



All Savers Medical Benefits

The Benefits Shown are In-Network Benefits	United HealthCare
Out-of-Network Benefits are paid at a lower	Copay Plan P30003060
rate and members can be balance-billed	Covered Insured Pays:
Individual Deductible:	\$3,000
Family Deductible:	\$6,000
Aggregate or Embedded Deductible:	Embedded
Coinsurance Amount:	0%
Individual Coinsurance Limit:	N/A
Family Coinsurance Limit:	N/A
Individual Total Out-of-Pocket Maximum:	\$5,500
Family Total Out-of-Pocket Maximum:	\$11,000
In & Out Patient Hospital Services:	Subject to Deductible
In & Out Patient Testing:	Subject to Deductible
Primary Care Office Visit Copay:	\$30
Specialist Office Visit Copay:	\$60
Preventive Care Office Visit (In-Network Only):	Covered at 100%
Urgent Care:	\$100
Emergency Care:	\$300
Prescription Benefits:	\$15 / \$35 / \$75 / \$250
Mail Order Prescription Benefits:	\$37.50 / \$87.50 / \$187.50 / \$625
Maximum Lifetime Benefit:	Unlimited

Note: The out-of-network deductible is \$6,000, coinsurance 50%, maximum out-of-pocket \$10,000, based on reasonable & customary charges.

COVERAGE LEVEL	UHC All Savers TOTAL MONTHLY COST	SMCI Pays 100% of EE Cost and 45% of Dependent Cost	Employee Pays 55% of the Dependent Cost
		Semi Monthly contributions SMCI pays on your behalf	Your Semi Monthly Deduction
EMPLOYEE ONLY	\$485.86	\$242.93	\$0.00
EMPLOYEE & SPOUSE	\$1,068.89	\$374.11	\$160.33
EMPLOYEE & CHILD(REN)	\$923.13	\$341.32	\$120.25
EMPLOYEE & FAMILY	\$1,506.16	\$472.50	\$280.58

This is intended as a brief overview of the benefits. Refer to the full Certificate of Coverage for all binding contractual provisions.