

2026 MEDICAL AND PRESCRIPTION DRUG BENEFITS

BENEFIT	UHC PLUS PLAN			UHC QHDHP		
	SLUCARE & SSM	In-Network	Out-of-Network	SLUCARE & SSM	In-Network	Out-of-Network
Annual/Calendar Year Deductible (Single/Family)	\$500/\$1,000	\$2,000/\$4,000	\$3,600/\$7,200	\$1,750/\$3,500	\$3,500/\$7,000	\$5,000/\$10,000
Out-of-Pocket Maximum (Single/Family)	\$2,700/\$5,400	\$4,000/\$8,000	\$9,900/\$19,800	\$3,000/\$6,000	\$6,000/\$10,600	\$10,000/\$20,000
Coinsurance	15%	25%	40%	15%	25%	50%
Physician Services						
Doctor's Office Visit	\$20 Copay	25% After Ded	40% After Ded	0% After Ded	25% After Ded	50% After Ded
Specialist Office Visit	\$40 Copay			15% After Ded		
Preventive Care	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
Hospital Services						
Inpatient	15% After Ded	25% After Ded	40% After Ded	15% After Ded	25% After Ded	50% After Ded
Outpatient						
Emergency Care	\$250 Copay	\$250 Copay	\$250 Copay	15% After Ded	25% After Ded	20% After Ded
Urgent Care	\$60 Copay	\$60 Copay	40% After Ded	15% After Ded	25% After Ded	50% After Ded
Health Savings Account SLU Contribution	\$0			\$400 Single/\$800 Family		
PRESCRIPTION DRUGS*	PLUS PLAN			QHDHP		
	Express Scripts Retail (34-day Supply)	Express Scripts Mail Order (90-day Supply)		Express Scripts Retail (34-day Supply)	Express Scripts Mail Order (90-day Supply)	
Prescription Drug Costs						
Tier 1	\$10		\$25	Medical Deductible, Then 10% Coinsurance*		
Tier 2	25% Coinsurance \$30 Min-\$50 Max		25% Coinsurance \$75 Min-\$125 Max	Medical Deductible, Then 10% Coinsurance*		
Tier 3	50% Coinsurance \$50 Min-\$100 Max		50% Coinsurance \$125 Min-\$250 Max	Medical Deductible, Then 25% Coinsurance*		
Tier 4	20% Coinsurance to \$200		N/A	Medical Deductible, Then 10% Coinsurance*		
Preventive Medications	Prices According To Tier			Covered 100%, No Deductible		
Out-of-Pocket Maximum (Includes Rx Copays & Coinsurance)						
Single	\$1,500			Combined with Medical		
Family	\$3,000			Combined with Medical		

*In-Network Pharmacy benefits only applies to the Medical Tier 2 deductible and out-of-pocket maximum limit, not Medical Tier 1.

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. You may obtain a list of preventive care services at www.myuhc.com.

NOTE: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary, and Reasonable charges apply for all out-of-network benefits