

2014 UHC Retiree Medical

SCHEDULE OF BENEFITS UHC HDHP PPO		
Plan Feature	Network	Non-Network
Medical Care, Mental Health and Substance Use Disorder Treatment		
Annual HDHP Deductible ▪ Individual ▪ Family: 2+ Persons	\$2,750 \$5,500	\$ 5,500 \$11,000
Note: The Annual HDHP Deductible applies to both Medical and Pharmacy benefits and must be met before the Plan pays benefits. The Annual HDHP Coinsurance Maximum also applies to both Medical and Pharmacy benefits.		
Plan/Retiree Medical Coinsurance after HDHP Deductible ▪ Plan pays ▪ You pay	80% 20%	60% 40%
HDHP Coinsurance Maximum (Your annual Limit after HDHP Deductible) ▪ Individual ▪ Family: 2+ Persons	\$2,750 \$5,500	\$ 5,500 \$11,000
Preventive Care (As outlined under "Health Management Programs," see page 79)	Paid at 100%	No benefits are paid for a Non-Network Provider
Maximum Lifetime Benefit (Combined)	\$2,000,000 Per Person	
Pharmacy Program		
Retail (Up to 31-day supply)* Retiree Retail Pharmacy Coinsurance after HDHP Deductible You pay: Tier 1 – Generic Tier 2 – Preferred Tier 3 – Non-Preferred	Pharmacy Coinsurance Percentage** (\$10 minimum,*** \$100 maximum Retiree Pharmacy Coinsurance payment per prescription) 20% 30% 40%	

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UHC HDHP PPO**

Plan Feature	Network	Non-Network
Mail Order (Up to 90-day supply) Retiree Mail Order Pharmacy Coinsurance after HDHP Deductible	Pharmacy Coinsurance Percentage** (\$25 minimum,*** \$150 maximum Retiree Pharmacy Coinsurance payment per prescription)	
You pay:		15%
Tier 1 – Generic		25%
Tier 2 – Preferred		40%
Tier 3 – Non-Preferred		
*Certain generic drugs may be purchased at a Retail Pharmacy for a 90-day supply. Contact UnitedHealthcare for more information.		
**Retiree Pharmacy Coinsurance counts towards the annual Coinsurance Maximum		
***If the actual cost of the drug is less than the stated minimum, the member will pay the actual drug cost.		
Note: The Annual HDHP Deductible applies to both Medical and Pharmacy benefits and must be met before the Plan pays benefits.		