

## FINANCIAL BENEFITS

# Details on how Level2 compares

	Level2 Enhanced benefits plan	UHC Value HSA Plan	UHC Core HSA Plan	UHC Choice Plan
<b>In-network deductible</b> (Medical and Pharmacy combined)	Individual: \$1,000 Family: \$2,000 <b>\$0</b> for many type 2 diabetes services	Individual: \$6,900 Family: \$13,800	Individual: \$2,000 Family: \$4,000	Individual: \$1,500 Family: \$3,000
<b>Medical in-network Out of Pocket (OOP) Max</b>	Individual: \$3,000 Family: \$6,000	Individual: \$6,900 Family: \$13,800	Individual: \$6,650 Family: \$12,700	Individual: \$4,000 Family: \$8,000
<b>Preventative services</b>	<b>\$0</b> visits/treatments + no deductible	\$0 visits/treatments + no deductible	\$0 visits/treatments + no deductible	\$0 visits/treatments + no deductible
<b>Virtual visits</b>	<b>\$0</b> via Healthiest You + no deductible	Designated: 0% after deductible	Designated: 30% no deductible	Designated: \$30 no deductible
<b>PCP visits</b>	Designated Network: <b>\$0</b> for any visit + no deductible	0% after deductible	Premium: 20% after deductible Non-Premium: 30% after deductible	Premium: \$20 no deductible Non-Premium: \$30 no deductible
<b>Specialist visits</b>	Designated Network: \$50 copay + no deductible	0% after deductible	Premium: 20% after deductible Non-Premium: 30% after deductible	Premium: \$35 no deductible Non-Premium: \$45 no deductible
<b>Diagnostic tests</b> (like blood work and x-rays)	<b>\$0</b> for any in-network diagnostic test + no deductible	0% after deductible	20%: Physician & Freestanding Facility 30%: Outpatient Hospital after deductible	\$100: Physician & Freestanding Facility \$200: Outpatient Hospital no deductible
<b>Retail Prescriptions</b>	<b>\$0</b> copay: All type 2 diabetes drugs Tier 1: \$6 copay Tier 2: \$40 copay Tier 3: 50% coinsurance + no deductible	Tier 1: 0% after deductible Tier 2: 0% after deductible Tier 3: 0% after deductible	Tier 1: 0% after deductible Tier 2: 0% after deductible Tier 3: 0% after deductible	Tier 1: \$10 no deductible Tier 2: \$35 no deductible Tier 3: \$60 no deductible