

	UHC Select Plus PPO 500 Rx L77 (DKSZ)	UHC Select Plus PPO 1500 Rx L77 (DKTB)	UHC Select Plus PPO HSA 2000 Rx L77-IntRx (EP7C)
Deductible - Individual / Family	\$500 / \$1,000	\$1,500 / \$3,000	\$2,000 / \$3,400
Out of Pocket Max - Ind / Fam	\$3,500 / \$7,000	\$5,000 / \$10,000	\$3,400 / \$6,800
PC/Specialist	\$15/\$30	\$25/\$50	20% after ded
Preventive Care	No charge	No charge	No charge
Pre/Postnatal Care	No charge/\$15	No charge/\$25	No charge/20% after ded
Well Baby to 23 months	No charge	No charge	No charge
Physical Therapy	\$15; 24 visits/yr	\$25; 24 visits/yr	20% after ded; 24 visits/yr
Chiropractic Care	\$15; 24 visits/yr	\$25; 24 visits/yr	20% after ded; 24 visits/yr
Lab	\$0; (Lab Center/Office) 20%; (Hospital)	\$0; (Lab Center/Office) 20%; (Hospital)	20% after ded; (Lab Center/Office) 50% after ded; (Hospital)
X-Ray	20%	20%	20% after ded
Advanced Radiology	20% after ded	20% after ded	20% after ded; (Lab Center/Office) 50% after ded; (Hospital)
Inpatient Hospital	20% after ded	20% after ded	20% after ded
Outpatient Surgery	20% after ded	20% after ded	20% after ded
Urgent Care	\$50	\$50	20% after ded
Emergency Room	20% after ded	20% after ded	20% after ded
Ambulance	20% afterded	20% after ded	20% after ded
Rx Generic	\$5	\$5	\$5
Rx Preferred	\$35	\$35	\$35
Rx Non-Preferred	\$75	\$75	\$75
Rx Specialty	\$250	\$250	\$250
Mental Health OP	\$15	\$25	20% after ded
Substance Abuse OP	\$15	\$25	20% after ded
Infertility Treatment	20% after ded	20% after ded	20% after ded
Durable Medical Equipment	20% after ded	20% after ded	20% after ded
<b>2026 Rates per Paycheck</b>			
Employee Only	\$44.90	\$41.31	\$37.97
Employee + Spouse	\$395.14	\$363.53	\$334.12
Employee + Child(ren)	\$278.40	\$256.12	\$235.40
Family	\$657.82	\$605.19	\$556.23