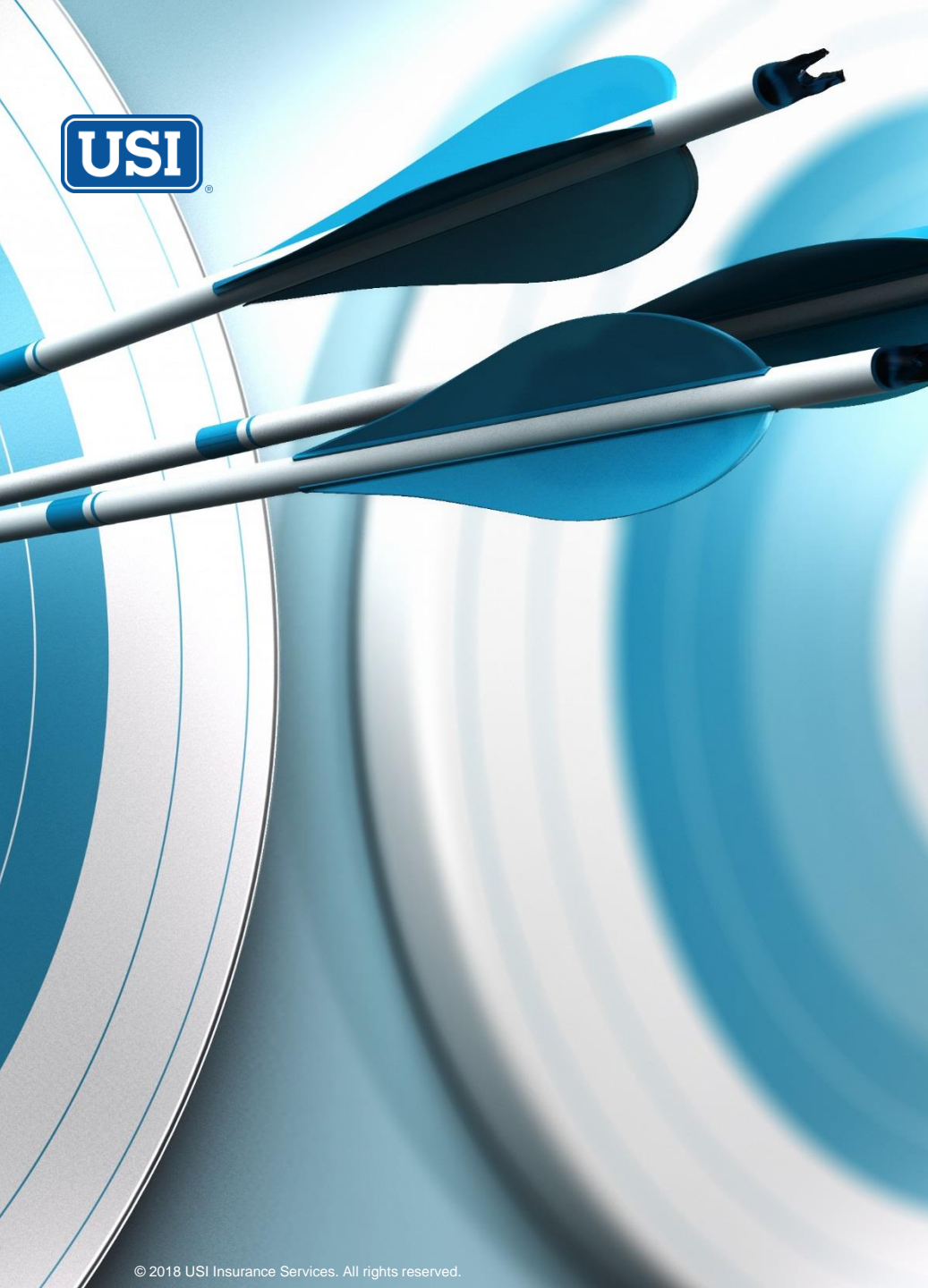


November 26, 2018

# AMERICAN PHARMACIES RX

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[www.usi.com](http://www.usi.com)





