

MAKOTEK BENEFITS OPEN ENROLLMENT

SEPTEMBER 22-25, 2020



IMPORTANT DATES

Healthcare Carrier – United Healthcare

Open Enrollment Period:

September 22-25, 2020

Dates of Coverage:

October 1, 2020-September 30, 2021

****No changes will be allowed*** after the annual enrollment period unless there is a qualifying event.*



IMPORTANT DATES



UHC provides access to programs that empower you to make more informed health decisions and support to help you reach your own health and wellness goals.



Preventive Care- Covered at 100%



- One physical checkup every year.
- One OB/GYN checkup every year (Pap smear).
- One breast cancer screening every year (mammogram including 3-D mammogram).
- Birth control (pills or other forms).
- Shots for measles or other childhood diseases, including flu shots.
- One colonoscopy every 5 years.
- Tobacco cessation program and associated medications.

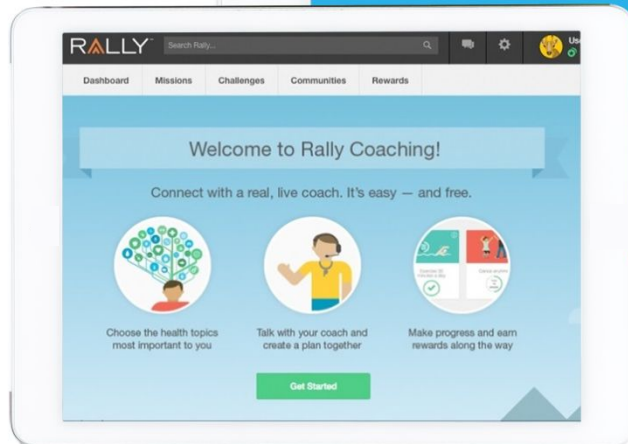
To see a list of preventive care guidelines, visit [uhc.com/preventive care](https://www.uhc.com/preventive-care).

Please read your plan documents. Additional information such as benefit details, plan limitations and exclusions, and the costs of coverage can be found in the Summary of Benefits.

Manage your plan and health online (and on the go).



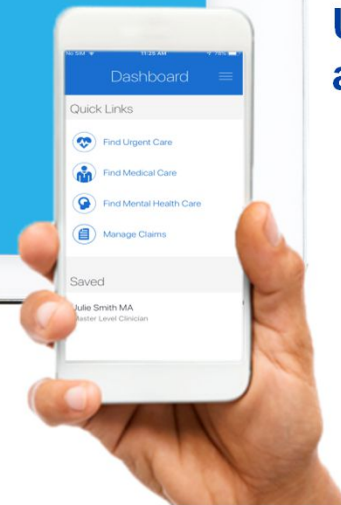
Rally®



Check out
myuhc.com®

myuhc.com®

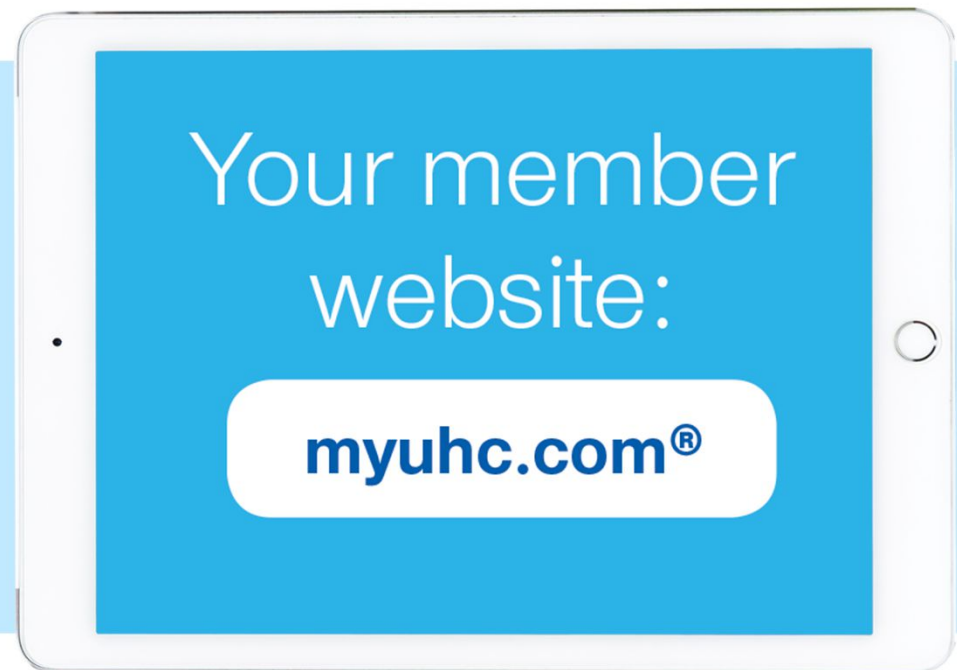
**UnitedHealthcare®
app**



3 easy ways to find a network provider.



