

# UnitedHealthcare HSA Advantage 2 Plan

## 2021 Benefits At A Glance

Plan detail		Network benefit	Non-network benefit
<b>Deductible</b> <sup>1</sup>	Employee only:	\$1,600	\$2,100
	Employee + spouse:	\$2,950	\$3,150
	Employee + child(ren):	\$2,950	\$3,150
	Family:	\$3,200	\$4,200
<b>Out-of-pocket maximum</b> <sup>1</sup> (includes deductible and coinsurance)	Employee only:	\$3,100	\$3,600
	Employee + spouse:	\$4,150	\$5,400
	Employee + child(ren):	\$4,150	\$5,400
	Family:	\$5,200 <sup>1</sup>	\$7,200
<b>Company Health Savings Account (HSA) contribution</b> (The full company HSA contribution will be deposited into your HSA in January 2021.)	Employee only:	\$500	
	Employee + spouse:	\$750	
	Employee + child(ren):	\$750	
	Family:	\$1,000	
<b>Emergency room services</b> (true emergency)		Plan pays 90% after deductible	
<b>Preventive care</b> (includes women's health services and related prescriptions)		Plan pays 100%	
<b>Primary care physician office visit</b>		Plan pays 90% after deductible	Plan pays 70% after deductible
<b>Specialist office visit</b>			
<b>Urgent care center services</b>			
<b>Outpatient surgery</b>			
<b>Outpatient X-rays and lab tests</b> (includes physician's office and other outpatient settings)			
<b>Inpatient hospital stay</b> (includes inpatient room and board charges at general hospitals and mental health facilities and other hospital fees, e.g., medical supplies, drugs)			
<b>Inpatient/outpatient mental health care, including Applied Behavior Analysis (ABA) for Autism Spectrum Disorder</b>			
<b>Up to a 30-day supply at a CVS Caremark™ network pharmacy</b> <sup>2</sup>		Plan pays 90% after deductible <sup>4</sup>	After you meet the deductible, you pay 10% of the cost plus the difference between the amount charged by a CVS Caremark network pharmacy and the out-of-network pharmacy <sup>5</sup>
<b>Up to a 90-day supply through Maintenance Choice</b> (CVS Caremark Mail Service or CVS Pharmacy) <sup>2,3</sup>		Plan pays 90% after deductible <sup>4</sup>	

<sup>1</sup>Under family coverage, the entire deductible must be met, either by one person or by a combination of family members, before the plan begins paying benefits. Likewise, the entire out-of-pocket maximum must be met, either by one person or by a combination of family members, before the plan begins paying benefits at 100%.

<sup>2</sup>In most cases, any coinsurance you pay toward the cost of a prescription drug applies to your HSA Advantage plan's network deductible and network out-of-pocket maximum. This helps you receive a higher level of benefits sooner. Note that if your provider prescribes — or you request — a preferred brand-name drug specifying "dispense as written" (which means substitutions are not permitted) and a generic equivalent is available, you pay the difference between the retail costs of the brand-name drug and its generic equivalent plus the applicable coinsurance. The cost difference between brand-name drugs and their generic equivalents does not apply to your HSA Advantage plan's deductible or out-of-pocket maximum.

<sup>3</sup>You may purchase up to three 30-day supplies of each maintenance drug prescribed at any CVS Caremark network pharmacy. Before your third refill, if you are using a CVS Pharmacy, CVS Caremark will remind you to obtain a 90-day prescription from your provider and choose a Maintenance Choice option. You must get a 90-day prescription and select a Maintenance Choice option, or you will have to pay 100% of the cost of the drug beginning with the fourth time you have that prescription filled at a retail pharmacy.

<sup>4</sup>Generic preventive drugs and oral and insulin diabetic medications covered at 100%. The HSA Advantage plans cover certain brand preventive prescription drugs before you meet the plan's deductible. Note that coinsurance does apply, however, any coinsurance you pay does not apply to the HSA Advantage plan's deductible. The prescription drugs that are eligible for this coverage are listed on the Treasury Guidance list, issued by the federal government. To review the Treasury Guidance list, visit [caremark.com](https://www.caremark.com) or call CVS Caremark at **1-866-329-4023**.

<sup>5</sup>Note that benefits described apply to prescriptions that are not required to be filled through Maintenance Choice or the CVS Caremark Specialty Pharmacy Program.

## We're here to help!

Contact a UnitedHealthcare Health Advisor at **1-800-638-8884**, Monday through Friday, 8 a.m. to 8 p.m. in all U.S. continental time zones, for questions regarding how the HSA Advantage 2 Plan works. You can also visit [welcometouhc.com/raytheon](https://welcometouhc.com/raytheon) for information about your health plan. For complete plan information, refer to *Your Benefits Handbook* available on Desktop Benefits at <https://raytheon.benefitcenter.com>.

Benefits for employees represented by a bargaining unit will be as collectively bargained. Service Contract Act (SCA) and Davis Bacon Act employees will continue to have their benefits administered in accordance with those laws.

