

Benefit Highlights

2025 INDIVIDUAL PLANS **HEALTHY PREMIER & U HEALTH PLUS**

UHEALTHPLUS
HEALTHYPREMIER

	HEALTHY PREMIER GOLD COPAY	U HEALTH PLUS GOLD	HEALTHY PREMIER GOLD STANDARD	U HEALTH PLUS GOLD STANDARD	HEALTHY PREMIER SILVER ELECT COPAY (OFF)	HEALTHY PREMIER SILVER COPAY	U HEALTH PLUS SILVER	HEALTHY PREMIER SILVER STANDARD	U HEALTH PLUS SILVER STANDARD	U HEALTH PLUS BRONZE	HEALTHY PREMIER EXPANDED BRONZE STANDARD	U HEALTH PLUS EXPANDED BRONZE STANDARD	HEALTHY PREMIER BRONZE HSA
FEATURES													
Annual Deductible (individual/family)*	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$4,500/\$9,000	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000	\$9,000/\$18,000	\$7,500/\$15,000	\$7,500/\$15,000	\$8,300/\$16,600
Prescription Drug Deductible (individual/family)*	\$500/\$1,000	\$500/\$1,000	Included in Med	Included in Med	Included in Med	\$1,000/\$2,000	\$2,500/\$5,000	Included in Med	Included in Med	\$4,500/\$9,000	Included in Med	Included in Med	Included in Med
Annual Out-of-Pocket Maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000	\$7,800/\$15,600	\$7,800/\$15,600	\$8,500/\$17,000	\$7,000/\$14,000	\$7,000/\$14,000	\$8,000/\$16,000	\$8,000/\$16,000	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400	\$8,300/\$16,600
BENEFITS													
Emergency and Urgent Care													
Emergency Room	\$200 copay/visit AD	\$250 copay AD	25% Co AD	25% Co AD	\$500 copay AD	\$500 copay AD	\$500 copay AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
Urgent Care	\$25 copay/visit DW	\$0 copay DW	\$45 copay DW	\$45 copay DW	\$30 copay DW	\$30 copay DW	\$0 copay DW	\$60 copay DW	\$60 copay DW	\$0 copay DW	\$75 copay DW	\$75 copay DW	0% Co AD
Office Visits													
Preventive Care Screening/Immunizations/Well-Child Visits/Family Planning	No Charge												
Primary Care	\$25 copay/visit DW	\$0 copay DW	\$30 copay DW	\$30 copay DW	\$30 copay DW	\$30 copay DW	\$0 copay DW	\$40 copay DW	\$40 copay DW	\$0 copay DW	\$50 copay DW	\$50 copay DW	0% Co AD
Mental Health/Substance Abuse Services	\$25 copay/visit DW	\$0 copay DW	\$30 copay DW	\$30 copay DW	\$30 copay DW	\$30 copay DW	\$0 copay DW	\$40 copay DW	\$40 copay DW	\$0 copay DW	\$50 copay DW	\$50 copay DW	0% Co AD
Specialty Care	\$40 copay/visit DW	\$50 copay DW	\$60 copay DW	\$60 copay DW	\$75 copay DW	\$75 copay DW	\$80 copay DW	\$80 copay DW	\$80 copay DW	\$80 copay AD	\$100 copay DW	\$100 copay DW	0% Co AD
Other Practitioner Care	\$40 copay/visit DW	\$50 copay DW	\$60 copay DW	\$60 copay DW	\$75 copay DW	\$75 copay DW	\$80 copay DW	\$80 copay DW	\$80 copay DW	\$80 copay AD	\$100 copay DW	\$100 copay DW	0% Co AD
Habilitative Care (20 visit limit applies to PT/OT/ST combined)	20% Co AD	20% Co AD	\$30 copay DW	\$30 copay DW	40% Co AD	40% Co AD	40% Co AD	\$40 copay DW	\$40 copay DW	50% Co AD	\$50 copay DW	\$50 copay DW	0% Co AD
Rehabilitative Care (20 visit limit applies to PT/OT/ST combined)	20% Co AD	20% Co AD	\$30 copay DW	\$30 copay DW	40% Co AD	40% Co AD	40% Co AD	\$40 copay DW	\$40 copay DW	50% Co AD	\$50 copay DW	\$50 copay DW	0% Co AD
Vision Services													
Adult Annual Routine Vision Exam	No Charge on all 3 Except for Pediatric Corrective Lenses - Healthy Premier Bronze HSA is 0% Co AD												
Pediatric Vision Exam													
Pediatric Corrective Lenses													
Other Benefits													
Prosthetics	20% Co AD												
Adoption	Up to \$4,000 reimbursement for covered adoption expenses after deductible has been met. Must take place within 90 days of birth.												