- 1 Look for the “Find a Doctor” button on myuhc.com®.
- 2 Call the number on your health plan ID card.
- 3 Search using the Health4Me® mobile app.



Want to save money? Use network providers.



Network providers help you save money because they provide services at a discounted rate.

UnitedHealthcare's networks include:



930,000+
physicians and
health care professionals*



5,600+
hospitals*



67,000+
pharmacies

Covered services include¹:



Doctor office visits



Prescription drugs



Hospital care

*UnitedHealthcare internal analysis Q1 2018.

**As of 3/31/17. Facts 2017 Q1 UnitedHealth Group.

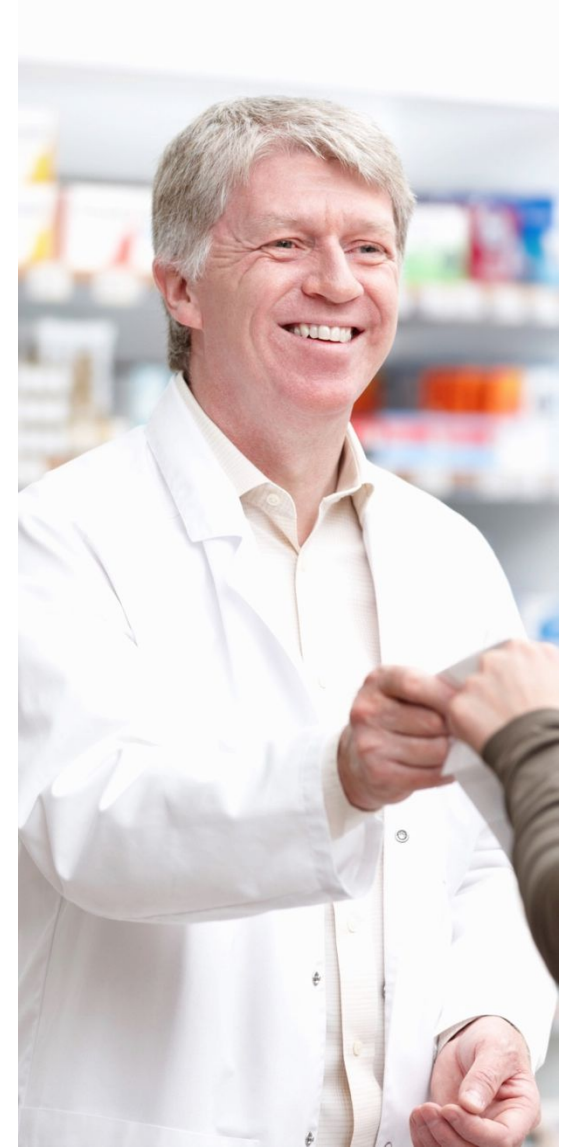
¹ This is not the complete list of covered services. For more details, see your official health plan documents.

Your covered medications.



OptumRx[®] is your UnitedHealthcare[®] plan's pharmacy care services manager.

OptumRx is committed to helping provide you with safer, easier and lower-cost ways to get the medication you need.



Promoting safe and appropriate prescription use.



Prior Authorization.

- Requires your doctor to tell UnitedHealthcare why you're taking a medication for coverage purposes.
- To start the process, talk to your doctor or call the number on your ID card.



Supply Limits.

- The largest quantity of medication covered per copayment or in a defined time period.
- Based on FDA guidelines for medication dosage, clinical guidelines or usage patterns.



Step Therapy.

- **Step 1 Medications:** Proven to be clinically similar and effective.
- **Step 2 Medications:** Treats the same condition but may cost more.