# Medical



# Medical Options

Benefit Outline	Option 1 UHC Plan AG-YX	Option 2 UHC Plan AG-YR	Option 3 UHC Plan AE-3P	Option 4 UHC Plan AX-KQ	Option 5 UHC Plan AX-KP
Carrier	United Health Care	United Health Care	United Health Care	United Health Care	United Health Care
Plan Type, Name, Network	Navigate HMO Requires PCP selection <b>Not available in NM and OK</b>	Navigate HMO Requires PCP selection <b>Not available in NM and OK</b>	Choice Plus Allows freedom to use any provider	Choice Plus Allows freedom to use any provider	Choice Plus Allows freedom to use any provider
Deductible (Individual / Family)	\$5,000 / \$10,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$3,000 / \$6,000
Non-Network Deductible (Individual / Family)	N/A	N/A	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,500 / \$15,000
Deductible Embedded / Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Out-of-Pocket Maximum (Individual / Family)	\$6,350 / \$12,700	\$4,000 / \$8,000	\$6,350 / \$12,700	\$7,150 / \$14,300	\$7,150 / \$14,300
Non-Network OOP Max (Individual / Family)	N/A	N/A	\$10,000 / \$20,000	\$20,000 / \$40,000	\$15,000 / \$30,000
Prescription OOP Max (Individual / Family)	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical
Coinsurance (In / Out)	80%	80%	80% / 50%	80% / 50%	80% / 50%
Wellness / Preventive Care In-Network	100%	100%	100%	100%	100%
Primary Care Office Visit	80% after deductible	100% after deductible	80% after deductible	\$15 Copay < 19 \$0 Copay	\$15 Copay < 19 \$0 Copay
Specialist Office Visit	80% after deductible	100% after deductible	80% after deductible	\$50 / \$100 copay	\$50 / \$100 copay
Walk-In / Urgent Care Visit	80% after deductible	100% after deductible	80% after deductible	\$25 copay	\$25 copay
Emergency Room	80% after deductible	100% after deductible	80% after deductible	\$300 copay after deductible + 20% coinsurance	\$300 copay after deductible + 20% coinsurance
Outpatient Lab / X-Ray	80% after deductible	100% after deductible	80% after deductible	80% after deductible	80% after deductible
Complex Imaging (MRI, CAT, PET, et.al.)	80% after deductible	100% after deductible	80% after deductible	80% after deductible	80% after deductible
Outpatient Surgical Facility	80% after deductible	100% after deductible	80% after deductible	80% after deductible	80% after deductible
Inpatient Hospital Facility	80% after deductible	100% after deductible	80% after deductible	80% after deductible	80% after deductible
Retail Prescription Drug Copays	After Deductible \$10 / \$35 / \$60	After Deductible \$10 / \$35 / \$60	After Deductible \$10 / \$35 / \$60	\$20 / \$40 / \$75	\$20 / \$40 / \$75
Mail Order Prescription Drug Copays	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail
<b>Monthly Total Premium Rates</b>					
Employee	\$321.40	\$432.06	\$409.62	\$432.54	\$456.46
Employee + Spouse	\$707.08	\$950.53	\$901.16	\$951.59	\$1,004.21
Employee + Child(ren)	\$594.59	\$799.31	\$757.80	\$800.20	\$844.45
Employee + Spouse & Child(ren)	\$1,028.48	\$1,382.59	\$1,310.78	\$1,384.13	\$1,460.67





# Ancillary



# Dental Option

## Benefit Outline

## Option 1

Carrier	United Healthcare
Plan Type	Passive PPO
Deductible (Individual / Family)	\$50 / \$100
Waived For Preventive	Yes
Annual Maximum	\$1,000
Max Rollover	Not Included
Preventive Services	100%
Basic Services	80%
Major Services	50%
Endodontics / Periodontics	Basic
Implants	Basic
Orthodontia	50%
Eligibility	Children Only
Lifetime Maximum	\$1,000
Waiting Periods (Prev. / Basic / Major / Ortho.)	0 / 0 / 12 / 12
Non-Network	90th
Deductible (Individual / Family)	\$50 / \$100
Annual Maximum	\$1,000
Prev. / Basic / Major	100% / 80% / 50%
Rate Guarantee	1/1/2020

## Rates & Total Cost

Employee	0	\$29.87
Employee + Spouse	0	\$59.74
Employee + Child(ren)	0	\$72.37
Employee + Spouse & Child(ren)	0	\$107.91



# Vision Option

## Benefit Outline

## Option 1

Carrier	United Healthcare
Exam Copay	\$10 Copay
Materials Copay	\$10 Copay
Exam	100%
Lenses	
Single	100%
Bifocal	100%
Trifocal	100%
Lenticular	100%
Frames	100% to \$130
Elective Contacts	Up to 4 boxes
Lasik Surgery Discount	Included
Benefit Frequencies (E / L / F / C)	12 / 12 / 24 / 12
Non-Network Benefits	Scheduled
Rate Guarantee	1/1/2022

## Rates & Total Cost

Employee Only	0	\$8.80
Employee + Spouse	0	\$16.68
Employee + Child(ren)	0	\$19.56
Employee + Family	0	\$27.52



# Voluntary Life/AD&D Option

Benefit Outline		Option 1
Carrier		United Healthcare
Definition of Earnings		Base
Eligibility		FTE Working ≥ 30 HPW
Child Age Requirement		15 Days to age 26
Benefit Increments		
Employee		\$10,000
Spouse		\$5,000
Children		\$2,000
Benefit Maximums		
Employee		5x Salary to \$500,000
Spouse		50% of EE Amt to \$100,000
Children		50% of EE Amt to \$10,000
Guarantee Issue		
Employee		\$100,000
Spouse		\$20,000
Children		\$10,000
Benefit Reductions		Reduces to: 65% at Age 65; 50% at Age 71
Waiver of Premium		9 Mo. Elimination Period
Benefits Extend to Age		Age 65
If Disabled Prior to		Age 60
Portability		Included
Conversion		Included
Participation (Req. / Actual)		20%
Rate Guarantee		1/1/2021
<b>Life Per \$1,000</b>		<b>Employee / Spouse</b>
Under Age 25		\$0.060
25-29		\$0.072
30-34		\$0.096
35-39		\$0.108
40-44		\$0.120
45-49		\$0.180
50-54		\$0.276
55-59		\$0.516
60-64		\$0.792
65-69		\$1.523
70-74		\$2.471
75-99		\$2.471
Child Life		\$0.070
<b>AD&amp;D Per \$1,000</b>		
EE / SP AD&D		\$0.025
Child AD&D		\$0.025



# Proposed Timeline for 1/1/19

DATE	MILESTONE
November 26 to 30, 2018	Open Enrollment Period
December 3, 2018	Enrollment Data to UHC
January 1, 2019	Effective Date for Medical and Ancillary Plans





# Confidentiality Statement and Disclosure



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## Confidentiality Statement

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