

Summary of Medical Benefits (UnitedHealthcare/Choice Plus Network)

	Consumer Plan	Enhanced Consumer Plan	Traditional Plan
Cost of Coverage Go to myAGBenefits to see the costs for all plans.	Lowest Cost	Low Cost	Highest Cost
AG Health Savings Account (HSA) Contribution¹	Single: \$300 Family: \$600	Single: \$500 Family: \$1,000	N/A
Wellness Rewards	AG HSA or HRA (Traditional Plan Health Reimbursement Account) contribution up to: \$550/associate, \$430/spouse for participating in Rally wellness activities.		
Annual Deductible²			
In-Network	Single: \$3,500 Family ³ : \$3,500 Individual/\$7,000 Family (medical and non-preventive Rx)	Single: \$1,800 Family: \$3,600 Individual/\$3,600 Family (medical and non-preventive Rx)	Single: \$700 Family: \$700 Individual/\$2,100 Family (medical only)
Out-of-Network	Single: \$7,000 Family ³ : \$7,000 Individual/\$14,000 Family (medical and non-preventive Rx)	Single: \$3,600 Family: \$7,200 Individual/\$7,200 Family (medical and non-preventive Rx)	Single: \$1,400 Family: \$1,400 Individual/\$4,200 Family (medical only)
Preventive Care (In-Network Only)	Plan pays 100% (no deductible)		
Copay⁴ PCP, Specialist, Virtual Visit, Urgent Care, Emergency Room	Subject to deductible and coinsurance	Subject to deductible and coinsurance	PCP: \$30 Specialist & Urgent Care: \$50 ER: \$200 (waived if admitted) then 80% (no deductible)
Coinurance			
In-Network	Plan pays 80% after deductible (60% for hospital-based labs/imaging and non-Premium Providers)		
Out-of-Network	Plan pays 60% after deductible		
Out-of-Pocket Maximum²			
In-Network	Single: \$4,500 Family ³ : \$4,500 Individual/\$9,000 Family (includes medical/Rx deductible and coinsurance)	Single: \$3,600 Family: \$7,200 Individual/\$7,200 Family (includes medical/Rx deductible and coinsurance)	Single ⁵ : \$4,200 Family ⁵ : \$4,200 Individual/\$10,100 Family (includes medical/Rx deductible, copays and coinsurance)
Out-of-Network	Single: \$9,000 Family ³ : \$9,000 Individual/\$18,000 Family (includes deductible and coinsurance)	Single: \$7,200 Family: \$14,400 Individual/\$14,400 Family (includes deductible and coinsurance)	Single ⁵ : \$6,900 Family ⁵ : \$6,900 Individual/\$18,200 Family

¹ HSA funds can be used for any eligible healthcare expense, including the deductible and coinsurance.

² In the Consumer and Enhanced Consumer plans, expenses that apply to the in-network deductible and out-of-pocket maximum also apply to the out-of-network deductible and out-of-pocket maximum and vice-versa (known as cross applying). Cross applying does not apply to the Traditional plan.

³ In the Consumer Plan, family (associate + 1 or more) coverage allows an individual to meet the individual deductible, then the plan begins paying up to the single out-of-pocket maximum for that individual.

⁴ Traditional Plan copays count toward the out-of-pocket maximum.

⁵ Includes medical deductible and copays, medical/Rx coinsurance and the prescription drug separate out-of-pocket max of \$1,500 individual/\$2,000 family.

This is a summary of benefits. For complete details, refer to the summary plan description at [AGBenefits.com](#).

2025 Medical chart 9.6.2024

Summary of Prescription Drug Benefits (Optum Rx/Essential Prescription Drug List)

Certain medications may require prior authorization or use of lower-cost options through your doctor and OptumRx.

Consumer Plan & Enhanced Consumer Plan		Traditional Plan	
Prescription Drug	Retail and Maintenance/Mail Order	Retail (30-day supply)	Maintenance/ Mail order (90-day supply)
Preventive Drugs ¹	Not subject to deductible; Subject to coinsurance (if required by ACA, plan pays 100%)	Not subject to deductible; Subject to coinsurance (if required by ACA, plan pays 100%)	
Tier 1	Plan pays 80% (after medical deductible)	Plan pays 80% (minimum \$10)	Plan pays 80% (minimum \$20)
Tier 2 ^{2,3}	Plan pays 75% (after medical deductible)	Plan pays 70% (minimum \$30)	Plan pays 70% (minimum \$60)
Tier 3&4 ^{2,3}	Plan pays 50% (after medical deductible)	Plan pays 40% (minimum \$45)	Plan pays 40% (minimum \$90)
Lifestyle drugs/ Medications with Over-the-Counter (OTC) Alternatives	Not Covered - You pay 100% (not applied to your annual deductible or out-of-pocket maximum)		
Maintenance/Mail order requirements	You can fill two 30-day supplies of a maintenance medication. After two 30-day fills, you must fill a 90-day supply of your maintenance medications through OptumRx mail order or at a local Walgreens pharmacy. If you continue to fill a 30-day supply, you will pay the full cost of your maintenance medication(s).		
Compounds	Compound medications \$50 and greater are subject to a prior authorization. Bulk chemicals are not covered as part of compound medications.		

¹ For the Preventive Drug Lists, go to myuhc.com or call AGBenefits Advisor at 800-397-9249.

² The list of prescription drugs covered by the plan doesn't include certain brand-name drugs that have lower cost alternatives. If you purchase excluded prescription drugs, the cost will not apply to your deductible or out-of-pocket maximum.

³ The lowest cost generic may be required over a more expensive drug. When you qualify and use a third-party coupon or rebate program to lower your costs, the amount of that coupon or rebate will not apply to your deductible or out-of-pocket maximum.

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2025 Rx chart 2.5.2025