


St. Moritz

UnitedHealthcare FlexWork® 2026 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, 1 days per year
Employee Assistance Plan (EAP)	• \$0	unlimited	• \$0	unlimited		• \$100, 1 days per year
Physician office visits	• \$25 • \$50	6 combined	• \$25 • \$50	4 combined		Included in physician office benefit ²
Chiropractor, acupuncture	• \$15	15 combined	• \$15	10 combined		• \$1,000, 2 days per year
Minor lab and imaging	• \$50 • \$150	2 service dates	• \$50 • \$150	1 service dates		not covered
Major lab and imaging	• \$50 • \$150	2 service dates	• \$50 • \$150	1 service dates		not covered
Urgent care visits	• \$100	4 per year	• \$150	2 per year		not covered
Outpatient (OP) surgery	• \$500 • \$1,000	1 surgery per year	not covered			not covered
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	• \$1,000 all inpatient services	\$35,000 Maximum per admission ³	not covered		• \$1,500, 2 days per year • \$200, 364 days per year • \$1,000, 2 days per year	
Pharmacy benefits	member cost	annual limit	member cost	annual limit	paid to member	
• Tier 1 • Tier 2 • Tiers 3 & 4	• \$15 copay • \$30 copay • 50% cost share	unlimited	• \$15 copay • \$30 copay • 50% cost share	unlimited	• \$10, 12 days per year	
Monthly payroll deduction	Edge MVP Medical Plan		MEC Limited Medical Plan		MEC + EHIPP Package Rates	EHIPP Indemnity Plan
Employee Only	9.96% of earnings ⁴		\$146.74		\$180.26	\$36.04
Employee + Spouse	\$1,230.07		\$348.35		\$424.91	\$82.32
Employee + Child(ren)	\$863.30		\$261.74		\$322.06	\$64.86
Employee + Family	\$1,777.23		\$477.55		\$587.39	\$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 \$277.04/pay.