

## The Save Plan

The Save Plan is a High Deductible Health Plan which is paired with a Health Savings Account. The administrator of this plan is UMR and the network is United Healthcare Choice Plus which is a national network.

In a High Deductible Health Plan, you pay 100% of the United Healthcare contracted rate for medical services you receive (with the exception of preventive services, which are no cost) and 100% of the cost of prescription drugs until your deductible is met. Once you meet your deductible, the plan pays as listed on the chart. The only exception is prescription drugs listed on the Safe Harbor List. You pay the same as the other two plans for prescription drugs on the Safe Harbor List. You can find that list under Pharmacy information.

### Advantages of the Save Plan:

- Lowest premiums
- Large nationwide network of providers; good particularly if you live out of state or have children who go to school or live out of state
- Lower costs for services at a Cone Health or THN physician or Cone Health facility
- No referrals required prior to seeking medical care at your choice of United Healthcare in-network providers.
- Health Savings Account offered with this plan
- Lowest Annual Out-of-Pocket Maximum
- Small Charge for e-Visits and Virtual Visits until deductible is met

| SAVE Plan Specifics   | United Healthcare Choice Plus Network                      | Cone Health Network - These discounts are an incentive to use the Cone Health Network   |
|---|--|---|
| <b>Calendar Year Deductible</b> - CYD (Individual/Family)   | \$1,500/\$3,000  | \$1,500/\$3,000   |
| <b>Out-of-Pocket Maximum</b> - OOP (Individual/Family)  | \$4,000/\$8,000  | \$4,000/\$8,000   |
| <b>Lifetime Maximum</b>   | Unlimited  | Unlimited   |
| <b>Preventive Care</b> - Annual wellness exams, Pap test, screening colonoscopy, bone density and/or vision care            | No cost  | No cost   |
| <b>Breast Health</b> - Screening mammograms, ultrasound and/or MRI  | No cost  | No cost   |
| <b>Breast Health</b> - Diagnostic mammograms, ultrasound and/or MRI   | 20% after deductible                                       | 20% after deductible  |
| <b>Hospital Admission</b>   | 40% after deductible                                       | 20% after deductible  |
| <b>Maternity</b> - Follows regular inpatient facility and physician charges   | 40% after deductible                                       | 20% after deductible  |
| <b>Outpatient Services</b>  | 40% after deductible                                       | 20% after deductible  |
| <b>Radiology Services</b> - (Except CT, MRI and PET scans) Regardless of where they are done including physician offices    | 40% after deductible                                       | 20% after deductible  |
| <b>Select Radiology Services</b> - (CT, MRI and PET scans) Regardless of where they are done including physician offices    | 40% after deductible                                       | 20% after deductible  |
| <b>Primary Care Office Visit</b> - (Includes family practice and internal medicine physicians and pediatricians)            | 40% after deductible                                       | \$5 copay after deductible if seeing a Triad HealthCare Network primary care physician  |
| <b>Specialist Office Visit</b> - (Includes all specialty physicians such as surgeons, cardiologists, radiologists, OB/GYNs) | 40% after deductible                                       | 20% after deductible  |
| <b>e-Visits via MyChart</b>   | Not applicable   | Free after deductible   |
| <b>Virtual Visit (video/phone)</b>  | Not applicable   | Free after deductible   |
| <b>Chiropractic Office Visit</b>  | 20% after deductible with a maximum                        | Only available in the United Healthcare Choice Plus Network                             |
| <b>Physician Services</b> - Hospital inpatient or outpatient surgery  | 20% after deductible                                       | 20% after deductible  |
| <b>Emergency Room Visit</b>   | 20% after deductible                                       | 20% after deductible  |
| <b>Urgent Care Visit</b>  | 20% after deductible                                       | 20% after deductible  |
| <b>Laboratory Services</b> (Medically necessary)  | 20% after deductible                                       | 20% after deductible  |
| <b>Therapeutic Services</b> (Physical, occupational, speech, cardiac and pulmonary rehab office visits)                     | 40% after deductible with a maximum of 24 visits per year  | 20% after deductible  |
| <b>Holistic Treatment</b>   | 40% after deductible with a \$500 per year benefit maximum | 20% after deductible with a \$500 per year benefit maximum                              |
| <b>Individual or Group Therapy</b>  | 20% after deductible                                       | \$5 copay after deductible if seeing a Cone Health or Triad HealthCare Network provider |

\*This is a quick reference chart for convenience. If there is a discrepancy in benefits listed and the legal plan language in our Summary of Plan (SPD) documents, the SPD will govern plan benefits available.