

St. Moritz

UnitedHealthcare FlexWork® 2025 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		• \$70, 6 days per year ²
HealthiestYou™ virtual care	• \$0	unlimited	• \$0	unlimited		not covered
Employee Assistance Plan (EAP)	• \$0	unlimited	• \$0	unlimited		• \$50, 1 days per year
Physician office visits						• \$100, 1 days per year
• Primary care provider (PCP)	• \$25	6 combined	• \$25	4 combined		Included in physician office benefit ²
• Specialist	• \$50		• \$50			
Chiropractor, acupuncture	• \$15	15 combined	• \$15	10 combined		• \$1,000, 2 days per year
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 services				• \$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	9.02% of earnings ⁴		\$130.44		\$163.96	\$36.04
Employee + Spouse	\$985.16		\$308.87		\$385.43	\$82.32
Employee + Child(ren)	\$680.12		\$232.22		\$292.54	\$64.86
Employee + Family	\$1,440.22		\$423.22		\$533.06	\$118.11

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 \$230.80/pay.