

Benefit Highlights

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

UHEALTHPLUS
HEALTHYPREMIER

Cost Sharing Reduction (CSR) Plans

Plans available through Marketplace Only	HEALTHY PREMIER SILVER COPAY 73% CSR	HEALTHY PREMIER SILVER COPAY 87% CSR	HEALTHY PREMIER SILVER COPAY 94% CSR	U HEALTH PLUS SILVER 73% CSR	U HEALTH PLUS SILVER 87% CSR	U HEALTH PLUS SILVER 94% CSR	HEALTHY PREMIER SILVER STANDARD 73% CSR	HEALTHY PREMIER SILVER STANDARD 87% CSR	HEALTHY PREMIER SILVER STANDARD 94% CSR	U HEALTH PLUS SILVER STANDARD 73% CSR	U HEALTH PLUS SILVER STANDARD 87% CSR	U HEALTH PLUS SILVER STANDARD 94% CSR
FEATURES												
Annual Deductible (individual/family)*	\$1,500/\$3,000	\$250/\$500	\$0/\$0	\$2,500/\$5,000	\$250/\$500	\$0/\$0	\$3,000/\$6,000	\$500/\$1,000	\$0/\$0	\$3,000/\$6,000	\$500/\$1,000	\$0/\$0
Prescription Drug Deductible (individual/family)*	\$500/\$1,000	\$100/\$200	\$0/\$0	\$1,000/\$2,000	\$150/\$300	\$0/\$0	Included in Med	Included in Med	\$0/\$0	Included in Med	Included in Med	\$0/\$0
Annual Out-of-Pocket Maximum (individual/family)	\$6,500/\$13,000	\$3,000/\$6,000	\$1,500/\$3,000	\$5,500/\$11,000	\$3,000/\$6,000	\$1,600/\$3,200	\$6,400/\$12,800	\$3,000/\$6,000	\$2,000/\$4,000	\$6,400/\$12,800	\$3,000/\$6,000	\$2,000/\$4,000
BENEFITS												
Emergency and Urgent Care												
Emergency Room	\$250 copay AD	\$250 copay AD	\$100 copay	\$250 copay AD	\$250 copay AD	\$100 copay	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Urgent Care	\$30 copay DW	\$10 copay DW	\$10 copay	\$0 copay DW	\$0 copay DW	\$0 copay	\$60 copay DW	\$30 copay DW	\$5 copay	\$60 copay DW	\$30 copay DW	\$5 copay
Office Visits												
Preventive Care Screening/ Immunizations/Well-Child Visits/ Family Planning	No Charge											
Primary Care	\$30 copay DW	\$10 copay DW	\$10 copay	\$0 copay DW	\$0 copay DW	\$0 copay	\$40 copay DW	\$20 copay DW	\$0 copay	\$40 copay DW	\$20 copay DW	\$0 copay
Mental Health/Substance Abuse Services	\$30 copay DW	\$10 copay DW	\$10 copay	\$0 copay DW	\$0 copay DW	\$0 copay	\$40 copay DW	\$20 copay DW	No Charge	\$40 copay DW	\$20 copay DW	No Charge
Specialty Care	\$60 copay DW	\$30 copay DW	\$20 copay	\$80 copay DW	\$50 copay DW	\$30 copay	\$80 copay DW	\$40 copay DW	\$10 copay	\$80 copay DW	\$40 copay DW	\$10 copay
Other Practitioner Care	\$60 copay DW	\$30 copay DW	\$20 copay	\$80 copay DW	\$50 copay DW	\$30 copay	\$80 copay DW	\$40 copay DW	No Charge	\$80 copay DW	\$40 copay DW	No Charge
Habilitative Care (20 visit limit applies to PT/OT/ST combined)	40% Co AD	25% Co AD	10% Co	40% Co AD	25% Co AD	10% Co	\$40 copay DW	\$20 copay DW	No Charge	\$40 copay DW	\$20 copay DW	No Charge
Rehabilitative Care (20 visit limit applies to PT/OT/ST combined)	40% Co AD	25% Co AD	10% Co	40% Co AD	25% Co AD	10% Co	\$40 copay DW	\$20 copay DW	No Charge	\$40 copay DW	\$20 copay DW	No Charge
Vision Services												
Adult Annual Routine Vision Exam	No Charge											
Pediatric Vision Exam & Corrective Lenses	No Charge											
Other Benefits												
Prosthetics	20% Co AD											
Adoption	Up to \$4000 reimbursement for covered adoption expenses after deductible has been met. Must take place within 90 days of birth.											

Cost Sharing Reduction (CSR) Plans

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Prescription Drugs												
Formulary Generic Drugs (Tier 1)	\$25 copay DW	\$15 copay DW	\$10 copay	\$25 copay DW	\$15 copay DW	\$10 copay	\$20 copay DW	\$10 copay DW	No Charge	\$20 copay DW	\$10 copay DW	No Charge
Formulary Preferred Brand Drugs (Tier 2)	\$40 copay DW	\$30 copay DW	\$25 copay	\$40 copay DW	\$30 copay DW	\$25 copay	\$40 copay DW	\$20 copay DW	\$15 copay	\$40 copay DW	\$20 copay DW	\$15 copay
Formulary Non-Preferred Brand Drugs (Tier 3)	45% Co AD	45% Co AD	45% Co	45% Co AD	45% Co AD	45% Co	\$80 copay AD	\$60 copay AD	\$50 copay	\$80 copay AD	\$60 copay AD	\$50 copay
Specialty Drugs (Tier 4)	50% Co AD	50% Co AD	50% Co	50% Co AD	50% Co AD	50% Co	\$350 copay AD	\$250 copay AD	\$150 copay	\$350 copay AD	\$250 copay AD	\$150 copay
Non-Preferred Specialty Drugs (Tier 5)	60% Co AD	60% Co AD	60% Co	60% Co AD	60% Co AD	60% Co	60% Co	60% Co AD	60% Co	60% Co AD	60% Co AD	60% Co
Outpatient Hospital / Facility Services												
Laboratory Services	40% Co AD	25% Co AD	10% Co	40% Co AD	25% Co AD	10% Co	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Radiology Services	40% Co AD	25% Co AD	10% Co	40% Co AD	25% Co AD	10% Co	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Specialized Scanning Services (CT, MRI, PET Scans)	40% Co AD	25% Co AD	10% Co	40% Co AD	25% Co AD	10% Co	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Medical / Surgical Services	40% Co AD	25% Co AD	10% Co	40% Co AD	25% Co AD	10% Co	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Inpatient Hospital Services												
Medical/ Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care**	40% Co AD	25% Co AD	10% Co	40% Co AD	25% Co AD	10% Co	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Hospice Care	40% Co AD	25% Co AD	10% Co	40% Co AD	25% Co AD	10% Co	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Transportation Assistance												
Emergency Transportation - Ground Ambulance (Emergencies Only)	\$250 copay/trip AD	\$250 copay/trip AD	\$250 copay/trip	\$250 copay/trip AD	\$250 copay/trip AD	\$250 copay/trip	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
Emergency Transportation - Air Ambulance (Emergencies Only)	40% Co AD	25% Co AD	10% Co	40% Co AD	25% Co AD	10% Co	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% Co
SUPPLEMENTAL BENEFITS												
MD Live 24/7 Telehealth	No Charge											
24-Hour Nurse Line												
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