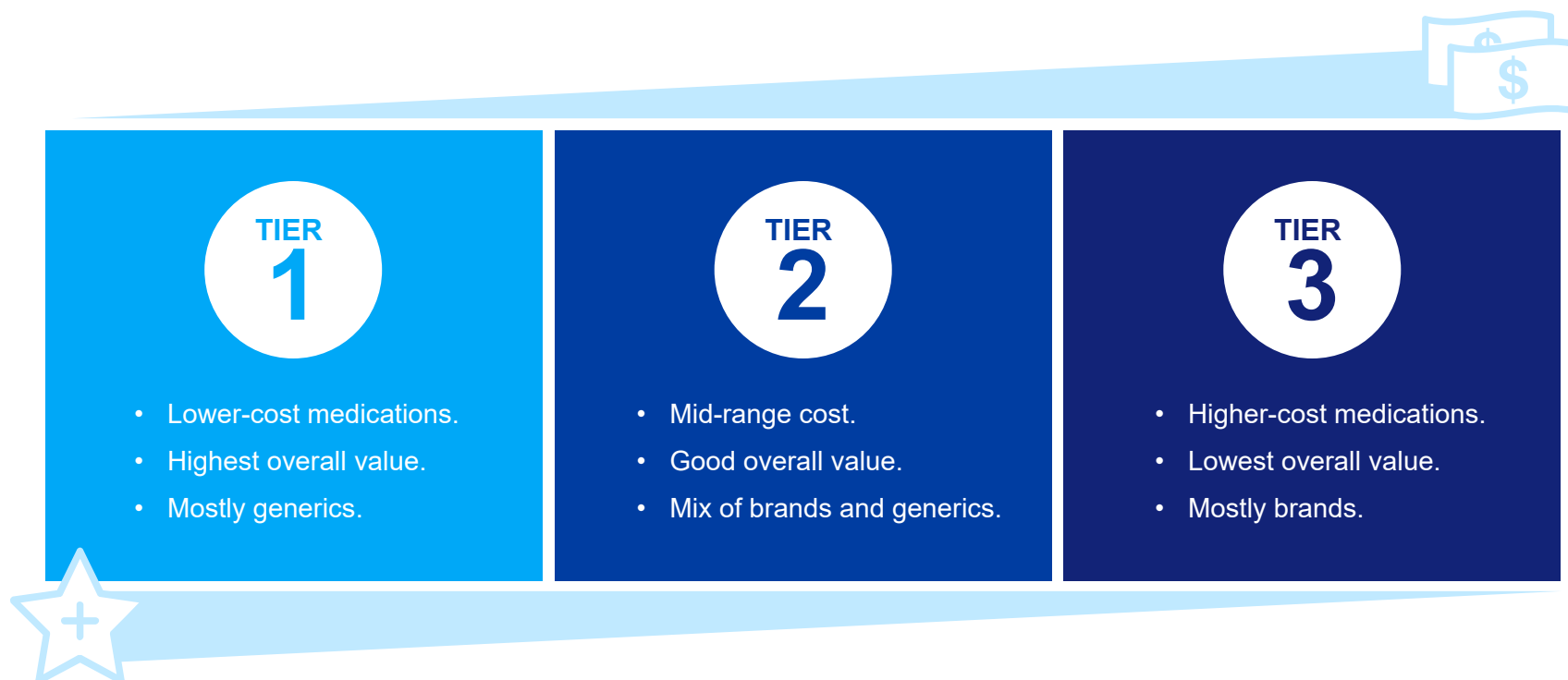


How we cover prescriptions.



The UnitedHealthcare **Prescription Drug List (PDL)** is a list of commonly prescribed medications covered by the plan.

Medications are placed into tiers that represent the cost you pay out of pocket.



Manage your pharmacy benefits on the go. UnitedHealthcare®

With myuhc.com® and the Health4Me® app¹, you can:

- ✓ Enroll in home delivery.
- ✓ Find network pharmacies.
- ✓ Refill prescriptions and set up reminders.
- ✓ Estimate and compare medication costs.
- ✓ Search your plan's PDL.

