

**Health Insurance from United Healthcare
(Choice Network)**

Plan Summary			
<i>*Please see full plan description for full benefits</i>			
Plan Series	Health Savings Account	Full Cost	
Plan Name	Plan BBBB	Employee Only	\$ 600.48
Network	Choice	Employee + Spouse	\$ 1,261.01
Need a referral?	No	Employee + Child(ren)	\$ 1,032.83
Out-of-Network Benefits?	No	Employee + Family	\$ 1,819.45
Office Visit	Deductible & Coinsurance	Employee Monthly Cost	
Prescriptions	Deductible & Coinsurance	Employee Only	\$300.24
Deductible - Individual	\$5,500 (embedded)	Employee + Spouse	\$960.77
Deductible - Family	\$11,000	Employee + Child(ren)	\$732.59
Coinsurance Rate (after deductible)	30%	Employee + Family	\$1,519.21
Out-of-Pocket limit - Individual	\$6,500		
Out-of-Pocket Limit - Family	\$13,000		
Hospital Inpatient	Deductible & Coinsurance		
Outpatient	Deductible & Coinsurance		
Emergency Room	Deductible & Coinsurance		
Urgent Care	Deductible & Coinsurance		
Lab & X-ray	Deductible & Coinsurance		
MRI, CT, PET Scan	Deductible & Coinsurance		
Mental Health	Deductible & Coinsurance		
Physical Therapy	Deductible & Coinsurance		

If your insurance costs for single coverage exceed 9.86% of your average monthly salary, you may be entitled to further assistance from Alpine Homecare on the premium cost.

H.S.A. Deduction Type and Contributions for Tax Year 2019

HSA annual contributions limits	Individual coverage - \$3,500 Family Coverage - \$7,000
HSA catch-up contributions	\$1,000 for an accountholder age 55+