



MISSVIC
Benefit Outline
Effective July 1, 2021

Benefit Outline	United Healthcare / Express Scripts July 1, 2020 - June 30, 2021		United Healthcare / Express Scripts July 1, 2021 - June 30, 2022	
	POS	HSA	POS	HSA
Carrier / PBM	UHC/ESI	UHC/ESI	UHC/ESI	UHC/ESI
Plan Type	POS	HDHP	POS	HDHP
Network	Choice Plus	Choice Plus	Choice Plus	Choice Plus
Deductible (Individual / Family)	\$1,000 / \$2,000	\$2,250 / \$4,500	\$1,000 / \$2,000	\$2,250 / \$4,500
Deductible Type	Embedded	Non-Embedded	Embedded	Non-Embedded
Out-of-Pocket Maximum (Ind. / Fam.)	\$3,500 / \$7,000	\$4,000 / \$6,850	\$3,000 / \$6,000	\$4,000 / \$6,850
Coinsurance (In)	10%	10%	10%	10%
Wellness / Preventive Care	Covered in full	Covered in full	Covered in full	Covered in full
Primary Care Office Visit	\$25	Ded, 10%	\$30	Ded, 10%
Specialist Office Visit	\$50	Ded, 10%	\$60	Ded, 10%
Virtual Visit	\$0	Ded, 10%	\$0	Ded, 10%
Urgent Care Visit	\$25	Ded, 10%	\$30	Ded, 10%
Emergency Room	\$350	Ded, 10%	\$350	Ded, 10%
Outpatient Lab / X-Ray	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
Complex Imaging (MRI, CAT, PET, et.al)	Ded, 10%	Ded, 10%	Ded, 10%	Ded, 10%
Outpatient Surgical Facility	\$100; Ded, 10%	Ded, 10%	\$100; Ded, 10%	Ded, 10%
Inpatient Hospital Facility	\$100; Ded, 10%	Ded, 10%	\$100; Ded, 10%	Ded, 10%
Prescription OOP Max (Ind./ Fam.)	\$3,000 / \$6,000	Included with Medical	\$3,000 / \$6,000	Included with Medical
Retail Prescription Drug Copays	\$12/\$35/\$60	Ded, \$12/\$35/\$60	\$12/\$35/\$60	Ded, \$12/\$35/\$60
Mail Order Prescription Drug Copays	\$20/\$55/\$90	Ded, \$25/\$75/\$125	\$20/\$55/\$90	Ded, \$25/\$75/\$125
Specialty Prescription Drugs	\$150/script	Ded, \$150/script	Save on Specialty Program, \$0 (if applicable); POS \$150/script, HSA Ded; \$150/script	
Non-network Deductible (Ind. / Fam.)	\$2,000 / \$4,000	\$4,500 / \$9,000	\$2,000 / \$4,000	\$4,500 / \$9,000
Non-network OOP Max (Ind. / Fam.)	\$7,000 / \$14,000	\$8,000 / \$16,000	\$4,000 / \$8,000	\$8,000 / \$16,000
Non-network Coinsurance	30%	30%	30%	30%