost and many of the most frequently utilized health care services.

How the plans work



First-dollar benefits

- All benefits are effective immediately
- No deductible and no coinsurance
- Fixed copayments for all covered medical benefits
- Medical and pharmacy benefits included
- Annual outpatient service limits and inpatient limits apply



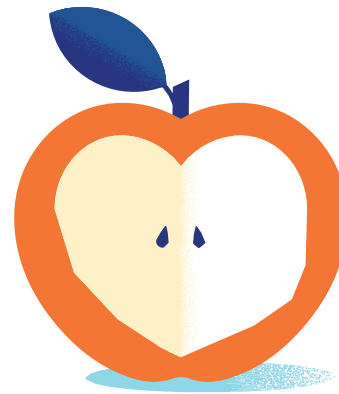
Nationwide provider access

- UnitedHealthcare Choice network
- 1.2M medical providers and facilities
- 65,000+ pharmacies
- Plan covers network providers and pharmacies only, unless otherwise required by law.



\$0 cost benefits

- Health care reform preventive services and medications¹
- 24/7 unlimited virtual doctor visits for many non-urgent needs
- Employee Assistance Plan (EAP)



Key features

- ✓ No pre-existing condition exclusions
- ✓ COBRA coverage continuation is available if you leave your employer (restrictions apply)
- ✓ No annual or lifetime dollar limits
- ✓ Pre-tax payroll deductions may reduce your cost of coverage



MEC plans have limitations and exclusions² that may not make them suitable for everyone.

1. Covered preventive care may include annual checkups, OB-GYN checkups (Pap smear), screening tests for breast cancer, flu and COVID-19 vaccinations, colonoscopies (colorectal cancer screening tests, including bowel prep medication with prescription once every 5 years), shots for measles or other childhood diseases (immunizations), birth control (women's preventive contraceptives), breastfeeding support, supplies and counseling, screenings based on age and risk status (e.g., diabetes, depression, lung cancer), tobacco cessation program and medications. This is not a complete list. Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

2. This plan has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your company or UnitedHealthcare. Please review your plan details in your Summary of Benefit Coverage (SBC) document carefully to be sure the plan is right for your needs.

FlexWork Limited Pharmacy Plan

The Limited Medical Plans include OptumRx®* for pharmacy benefit management services. The Limited Pharmacy Plan provides coverage for medications as described in the FlexWork Limited Benefit Prescription Drug List (PDL). Specialty drugs are generally not covered.

Prescription benefit overview

- **\$0 cost** preventive medications, including select contraceptives and those prescribed for asthma
- **No limit** on the number of prescriptions covered by the plan
- **30-day retail supply** at participating network pharmacies only (mail order not covered)
- **Copay for Tier 1 and 2** acute medications including antibiotics, pain management and substance abuse disorder treatment
- **Coinsurance for Tiers 3 and 4** medications including for select condition management and brand medications
- **Enhanced Savings Plan** provides automatic discounts for non-covered medications at the time of service

Making it easy to manage your medications

Once your plan is active, you can use [whyuhc.flexwork.com](https://www.flexwork.com) to help you:

- Locate participating pharmacies
- Find and compare medication costs
- Search the PDL to see if your medications have any requirements before filling them

NOTE: Please review your plan information online. If you have any prescription coverage questions or need more information contact FlexWork Pre-member Services at (763) 957-7367 <<PDL>>



Two ways to save money



Use network pharmacies

Your pharmacy benefits are available through network pharmacies only, which may cost you less out of pocket



Use Tier 1 and Tier 2 medications when you can

Ask your prescriber to choose lower-tier medications on the FlexWork Prescription Drug List.