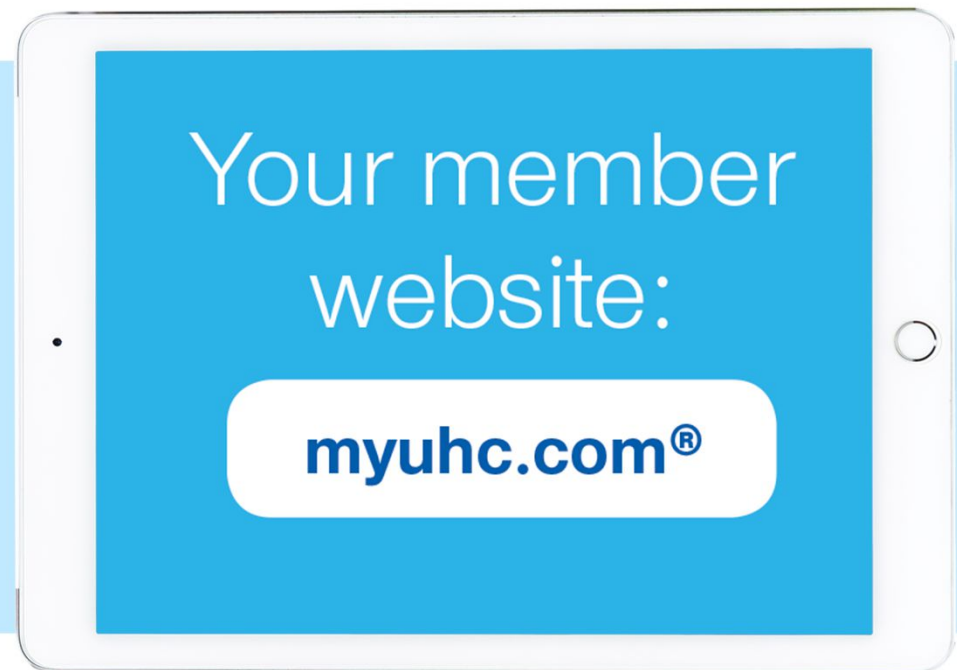


¹ The UnitedHealthcare app can also help determine how a medication is covered and whether or not there are other options to help save you money.

3 easy ways to find a network provider.



- 1 Look for the “Find a Doctor” button on myuhc.com®.
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- 3 Search using the UnitedHealthcare® mobile app.



Your path to better health.



Rally®

- Get personalized recommendations.
- Earn Rally coins for taking healthy actions.
- Connect with a community.
- Track your progress to stay motivated.



Get your Rally AgeSM.



- Take the Health Survey.
- Pick Missions to match your goals.
- Compete in fun challenges.
- Earn coins for a chance to win great prizes.



Virtual Visits: 24/7 access to care.



Get care whenever and wherever you need it — all from the convenience of home (or work).



Use your phone or mobile device to receive care 24/7.



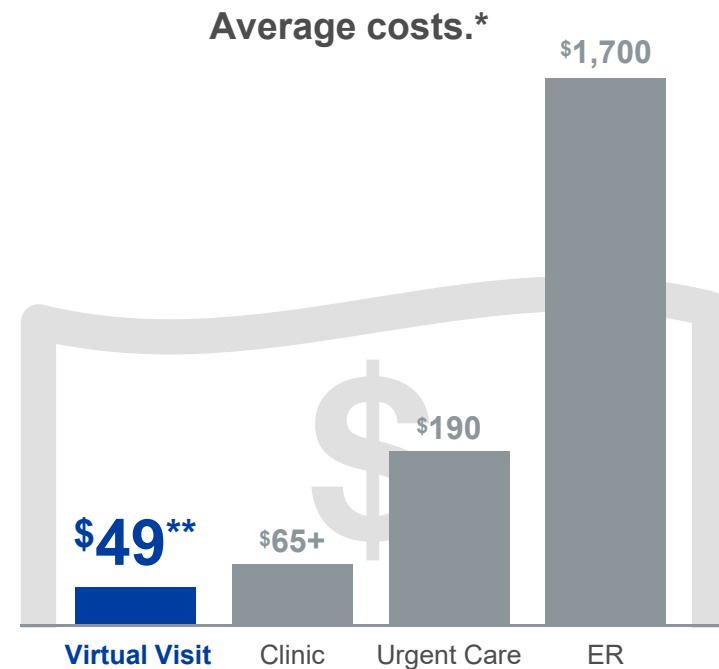
Visits typically take less than 20 minutes.¹



Physicians can diagnose and prescribe medications.



Avoid a trip to the doctor's office.



*Claim rates are negotiated with each Virtual Visit Provider group and will vary.

