



# IMPORTANT ANNOUNCEMENT:

## UNITED HEALTHCARE MEDICAL PLANS 2025-26

Navigate HMO Copay			
	Monthly Premium	Monthly Deductions with Employer Contribution (\$367)	Semi-Monthly with Employer Contribution
Employee Only	\$507.30	\$140.30	\$70.15
Employee + Children	\$860.29	\$493.29	\$246.65
Employee + Spouse	\$1,325.82	\$958.82	\$479.41
Family	\$1,627.64	\$1,260.64	\$630.32

Navigate HMO HSA			
	Monthly Premium	Monthly Deductions with Employer Contribution (\$367)	Semi-Monthly with Employer Contribution
Employee Only	\$552.82	\$185.82	\$92.91
Employee + Children	\$937.47	\$570.47	\$285.24
Employee + Spouse	\$1,444.77	\$1,077.77	\$538.89
Family	\$1,773.69	\$1,406.69	\$703.35

Choice+			
	Monthly Premium	Monthly Deductions with Employer Contribution (\$367)	Semi-Monthly with Employer Contribution
Employee Only	\$602.08	\$235.08	\$117.54
Employee + Children	\$1,021.00	\$654.00	\$327.00
Employee + Spouse	\$1,573.50	\$1,206.50	\$603.25
Family	\$1,931.71	\$1,564.71	\$782.36

# Medical Plans Overview



Plan Name		United Health Care Plan	United Health Care Plan	United Health Care Plan
		Navigate HMO Copay	Navigate HMO H.S.A.	Choice+
RX Plan Name		Rx Plan: 455	Rx Plan: MM- HSA	Rx Plan: 455
Product		Navigate HMO UHC of Tx*	Navigate HMO HSA UHC of Tx*	Choice+ INS UHIC*
Option		Option 10	Option 6	Option 1
HRA or HSA		No	HSA	No
Benefits*		Network Single/Family	Network Single/Family	Network Single/Family
Office Copay (PCP/SPC)		PCP \$45, SPC\$70	PCP D&C, SPC D&C	PCP \$45, SPC\$45/\$70
Hospital Copays		OP D&C, IP D&C	OP D&C, IP D&C	OP D&C, IP D&C
Urgent Care and ER		UC \$75, ER D&C	UC D&C, ER D&C	UC \$75, ER \$500+30%
Major Diagnostics		MD \$500	MD D&C	MD D&C
X-Ray and Lab		X-Ray \$40, Lab \$40	X-Ray D&C, Lab D&C	X-Ray \$0, Lab \$0
Other		N/A	N/A	N/A
Deductible		\$4,000/\$8,000 (Emb)	\$3,500/\$7,000 (Emb)	\$4,000/\$8,000 (Emb)
Coinsurance		70%	100%	70%
Out-of-Pocket		\$9,100/\$18,200	\$3,500/\$7,000	\$9,100/\$18,200
Pharmacy		\$250 Ded, \$5/\$50/ \$100/\$250,	Med Ded, No Copay (Adv PDL)	\$250 Ded, \$5/\$50/\$100/\$250, 2.5 MO (Adv PDL),
		2.5 MO (Adv PDL),		
		National	National	National
		Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family
Deductible		N/A	N/A	\$5,000/\$10,000 (Emb)
Coinsurance		N/A	N/A	50%
Out of Pocket		N/A	N/A	\$10,000/\$20,000
Semi-Monthly with Employer Contribution				
		Navigate HMO Copay (EIVW)	Navigate HMO H.S.A. (EIWZ)	Choice+ (EIXX)
Employee Only		\$70.15	\$92.91	\$117.54
Employee + Spouse		\$246.65	\$285.24	\$327.00
Employee + Children		\$479.41	\$538.89	\$603.25
Family		\$630.32	\$703.35	\$782.36