

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



BENEFITS	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
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
<u>Weekly Pre-Tax Premium</u>			
Employee Only	\$69.73	\$83.16	\$92.39
Employee + Spouse	\$209.19	\$249.49	\$277.17
Employee + Child(ren)	\$188.27	\$224.54	\$249.45
Employee + Family	\$327.73	\$390.87	\$434.23

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



United Healthcare Dental F4260

www.myuhcdental.com

	Benefit	In Network / Out Network
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
<u>Weekly Pre-Tax Premium</u>		
Employee Only		\$6.41
Employee + Spouse		\$12.82
Employee + Child(ren)		\$13.50
Employee + Family		\$20.85

United Healthcare Vision SF006

www.myuhcvision.com

	Benefit	Copay
Services & Materials	Exam	\$10
	Frame / Lens / Contacts	\$25
	Frame Allowance	\$130
Frequencies	Exam	1x / 12 months
	Lenses	1x / 12 months
	Frames	1x / 12 months
<u>Weekly Pre-Tax Premium</u>		
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