

3 Rocks Engineering LLC

Canon City, Fremont County, CO 81212

SIC Code: 8711 - Engineering Services

Medical	<u>UnitedHealthcare Choice Plus HSA Premium Rewards – Embedded Bronze 6300/90% (CUNG K17Y)</u>	<u>UnitedHealthcare Choice Direct Silver 30/3250/80% (CUPG N37Y)</u>	<u>UnitedHealthcare Choice Direct Silver 40/2500/70% (CUPI N36Y)</u>	<u>UnitedHealthcare Choice Plus HSA Premium Rewards – Embedded Silver 4550/100% (CUNB N41Y)</u>	<u>UnitedHealthcare Choice Plus Premier (Tiered) Gold 20/1250/80% (CUPC K14Y)</u>
	Effective Date: 8/1/2023	Effective Date: 8/1/2023	Effective Date: 8/1/2023	Effective Date: 8/1/2023	Effective Date: 8/1/2023
DEDUCTIBLE					
Individual	PPO: \$6,300	EPO: \$3,250	EPO: \$2,500	PPO: \$4,550	PPO: \$1,250
Family	PPO: \$12,600 (embedded)	EPO: \$6,500 (embedded)	EPO: \$5,000 (embedded)	PPO: \$9,100 (embedded)	PPO: \$2,500 (embedded)
OUT-OF-POCKET MAX					
Individual	PPO: \$7,350 (includes ded)	EPO: \$8,500 (includes ded)	EPO: \$8,700 (includes ded)	PPO: \$6,000 (includes ded)	PPO: \$7,500 (includes ded)
Family	PPO: \$14,700 (embedded; includes ded)	EPO: \$17,000 (embedded; includes ded)	EPO: \$17,400 (embedded; includes ded)	PPO: \$12,000 (embedded; includes ded)	PPO: \$15,000 (embedded; includes ded)
PHYSICIAN SERVICES					
Office Visits	PPO: 10% after ded	EPO: \$30/\$60 (ded waived 3 visits) then 20% after ded	EPO: \$40/\$80 (ded waived)	PPO: 0% after ded	PPO: Designated: \$20/\$40 (ded waived); Network: \$50/\$100 (ded waived)
Telemedicine	PPO: Virtual Care: 0% after ded	EPO: Virtual Care: 0% (ded waived)	EPO: Virtual Care: 0% (ded waived)	PPO: Virtual Care: 0% after ded	PPO: Virtual Care: 0% (ded waived)
Preventive Care	PPO: 0% (ded waived)	EPO: 0% (ded waived)	EPO: 0% (ded waived)	PPO: 0% (ded waived)	PPO: 0% (ded waived)
Diagnostic Lab/X-Ray	PPO: 10% after ded	EPO: FreeStanding: 20% after ded; OPHospital: \$250 + 20% after ded	EPO: FreeStanding: 30% after ded; OPHospital: \$250 + 30% after ded	PPO: 0% after ded	PPO: \$10/\$30 (ded waived)
Imaging (CT/PET scans, MRIs)	PPO: 10% after ded	EPO: FreeStanding: 20% after ded; OPHospital: \$500 + 20% after ded	EPO: FreeStanding: 30% after ded; OPHospital: \$500 + 30% after ded	PPO: 0% after ded	PPO: 20% after ded
PRESCRIPTION DRUGS					
Rx	PPO: MedDed (1-4); \$15/\$50/\$135/\$350; SMCS-\$500 (Essential PDL)	EPO: \$15/\$55/\$135/\$350; SMCS-\$500 (ded waived; Essential PDL)	EPO: \$350/\$700 Ded (3-4); Retail-\$15/\$60/\$125/\$350; SMCS-\$500 (Essential PDL)	PPO: MedDed (1-4); Retail-\$15/\$55/\$100/\$350; SMCS-\$15/\$150/\$350/\$500 (Advantage PDL)	PPO: Retail-\$10/\$55/\$100/\$350; SMCS-\$10/\$150/\$350/\$500 (ded waived; Advantage PDL)
HOSPITAL FACILITY SERVICES					
Inpatient Hospital Services	PPO: 10% after ded	EPO: \$500 + 20% after ded	EPO: \$500 + 30% after ded	PPO: 0% after ded	PPO: 20% after ded
Outpatient Surgery in a Hospital	PPO: 10% after ded	EPO: \$500 + 20% after ded	EPO: \$500 + 30% after ded	PPO: 0% after ded	PPO: 20% after ded

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 7/7/2023

Quote Id: 4682-3041

Sorted By: ,Premium(Ascending)

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Medical	UnitedHealthcare <u>Choice Plus HSA Premium</u> <u>Rewards – Embedded Bronze</u> <u>6300/90% (CUNG K17Y)</u>	UnitedHealthcare <u>Choice Direct Silver</u> <u>30/3250/80% (CUPG N37Y)</u>	UnitedHealthcare <u>Choice Direct Silver</u> <u>40/2500/70% (CUPI N36Y)</u>	UnitedHealthcare <u>Choice Plus HSA Premium</u> <u>Rewards – Embedded Silver</u> <u>4550/100% (CUNB N41Y)</u>	UnitedHealthcare <u>Choice Plus Premier (Tiered)</u> <u>Gold 20/1250/80% (CUPC</u> <u>K14Y)</u>
	Effective Date: 8/1/2023	Effective Date: 8/1/2023	Effective Date: 8/1/2023	Effective Date: 8/1/2023	Effective Date: 8/1/2023
EMERGENCY SERVICES					
Emergency Room	PPO: 10% after ded	EPO: \$500 + 20% after ded	EPO: 30% after ded	PPO: 0% after ded	PPO: 20% after ded
Urgent Care	PPO: 10% after ded	EPO: \$30 (ded waived)	EPO: \$50 (ded waived)	PPO: 0% after ded	PPO: \$20 (ded waived)
PEDIATRIC SERVICES (UP TO AGE 19)					
Eye Exam	PPO: 0% (ded waived; limited to once every 12 months)	EPO: \$10 (ded waived; limited to once every 12 months)	EPO: \$10 (ded waived; limited to once every 12 months)	PPO: 0% (ded waived; limited to once every 12 months)	PPO: \$10 (ded waived; limited to once every 12 months)
Glasses	PPO: Copay varies by service	EPO: Copay varies by service	EPO: Copay varies by service	PPO: Copay varies by service	PPO: Copay varies by service
Dental Check-up	PPO: 0% after ded (limited to 2 times per 12 months)	EPO: 0% after ded (limited to 2 times per 12 months)	EPO: 0% after ded (limited to 2 times per 12 months)	PPO: 0% after ded (limited to 2 times per 12 months)	PPO: 0% after ded (limited to 2 times per 12 months)

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Presented By: Unlimited Benefits License# 527060