



OZAUKEE COUNTY BENEFIT SUMMARY January 1, 2023

| | Plan Benefits | | |
|--------------------------------------------------------------------------------------|--------------------------------------------|---------------------------|---------------|
| Network | UHC Choice Plus | | |
| Plan Type | EPO | | |
| Accumulation Type | Embedded | | |
| Benefit Accumulator | Calendar Year | | |
| | In-Network | Out-of-Network | |
| Deductible | \$1,500/\$3,000 | N/A | |
| Coinsurance | 100% | N/A | |
| Total Maximum Out-of-Pocket (Deductible, Coinsurance, Medical & Rx Copays) | \$6,850/\$13,700 | N/A | |
| Medical Benefits | | | |
| Inpatient Hospital | Deductible/100% | Not Covered | |
| Outpatient Hospital | Deductible/100% | Not Covered | |
| Office Visit | \$25/Deductible/100% | Not Covered | |
| Specialist Office Visit | \$50/Deductible/100% | Not Covered | |
| Preventive Exam | 100%/Ded Waived | Not Covered | |
| Manipulation | \$25/Deductible/100% | Not Covered | |
| Phys/Occ/Sp/Resp Therapy | \$25/Deductible/100% | Not Covered | |
| Urgent Care | \$50/Deductible/100% | Not Covered | |
| Emergency Room Care | \$250/Deductible/100% | \$250/PPO Deductible/100% | |
| Mental Health/Subst. Abuse: | | | |
| Office Visit | \$25/Deductible/100% | Not Covered | |
| Inpatient | Deductible/100% | Not Covered | |
| Outpatient | Deductible/100% | Not Covered | |
| High Tech Imaging Coverage | \$100/Deductible/100% | Not Covered | |
| Oral Surgery | Deductible/100% | Not Covered | |
| All Other Medical Services | Deductible/100% | Not Covered | |
| Teladoc Benefits | 100%/Deductible Waived | | |
| Pharmacy Benefits | | | |
| Drug Plan Formulary | Generic | Preferred | Non-Preferred |
| Retail, 30 Days | \$10 Copay | \$30 Copay | \$60 Copay |
| Retail, 31-90 Days | \$30 Copay | \$90 Copay | \$180 Copay |
| Mail Order, 90 Days | \$20 Copay | \$60 Copay | \$120 Copay |
| Specialty, 30 Days | \$100 Copay | \$100 Copay | \$100 Copay |
| | Value Priced Generics: Yes - \$0 | | |
| | Mandatory Generic: Yes | | |
| | Rx Max Out-of- Pocket: Included in Medical | | |

This is a summary of the plan benefits. For more detailed benefit information, please refer to the Summary Plan Description (SPD). If a discrepancy is found between this renewal summary and your policy's SPD, the terms of the SPD will govern.