

2026 Retiree Medical Plan Comparison

| Medical Benefits | UHC Choice Plus Plan | UHC Medicare Advantage Plan Available for Medicare Eligible Retirees |
|--|---|--|
| | In Network | In Network |
| Annual Deductible | Retiree Only: \$1,250 Retiree + Child(ren) \$1,500 Retiree + Spouse \$2,250 Retiree + Family \$2,500 | None |
| Annual Out-of-Pocket Maximum | \$3,000 | \$2,400 |
| Office Visits (Primary Care) | \$30 Copay | \$10 copay |
| Office Visits (Specialist) | \$40 Copay | \$20 copay |
| Inpatient Hospital | 80% of eligible charges | \$500 per Admission |
| Skilled Nursing Facility (SNF) | 80% of eligible charges | \$0 copay per day: days 1-20 \$75 copay per additional day up to 100 days |
| Outpatient Surgery | 80% of eligible charges | \$250 copay |
| Ambulance | 80% of eligible charges | \$100 copay |
| Emergency Room | \$200 copay | \$65 copay (worldwide) |
| Urgent Care | \$30 copay | \$35 copay (worldwide) |
| Preventive Services | 100% of eligible charges | 100% of eligible charges |
| Diagnostic Procedures/Tests | 80% of eligible charges | 90% of eligible charges |
| Lab Services | 80% of eligible charges | \$10 copay |
| Radiology | 80% of eligible charges | \$25 copay |
| Durable Medical Equipment | 80% of eligible charges | 80% of eligible charges |
| Routine Foot Care | Not Covered | \$20 copay (Up to 6 visits per plan year) |
| Routine Hearing Exam | Not Covered | \$0 copay (1 exam every 12 months) |
| Routine Vision Exam | Not Covered | \$20 copay (1 exam every 12 months) |
| Virtual Doctor Visits | \$10 copay | \$0 copay |
| Fitness Benefit | Reimbursement up to \$100/year | No cost gym membership at participating locations through Renew Active® |
| Optum Rx Prescription Drugs | | |
| Coverage | Retail (30 Day Supply) | Mail Order (90 Day Supply) |
| Tier 1 Prescriptions | \$10 | \$25 |
| Tier 2 Prescriptions | \$40 | \$100 |
| Tier 3 Prescriptions | \$70 | \$175 |
| Tier 4 Prescriptions | \$125 | |
| Pharmacy Out-of-Pocket Maximum | Individual \$2,000 Family \$4,000 | Individual \$2,000 Family \$4,000 |
| Note: this at-a-glance comparison assumes single coverage and is intended as a summary only. For specific terms, provisions, conditions, limitations or exclusions, please refer to the Summary Plan Description. | | |