**The Designated Virtual Visit Provider's reduced rate for a Virtual Visit is subject to change at any time.

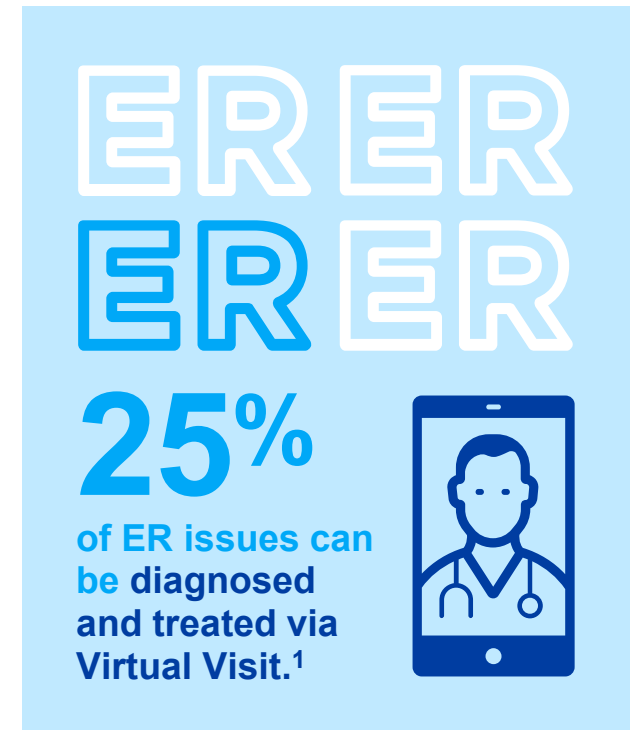
¹ Average based on monthly data reports from Virtual Visit providers.

When to use Virtual Visits.



Virtual Visits are appropriate for:

- | | |
|----------------------|----------------------|
| ✓ Allergies | ✓ Headaches/migraine |
| ✓ Bladder infections | ✓ Pink eye |
| ✓ Bronchitis | ✓ Rashes |
| ✓ Coughs/colds | ✓ Sinus infections |
| ✓ Diarrhea | ✓ Sore throats |
| ✓ Fevers | ✓ Stomachaches |
| ✓ Flu | ✓ And more |



¹ Based on analysis of 2016 UnitedHealthcare ER claim volumes, where ER visits are low acuity and could be treated in a Virtual Visit, primary care physician or urgent/convenient care setting.

UNITED HEALTHCARE PLANS

Makotek employees can select from 3 United plans

- 1) **Choice Plus AHIZ** - \$3,000 deductible/70% coverage
- 2) **Choice Plus BWRA** - \$2,000 deductible/80% coverage
- 3) **Choice Plus BWQW** - \$1,000 deductible/90% coverage
- 4) **Choice Plus AHJE** - \$5,500 deductible/70% coverage

Additional HSA Plan offered this year

Information about deductibles, in-network and out-of-network benefits, and rates are provided in the next pages.

When searching for participating providers the network for all medical plan options is CHOICEPLUS- you can search for providers on myuhc.com.



No Change in Benefits

1) Choice Plus AHIZ - In-Network Benefits

	2019 – 2020 ChoicePlus HDHP W7Z \$3000/70%	2020 – 2021 ChoicePlus AHIZ \$3000/70%
Calendar Year Deductible - Individual	\$3,000	\$3,000
Calendar Year Deductible - Family	\$6,000	\$6,000
Out-of-Pocket Maximum - Individual	\$6,250	\$6,250
Out-of-Pocket Maximum - Family	\$12,500	\$12,500
Co-Insurance	30%	30%
Office Visit - PCP	30% after deductible	30% after deductible
Office Visit - Specialist	30% after deductible	30% after deductible
Hospital Care - Inpatient	30% after deductible	30% after deductible
Pharmacy	\$15/35/60	\$10/25/70



No Change in Benefits

1) Choice Plus AHIZ - Out-of-Network Benefits

	2019 – 2020 ChoicePlus HDHP W7Z \$3000/70%	2020 – 2021 ChoicePlus AHIZ \$3000/70%
Calendar Year Deductible - Individual	\$5,000	\$5,000
Calendar Year Deductible - Family	\$10,000	\$10,000
Out-of-Pocket Maximum - Individual	\$10,000	\$10,000
Out-of-Pocket Maximum - Family	\$20,000	\$20,000
Co-Insurance	50%	50%