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Prescription Drugs													
Formulary Generic Drugs (Tier 1)	\$15 copay DW	\$15 copay DW	\$15 copay DW	\$15 copay DW	\$25 copay DW	\$25 copay DW	\$25 copay DW	\$20 copay DW	\$20 copay DW	\$30 copay DW	\$25 copay DW	\$25 copay DW	0% Co AD
Formulary Preferred Brand Drugs (Tier 2)	\$30 copay DW	\$30 copay DW	\$30 copay DW	\$30 copay DW	\$40 copay DW	\$40 copay DW	\$40 copay DW	\$40 copay DW	\$40 copay DW	\$50 copay DW	\$50 copay AD	\$50 copay AD	0% Co AD
Formulary Non-Preferred Brand Drugs (Tier 3)	45% Co AD	45% Co AD	\$60 copay DW	\$60 copay DW	45% Co AD	45% Co AD	45% Co AD	\$80 copay AD	\$80 copay AD	45% Co AD	\$100 copay AD	\$100 copay AD	0% Co AD
Specialty Drugs (Tier 4)	50% Co AD	50% Co AD	\$250 copay DW	\$250 copay DW	50% Co AD	50% Co AD	50% Co AD	\$350 copay AD	\$350 copay AD	50% Co AD	\$500 copay AD	\$500 copay AD	0% Co AD
Non-Preferred Specialty Drugs (Tier 5)	60% Co AD	60% Co AD	60% Co AD	60% Co AD	60% Co AD	60% Co AD	60% Co AD	60% Co AD	60% Co AD	60% Co AD	60% Co AD	60% Co AD	0% Co AD
Outpatient Hospital / Facility Services													
Laboratory Services	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
Radiology Services	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
Specialized Scanning Services (CT, MRI, PET Scans)	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
Medical / Surgical Services	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
Inpatient Hospital Services													
Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care**	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
Hospice Care	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
Transportation Assistance													
Emergency Transportation - Ground Ambulance (Emergencies Only)	\$250 copay/trip AD	\$250 copay/trip AD	25% Co AD	25% Co AD	\$250 copay/trip AD	\$250 copay/trip AD	\$250 copay/trip AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
Emergency Transportation - Air Ambulance (Emergencies Only)	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
SUPPLEMENTAL BENEFITS													
MD Live 24/7 Telehealth	No Charge (Except Healthy Premier Bronze HSA is 0% Co AD)												
24-Hour Nurse Line	No Charge												
U Baby Care - Prenatal & Postnatal Care													
Tobacco Counseling, Smoking Cessation Program													

AD = After Deductible, Co = Coinsurance, Co AD = Coinsurance After Deductible, DW = Deductible Waived

*Annual Deductible and Prescription Drug Deductible are included in the out-of-pocket maximum **Inpatient Skilled Nursing Facility/Acute Rehab (limited to 30 Days per calendar year)

The 2025 Benefit Highlights is intended to be a summary of coverage benefits that lists some features of our plan, and does not list or describe all benefits covered under a specific product or every limitation or exclusion. Please refer to each plans SBC for more details. Rev. 8/2024

