

Plan features

	PPO Plus		EPN	Surest Copay <sup>2</sup>		HDP with HSA	
Annual Verizon HSA contribution	N/A		N/A	N/A		\$650 individual \$1,300 family	

	PPO Plus		EPN	Surest Copay <sup>2</sup>		HDP with HSA	
	In-network	Out-of-network <sup>1</sup>	In-network	In-network	Out-of-network <sup>1</sup>	In-network	Out-of-network <sup>1</sup>
Annual deductible	\$1,200 individual \$3,600 family	\$1,200 individual \$3,600 family	\$600 individual \$1,800 family	\$0	\$0	\$1,800 individual \$3,600 family	\$1,800 individual \$3,600 family
Annual out-of-pocket maximum	\$2,400 individual \$7,200 family	\$2,400 individual \$7,200 family	\$1,600 individual \$4,800 family	\$2,400 individual \$7,200 family	\$4,800 individual \$14,400 family	\$3,250 individual \$6,500 family	\$3,250 individual \$6,500 family

Your cost for covered services

	PPO Plus		EPN	Surest Copay <sup>2</sup>		HDP with HSA	
	In-network	Out-of-network <sup>1</sup>	In-network	In-network	Out-of-network <sup>1</sup>	In-network	Out-of-network <sup>1</sup>
Preventive care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office visit	\$20 copay PCP and OB/GYN \$40 copay specialist	40% after deductible	\$20 copay PCP and OB/GYN \$40 copay specialist	\$10 – \$65 copay	\$195 copay	20% after deductible	40% after deductible
Urgent care visit	\$50 copay	\$50 copay	\$50 copay	\$35 copay	\$35 copay	20% after deductible	20% after deductible
Emergency room visit	\$200 copay	\$200 copay	\$200 copay	\$350 copay	\$350 copay	20% after deductible	20% after deductible
Outpatient lab	\$20 copay	40% after deductible	\$20 copay	\$0	\$0	20% after deductible	40% after deductible
Outpatient radiology	20% coinsurance	40% after deductible	10% coinsurance	Routine X-rays: \$0 Complex imaging: \$60 – \$950 copay	Routine X-rays: \$0 Complex imaging: \$1,650 copay	20% after deductible	40% after deductible
Other covered services	20% after deductible	40% after deductible	10% after deductible	Copays vary by service and provider; contact Surest for more information	Copays vary by service and provider; contact Surest for more information	20% after deductible	40% after deductible
Fertility services	50% after deductible \$75,000 lifetime maximum (combined with prescription drug)	50% after deductible \$75,000 lifetime maximum (combined with prescription drug)	50% after deductible \$75,000 lifetime maximum (combined with prescription drug)	\$100 – \$1,500 copay \$75,000 lifetime maximum (combined with prescription drug)	\$200 – \$3,000 copay \$75,000 lifetime maximum (combined with prescription drug)	50% after deductible \$75,000 lifetime maximum (combined with prescription drug)	50% after deductible \$75,000 lifetime maximum (combined with prescription drug)

Your cost for prescription drugs (30-day retail supply)<sup>3</sup>

	PPO Plus		EPN	Surest Copay <sup>2</sup>		HDP with HSA	
	In-network	Out-of-network <sup>1</sup>	In-network	In-network	Out-of-network <sup>1</sup>	In-network	Out-of-network <sup>1</sup>
Generic	Lower of \$13 copay or discounted network price	Lower of \$13 copay or discounted network price plus cost difference between retail and discounted network price	Lower of \$13 copay or discounted network price	Lower of \$13 copay or discounted network price	Lower of \$13 copay or discounted network price plus cost difference between retail and discounted network price	20% after deductible	40% after deductible plus cost difference between retail and discounted network price
Preferred brand	30% after deductible, \$66 maximum per prescription plus cost difference between generic and brand <sup>4</sup>	40% after deductible plus cost difference between retail and discounted network price; plus cost difference between generic and brand <sup>4</sup>	30% after deductible, \$66 maximum per prescription plus cost difference between generic and brand <sup>4</sup>	30% after deductible, \$66 maximum per prescription plus cost difference between generic and brand <sup>4</sup>	40% after deductible plus cost difference between retail and discounted network price; plus cost difference between generic and brand <sup>4</sup>	20% after deductible plus cost difference between generic and brand	40% after deductible plus cost difference between retail and discounted network price; plus cost difference between generic and brand
Non-preferred brand	40% after deductible, \$104 maximum per prescription plus cost difference between generic and brand <sup>4</sup>	50% after deductible plus cost difference between retail and discounted network price; plus cost difference between generic and brand <sup>4</sup>	40% after deductible, \$104 maximum per prescription plus cost difference between generic and brand <sup>4</sup>	40% after deductible, \$104 maximum per prescription plus cost difference between generic and brand <sup>4</sup>	50% after deductible plus cost difference between retail and discounted network price; plus cost difference between generic and brand <sup>4</sup>	20% after deductible plus cost difference between generic and brand	40% after deductible plus cost difference between retail and discounted network price; plus cost difference between generic and brand

Your cost for prescription drugs (90-day supply, mail-order or Maintenance Choice)

	PPO Plus		EPN	Surest Copay <sup>2</sup>		HDP with HSA	
	In-network	Out-of-network <sup>1</sup>	In-network	In-network	Out-of-network <sup>1</sup>	In-network	Out-of-network <sup>1</sup>
Generic	Lower of \$26 copay or discounted network price	N/A	Lower of \$26 copay or discounted network price	Lower of \$26 copay or discounted network price	N/A	20% after deductible	N/A
Preferred brand	30%, \$132 maximum per prescription plus cost difference between generic and brand <sup>4</sup>	N/A	30%, \$132 maximum per prescription plus cost difference between generic and brand <sup>4</sup>	30%, \$132 maximum per prescription plus cost difference between generic and brand <sup>4</sup>	N/A	20% after deductible plus cost difference between generic and brand <sup>4</sup>	N/A
Non-preferred brand	40%, \$208 maximum per prescription plus cost difference between generic and brand, no deductible <sup>4</sup>	N/A	40%, \$208 maximum per prescription plus cost difference between generic and brand, no deductible <sup>4</sup>	40%, \$208 maximum per prescription plus cost difference between generic and brand, no deductible <sup>4</sup>	N/A	20% after deductible plus cost difference between generic and brand <sup>4</sup>	N/A

<sup>1</sup> Maximum allowed amount for covered services will be determined by the administrator.  
<sup>2</sup> The Surest Copay plan is available to V Teamers in UHC states.  
<sup>3</sup> After three fills, penalties may apply for prescriptions not switched from 30-day to 90-day supplies through mail order or the CVS Caremark Maintenance Choice program.  
<sup>4</sup> When a covered generic is available.

Terms to know

**Deductible:** The total you'll pay out of your pocket for health care services in a calendar year, before your medical plan begins paying for those expenses.

**Coinsurance:** The percentage of eligible charges you pay after you meet your deductible but before you reach the out-of-pocket maximum.

**Copay:** Fixed-dollar payment amounts for certain services in certain plans. These amounts do not count toward your deductible or your out-of-pocket maximum.

**Out-of-pocket maximum:** An annual maximum that limits the amount each covered person pays each calendar year for covered services.