1) Choice Plus AHIZ - Rates

	2019 – 2020 ChoicePlus HDHP W7Z \$3000/70%		2020 – 2021 ChoicePlus AHIZ \$3000/70%	
	Monthly	Weekly	Monthly	Weekly
Employee	\$165.25	\$ 38.14	\$214.08	\$49.40
Employee & Spouse	\$774.67	\$178.77	\$839.94	\$193.33
Employee & Child(ren)	\$721.72	\$166.55	\$776.07	\$179.09
Employee & Family	\$1397.65	\$322.53	\$1591.36	\$367.24



No Change in Benefits

2) Choice Plus BWRA-In-Network Benefits

	2019 - 2020 Choice Plus OLJ \$2000/80%	2020 – 2021 Choice Plus BWRA \$2000/80%
Calendar Year Deductible - Individual	\$2,000	\$2,000
Calendar Year Deductible - Family	\$6,000	\$6,000
Out-of-Pocket Maximum - Individual	\$4,000	\$4,000
Out-of-Pocket Maximum - Family	\$12,000	\$12,000
Co-Insurance	20%	20%
Office Visit - PCP	\$40	\$40
Office Visit - Specialist	\$40	\$40
Emergency Room Services	\$200 copay per visit	\$200 copay per visit
Hospital Care - Inpatient	20% after deductible	20% after deductible
Pharmacy	\$15/35/75	\$10/25/70



No Change in Benefits

2)Choice Plus BWRA-Out-of-Network Benefits

	2019 - 2020 Choice Plus OLJ \$2000/80%	2020 - 2021 Choice Plus BWRA \$2000/80%
Calendar Year Deductible - Individual	\$4,000	\$4,000
Calendar Year Deductible - Family	\$12,000	\$12,000
Out-of-Pocket Maximum - Individual	\$8,000	\$8,000
Out-of-Pocket Maximum - Family	\$24,000	\$24,000
Co-Insurance	40%	40%



2) Choice Plus BWRA - Rates

	2019 – 2020 Choice Plus OLU \$2000/80%		2020 – 2021 Choice Plus BWRA \$2000/80%	
	Monthly	Weekly	Monthly	Weekly
Employee	\$444.16	\$102.50	\$495.32	\$114.30
Employee & Spouse	\$1148.26	\$264.98	\$1397.69	\$322.54
Employee & Child(ren)	\$1076.41	\$248.40	\$1305.63	\$301.30
Employee & Family	\$1993.63	\$460.07	\$2481.16	\$572.58



No Change in Benefits

3) Choice Plus BWRQ – In-Network Benefits

	2019 – 2020 Choice Plus OLU \$1000/90%	2020 – 2021 Choice Plus BWRQ \$1000/90%
Calendar Year Deductible - Individual	\$1,000	\$1,000
Calendar Year Deductible - Family	\$3,000	\$3,000
Out-of-Pocket Maximum - Individual	\$2,000	\$2,000
Out-of-Pocket Maximum - Family	\$6,000	\$6,000
Co-Insurance	10%	10%
Office Visit - PCP	\$40	\$40
Office Visit - Specialist	\$40	\$40
Hospital Care - Inpatient	\$300 copay per stay	\$300 copay per stay
Emergency Room Services	\$200 copay per visit	\$200 copay per visit
Pharmacy	\$15/35/75	\$10/25/70



No Change in Benefits

3)Choice Plus BWRQ - Out-of-Network Benefits

	2019 – 2020 Choice Plus OLU \$1000/90%	2020 – 2021 Choice Plus BWRQ \$1000/90%
Calendar Year Deductible - Individual	\$3,000	\$3,000
Calendar Year Deductible - Family	\$9,000	\$9,000
Out-of-Pocket Maximum - Individual	\$6,000	\$6,000
Out-of-Pocket Maximum - Family	\$18,000	\$18,000
Co-Insurance	30%	30%



3) Choice Plus BWRQ - Rates

	2019 – 2020 Choice Plus OLU \$1000/90%		2020 – 2021 Choice Plus BWRQ \$1000/90%	
	Monthly	Weekly	Monthly	Weekly
Employee	\$525.50	\$121.27	\$597.31	\$137.84
Employee & Spouse	\$1309.56	\$302.21	\$1599.97	\$369.22
Employee & Child(ren)	\$1229.57	\$283.75	\$1497.67	\$345.62
Employee & Family	\$2250.97	\$519.45	\$2803.83	\$647.04



