



# 2024 SHBP benefits at a glance

For more coverage details for each of these plans, please visit [whyuhc.com/shbp](https://whyuhc.com/shbp) or call **888-364-6352**.

	Choice HMO		HDHP with HSA			
Medical	Network	Earned well-being credits reduce cost to:*	Network	Earned well-being credits reduce cost to:*	Out-of-network	Earned well-being credits reduce cost to:*
Deductible						
You	\$1,300	\$820	\$3,500	\$3,020	\$7,000	\$6,520
You + child(ren)	\$1,950	\$1,470	\$7,000	\$6,520	\$14,000	\$13,520
You + spouse	\$1,950	\$990	\$7,000	\$6,040	\$14,000	\$13,040
You + family	\$2,600	\$1,640	\$7,000	\$6,040	\$14,000	\$13,040
Out-of-pocket maximum						
You	\$4,000	\$3,520	\$6,450	\$5,970	\$12,900	\$12,420
You + child(ren)	\$6,500	\$6,020	\$12,900	\$12,420	\$25,800	\$25,320
You + spouse	\$6,500	\$5,540	\$12,900	\$11,940	\$25,800	\$24,840
You + family	\$9,000	\$8,040	\$12,900	\$11,940	\$25,800	\$24,840
Earned well-being incentive credit maximums	Your earned well-being incentive credits reduce your out-of-pocket costs by: You – \$480   You + child(ren) – \$480   You + spouse – \$960   Family – \$960					
Co-insurance (plan pays)	80%		70%		50%	
Covered services						
Preventive care services When provided by network providers and properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA)	100%		100%		Not covered	
Non-preventive diagnostic colonoscopy, mammogram, breast MRI and breast ultrasound	100%		100% after deductible		50% after deductible	
Eye exam – routine (limited to 1 exam every 24 months; no out-of-network coverage) Dilated retinal eye exams for those with diabetes covered 100%	100%		100%		Not covered	
Routine maternity care physician services (prenatal, delivery and postpartum)	100%		70% after deductible		50% after deductible	
Non-routine maternity care physician services (prenatal, delivery and postpartum)	100% after \$35 PCP co-pay \$45 specialist co-pay		70% after deductible		50% after deductible	
Primary care physician (PCP), specialist or clinic office visits (treatment of illness or injury)	100% after \$35 PCP co-pay \$45 specialist co-pay		70% after deductible		50% after deductible	
Urgent care visit	100% after \$35 co-pay		70% after deductible		50% after deductible	
Emergency room (treatment of an emergency medical condition or injury)	100% after \$200 co-pay (waived if admitted)		70% after deductible		70% after deductible	
24/7 Virtual Visits	100% after \$35 PCP co-pay		70% after deductible		Not covered	
Telemedicine	100% after \$35 PCP co-pay \$45 specialist co-pay		70% after deductible		50% after deductible	

\*Amount assumes member has earned and redeemed 480 points through the UnitedHealthcare health incentive account (HIA).

\*\*For members enrolled in the High Deductible Health Plan (HDHP), credits cannot be used until the \$1,600 (employee) or \$3,200 (employee + spouse, employee + child(ren), or employee + family) threshold has been met. Amount also assumes member has earned and redeemed 480 points through the UnitedHealthcare HIA.

	Choice HMO	HDHP with HSA	
Medical	Network	Network	Out-of-network
Ambulance (emergency only)	100%	70% after deductible	70% after deductible
Outpatient surgery	80% after deductible	70% after deductible	50% after deductible
Hospital services (inpatient/outpatient facility/outpatient professional)	80% after deductible	70% after deductible	50% after deductible
Hospital services (inpatient professional)	100% after deductible	70% after deductible	50% after deductible
Outpatient rehabilitation – physical, speech, occupational, cardiac, pulmonary therapy (40 visits per therapy per plan year)*	100% after \$25 co-pay	70% after deductible	50% after deductible
Chiropractic visit – spinal manipulation only (20 visits per plan year)	100% after \$45 co-pay	70% after deductible	50% after deductible
Hearing – exam and fitting (office visit)	Hearing aid exam: \$35 primary physician \$45 specialist co-pay per visit, then 100% of eligible expenses	70% after deductible	50% after deductible
Hearing aid allowance • Children (up to age 19) – (\$3,000 per hearing-impaired ear/4 years) • Adult – (\$1,500 max/5 years)	Hearing aid: 100% Up to 4-year benefit maximum for children and 5-year benefit maximum for adults	Hearing aid: 100% after deductible Up to 4-year benefit maximum for children and 5-year benefit maximum for adults	Hearing aid: 100% after deductible Up to 4-year benefit maximum for children and 5-year benefit maximum for adults
<b>Behavioral health</b>			
Mental health and substance use disorder inpatient facility and residential treatment centers. <b>NOTE:</b> Prior approval required	80% after deductible	70% after deductible	50% after deductible
Mental health/substance use (inpatient professional)	100% after deductible	70% after deductible	50% after deductible
Mental health/substance use disorder outpatient facility, professional, methadone clinics, intensive outpatient program and partial day hospitalization	100%	70% after deductible	50% after deductible
Mental health/substance use disorder Physician office service	100% after \$35 co-pay PCP and specialist 100% after \$10 co-pay group therapy	70% after deductible	50% after deductible
<b>Pharmacy – administered by CVS Caremark™</b>			
Retail pharmacy (up to a 31-day supply)	Tier 1 – \$20 Tier 2 – \$50 Tier 3 – \$90	70% after deductible	70% after deductible
90-day mail order	Tier 1 – \$50 Tier 2 – \$125 Tier 3 – \$225	70% after deductible	70% after deductible

## Learn more

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United  
Healthcare



\*The limits for physical, speech, and occupational therapy do not apply for care as part of the Mental Health and Substance Abuse Services benefit. Physical, speech and occupational therapy benefits may be extended beyond 40 visits in a calendar year for children up to the age of 19 with congenital anomalies, developmental, feeding and or speech-language conditions. The child will also have to be enrolled in Case Management and meet medical necessity criteria.

Select generics, listed on the Federal Preventive Drug List, can be obtained for a co-insurance fee without having to meet the deductible first.

This information is a general description of your coverage. It is not a contract and does not replace the official benefit coverage documents, which may include a Summary Plan Description. If descriptions, percentages and dollar amounts in this guide differ from what is in the official benefit coverage documents, the official benefits coverage documents prevail.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. This outline is intended as a summary only. For a detailed description of the benefits available, please refer to the official plan documents.

The UnitedHealthcare plan with health savings account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open an HSA with a bank of their choice or through Optum Bank, Member of FDIC. The HSA refers only and specifically to the health savings account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.