

Plan Year: September 1, 2025 – August 31, 2026**HDHP PLAN****IN-NETWORK – HealthNow Administrative Services, using the Highmark BCBS network****DEDUCTIBLE**

Individual / Family \$2,000 / \$4,000

COINSURANCE

Percentage you pay after your deductible is met 20%

MAXIMUM OUT-OF-POCKET

Individual / Family \$4,450 / \$7,400

PREVENTIVE CARE

Preventive Care – Annual Well Check, Immunizations, and Other Related Services \$0

FACILITY VISITS

Telemedicine – Teladoc 20% after deductible

Primary Care 20% after deductible

Specialist 20% after deductible

Urgent Care 20% after deductible

Emergency Room 20% after deductible

Inpatient Hospital 20% after deductible

Outpatient Surgery 20% after deductible

OUTPATIENT DIAGNOSTIC SERVICES

Lab Services, X-Ray Services, CT/PET Scan, MRI 20% after deductible

VISION

Exam Covered 100%

Exam Frequency 1 exam every 24 months

Glasses and Lens Not covered

PRESCRIPTIONS – SmithRx

Tier 1 – Generic \$0 copay after deductible

Tier 2 – Preferred Brand \$25 copay after deductible

Tier 3 – Non-Preferred Brand 30% coinsurance to a maximum of \$100/prescription

Tier 4 – Specialty* 30% coinsurance to a maximum of \$100/prescription

Mail Order – 90-day supply 2x retail after deductible

OUT-OF-NETWORK - Refer to Summary of Benefits and Coverage found at www.myunitedelectric.com/legal**NON-SMOKER RATE FOR MEDICAL & PRESCRIPTION COVERAGE (24 PAYS)**

	IF YOU EARN \$0 - \$49,999.99	IF YOU EARN \$50,000 - \$74,999.99	IF YOU EARN \$75,000 +
Employee Only	\$111	\$121	\$125
Employee + Spouse	\$311	\$340	\$351
Employee + Child(ren)	\$222	\$242	\$251
Employee + Family	\$409	\$449	\$464

SMOKER RATE FOR MEDICAL & PRESCRIPTION COVERAGE (24 PAYS)

	IF YOU EARN \$0 - \$49,999.99	IF YOU EARN \$50,000 - \$74,999.99	IF YOU EARN \$75,000 +
Employee Only	\$145	\$158	\$163
Employee + Spouse	\$345	\$377	\$389
Employee + Child(ren)	\$256	\$279	\$289
Employee + Family	\$443	\$486	\$502

*May require a small manufacturer's copay.