4) Choice Plus AHJE - In-Network Benefits

		2020 - 2021 ChoicePlus AHJE \$5500/70%
Calendar Year Deductible - Individual		\$5,500
Calendar Year Deductible - Family		\$11,000
Out-of-Pocket Maximum - Individual		\$6,550
Out-of-Pocket Maximum - Family		\$13,100
Co-Insurance		30%
Office Visit - PCP		30% after deductible
Office Visit - Specialist		30% after deductible
Hospital Care - Inpatient		30% after deductible
Pharmacy		\$10/35/70



4) Choice Plus AHJE - Out-of-Network Benefits

		2020 – 2021 ChoicePlus AHJE \$7500/50%
Calendar Year Deductible - Individual		\$7,500
Calendar Year Deductible - Family		\$15,000
Out-of-Pocket Maximum - Individual		\$10,000
Out-of-Pocket Maximum - Family		\$20,000
Co-Insurance		50%



4) Choice Plus AHJE - Rates

		2020 - 2021 ChoicePlus AHJE \$5500/70%		
			Monthly	Weekly
Employee			\$165.28	\$38.14
Employee & Spouse			\$743.15	\$171.50
Employee & Child(ren)			\$684.19	\$157.89
Employee & Family			\$1436.96	\$331.61



No Change in Benefits

Dental Insurance Plans – 2 Plans Offered

	Option 1: UHC Plan 956866 Preventative Plus (PPO)	Option 2: UHC Plan 956867 Preventative Preferred (PPO)
Annual Deductible - Individual/Family	\$50 / \$150	\$25 / \$75
Preventative Services	100% (no deductible)	80% (no deductible)
Basic Services	50% (after deductible)	60% (after deductible)
Major Services	Discount Services	60% (after deductible)
Annual Benefit Max	\$1,000	\$1,000
Orthodontic Services	Not Covered	50%
Ortho Lifetime Max	N/A	\$1,000



No Change in Plan or Rates

Dental Insurance Plans – Rates

	UHC Plan 956866 Preventative Plus (PPO)		UHC Plan 956867 Preventative Preferred (PPO)	
	Monthly	Weekly	Monthly	Weekly
Employee	\$12.41	\$2.86	\$ 35.34	\$ 8.16
Employee & Spouse	\$28.74	\$6.63	\$ 69.72	\$16.09
Employee & Child(ren)	\$30.56	\$7.05	\$ 78.32	\$18.07
Employee & Family	\$47.72	\$11.01	\$112.70	\$26.01



No Change in Plan or Rates

Vision Insurance Plans – 2 Plans Offered

	UHC V1187 - Value Plan (PPO)	UHC V1215 - Value Plan Plus (PPO)
Eye Exam	\$10	\$10
Exam Materials	\$20	\$20
Glasses Lenses	100%	100%
Lenticular	100%	100%
Frames	100% every 2 years	100% every year
Retail Frame Allowance	\$130	\$130
Elective Contact Lenses		
Covered in full contacts	100% up to 4 boxes	100% up to 6 boxes
All other elective contacts	up to \$125	up to \$150
Necessary Contacts	100%	100%



No Change in Plan or Rates

Vision Insurance Plans – Rates

	UHC V1187 - Value Plan (PPO)		UHC V1215 - Value Plan Plus (PPO)	
	Monthly	Weekly	Monthly	Weekly
Employee	\$ 6.18	\$1.43	\$ 7.27	\$1.68
Employee and Spouse	\$11.73	\$2.71	\$13.78	\$3.18
Employee and Child(ren)	\$13.77	\$3.18	\$16.16	\$3.73
Employee and Family	\$19.36	\$4.47	\$22.73	\$5.25



ENROLLMENT PERIOD

Enrollment period September 22-25, 2020

Action required from ALL employees

**All employees must return to their manager a completed
UHC Employment Application and Change Form
to enroll/re-enroll in a healthcare plan or waive their healthcare benefits.**

*Even if employees plan to enroll in the same plan they currently are on,
this form still must be completed.*

*You will not be able to make changes to your healthcare plan after
September 25, 2020 without a qualifying event.*



NEXT STEPS

Q & A

For information contact UHC at:

Current members www.myuhc.com

HDHP members 1-866-314-0335

non HDHP members 1-866-633-2446

Not Currently enrolled visit <https://uhc.welcometouhc.com>

For Plan Summaries or a copy of this presentation visit:

[www.makotek.net/Open Enrollment.html](http://www.makotek.net/Open%20Enrollment.html)

To enroll/waive benefits go to: <https://secure.bswift.com/default.aspx?abbrev=dntbenefits>

For Makotek questions email hr@makotek.net

