

**Olin Plumbing Inc. Medical Plans**  
Effective 01/01/2025



**United Healthcare NHP HMO DY-ZV**  
**Silver Base Plan Option**

**United Healthcare NHP HMO DY-ZN**  
**Gold Mid Plan Option**

**United Healthcare Choice DY-YR**  
**Gold High Plan**

<b>BENEFITS</b>	<b>United Healthcare NHP HMO DY-ZV Silver Base Plan Option</b>	<b>United Healthcare NHP HMO DY-ZN Gold Mid Plan Option</b>	<b>United Healthcare Choice DY-YR Gold High Plan</b>
Office Visit - PCP CoPay	\$50 CoPay	\$25 CoPay	\$30 CoPay
Office Visit - Specialist CoPay	\$95 CoPay	\$90 CoPay	\$80 CoPay
Virtual Visits	\$0 CoPay	\$0 CoPay	\$0 CoPay
Network Name	NHP HMO	NHP HMO	Choice
Referral from PCP	Not Required	Not Required	Not Required
Routine Physical/Gynecological Exams	\$0	\$0	\$0
Pap/Mammogram/Colonoscopy	\$0	\$0	\$0
Deductible	\$3,000 Individual / \$6,000 Family	\$2,500 Individual / \$5,000 Family	\$2,000 Individual / \$4,000 Family
Out of Pocket Max/Year (Includes Deductible)	\$9,000 Individual / \$18,000 Family	\$5,000 Individual / \$10,000 Family	\$6,000 Individual / \$12,000 Family
Pharmacy CoPay	\$15 / \$50 / \$150 / \$300	\$10 / \$40 / \$140 / \$300	\$10 / \$40 / \$150 / \$300
Coinsurance	50%	0%	20%
Inpatient Hospital Facility	50% after Deductible	\$750 CoPay; \$3,750 Max	20% after Deductible
Outpatient Hospital Facility/Surgery	50% after Deductible	\$750 CoPay	20% after Deductible
Emergency Room	50% after Deductible	\$650 CoPay	20% after Deductible
Walk-In Clinic	\$75 CoPay	\$75 CoPay	\$50 CoPay
Clinical Laboratory/X-Ray	\$50 CoPay	\$25 CoPay	20% after Deductible
Advanced MRI CT Scan	50% after Deductible	\$500 CoPay	\$400 CoPay
Maternity	Office Visits: \$0; Delivery: 50% after Deductible	Office Visits: \$0; Delivery: \$0 after Deductible	Office Visits: \$0; Delivery: 20% after Deductible
Out-of-Network	N/A	N/A	N/A
<b>Weekly Pre-Tax Premium</b>			
<b>Employee Only</b>	<b>\$69.73</b>	<b>\$83.16</b>	<b>\$92.39</b>
<b>Employee + Spouse</b>	<b>\$209.19</b>	<b>\$249.49</b>	<b>\$277.17</b>
<b>Employee + Child(ren)</b>	<b>\$188.27</b>	<b>\$224.54</b>	<b>\$249.45</b>
<b>Employee + Family</b>	<b>\$327.73</b>	<b>\$390.87</b>	<b>\$434.23</b>

**Olin Plumbing Inc. Dental and Vision Plans  
Effective 01/01/2025**



**United Healthcare Dental F4260**

[www.myuhcdental.com](http://www.myuhcdental.com)

	<b>Benefit</b>	<b>In Network / Out Network</b>
Coinsurance	Preventive	100% / 100%
	Minor Restorative	80% / 80%
	Endo / Perio / Oral Surgery	50% / 50%
	Major	50% / 50%
Annual Plan Maximum		\$1,500 / \$1,500
Waiting Period - Major Services		None
Deductible - Non Preventative	Individual/Family	\$50 / \$150
<b><u>Weekly Pre-Tax Premium</u></b>		
Employee Only		\$6.41
Employee + Spouse		\$12.82
Employee + Child(ren)		\$13.50
Employee + Family		\$20.85

**United Healthcare Vision SF006**

[www.myuhcvision.com](http://www.myuhcvision.com)

	<b>Benefit</b>	<b>Copay</b>
Services & Materials	Exam	\$10
	Frame / Lens / Contacts	\$25
	Frame Allowance	\$130
Frequencies	Exam	1x / 12 months
	Lenses	1x / 12 months
	Frames	1x / 12 months
<b><u>Weekly Pre-Tax Premium</u></b>		
Employee Only		\$1.39
Employee + Spouse		\$2.64
Employee + Child(ren)		\$3.09
Employee + Family		\$4.35

**\*Employees who waive medical coverage may elect dental or vision for themselves and dependents\***