



# 2022 SHBP benefits at a glance

Following is a summary of important benefit information to consider as you select coverage for 2022.

Medical	Choice HMO		HDHP with HSA			
	Network	Earned well-being credits reduce cost to:	Network	Earned well-being credits reduce cost to:**	Out-of-Network	Earned well-being credits reduce cost to:**
<b>Deductible</b>						
You	\$1,300	\$580	\$3,500	\$2,780	\$7,000	\$6,280
You + Child(ren)	\$1,950	\$1,230	\$7,000	\$6,280	\$14,000	\$13,280
You + Spouse	\$1,950	\$510	\$7,000	\$5,560	\$14,000	\$12,560
You + Family	\$2,600	\$1,160	\$7,000	\$5,560	\$14,000	\$12,560
<b>Out-of-pocket maximum</b>						
You	\$4,000	\$3,280	\$6,450	\$5,730	\$12,900	\$12,180
You + Child(ren)	\$6,500	\$5,780	\$12,900	\$12,180	\$25,800	\$25,080
You + Spouse	\$6,500	\$5,060	\$12,900	\$11,460	\$25,800	\$24,360
You + Family	\$9,000	\$7,560	\$12,900	\$11,460	\$25,800	\$24,360
<b>Earned well-being incentive credit maximums</b> (includes UnitedHealthcare's 480-credit bonus)	<b>Your earned well-being incentive credits reduce your out-of-pocket costs by:</b> You – 720   You + Child(ren) – 720   You + Spouse – 1,440   Family – 1,440					
<b>Co-insurance (Plan pays)</b>	<b>80%</b>		<b>70%</b>		<b>50%</b>	
<b>Covered services</b>						
Preventive Care Services When provided by network providers and properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA)	100%		100%		Not covered	
Eye Exam – Routine (limited to 1 exam every 24 months; no out-of-network coverage)	100%		100%		Not covered	
Routine Maternity Care Physician Services (prenatal, delivery and postpartum)	100%		70%*		50%*	
Non-Routine Maternity Care Physician Services (prenatal, delivery and postpartum)	100% after \$35 PCP co-pay \$45 Specialist co-pay		70%*		50%*	
Primary Care Physician (PCP), Specialist or Clinic Office Visits (treatment of illness or injury)	100% after \$35 PCP co-pay \$45 Specialist co-pay		70%*		50%*	
Urgent Care Visit	100% after \$35 co-pay		70%*		50%*	
Emergency Room (treatment of an emergency medical condition or injury)	100% after \$150 co-pay (waived if admitted)		70%*		70%*	
24/7 Virtual Visits	100% after \$35 PCP co-pay		70%*		Not covered	
Telemedicine	100% after \$35 PCP co-pay \$45 Specialist co-pay		70%*		50%*	

\*After the deductible.

\*\*For members enrolled in the HDHP, well-being credits cannot be used until the \$1,400 (employee) or \$2,800 (employee + spouse, employee + child(ren), or employee + family) thresholds have been met.

	Choice HMO	HDHP with HSA	
Medical	Network	Network	Out-of-Network
Ambulance (emergency only)	100%	70% *	70% *
Outpatient Surgery	80% *	70% *	50% *
Hospital Services (inpatient/outpatient facility/outpatient professional)	80% *	70% *	50% *
Hospital Services (inpatient professional)	100% *	70% *	50% *
Outpatient Rehabilitation – Physical, Speech, Occupational, Cardiac, Pulmonary Therapy (40 visits per therapy per plan year)	100% after \$25 co-pay	70% *	50% *
Chiropractic Visit – Spinal Manipulation Only (20 visits per plan year)	100% after \$45 co-pay	70% *	50% *
Hearing – Exam and Fitting (office visit)	Hearing Aid exam: \$35 Primary Physician \$45 Specialist co-pay per visit, then 100% of eligible expenses	70% *	50% *
Hearing Aid Allowance • Children (up to age 19) – (\$3,000 per hearing-impaired ear every 4 years) • Adult – (\$1,500 max/5 years)	Hearing Aid: 100% Up to 4-year benefit maximum for children and 5-year benefit maximum for adults	Hearing Aid: 100%* Up to 4-year benefit maximum for children and 5-year benefit maximum for adults	Hearing Aid: 100%* Up to 4-year benefit maximum for children and 5-year benefit maximum for adults
<b>Behavioral health</b>			
Mental Health and Substance Use Disorder Inpatient & Outpatient Facility, and Residential Treatment Centers <b>NOTE:</b> Prior approval required.	80% *	70% *	50% *
Mental Health/Substance Use (inpatient professional)	100% *	70% *	50% *
Mental Health/Substance Use Disorder Outpatient Visits – Professional & Methadone Clinics	100% after \$35 PCP co-pay \$10 co-pay for group/ family therapy	70% *	50% *
<b>Pharmacy – administered by CVS Caremark™</b>			
Retail Pharmacy (Up to a 31-day supply)	Tier 1 – \$20 Tier 2 – \$50 Tier 3 – \$90	70% *	70% *
90-Day Mail Order	Tier 1 – \$50 Tier 2 – \$125 Tier 3 – \$225	70% *	70% *

\*After the deductible.

**For more coverage details for each of these plans,  
please visit [whyuhc.com/shbp](http://whyuhc.com/shbp) or call 1-888-364-6352**

**United  
Healthcare**



This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. This outline is intended as a summary only. For a detailed description of the benefits available, please refer to the official plan documents.

Select generics, listed on the Federal Preventive Drug List, can be obtained for a co-insurance fee without having to meet the deductible first.

This information is a general description of your coverage. It is not a contract and does not replace the official benefit coverage documents, which may include a Summary Plan Description. If descriptions, percentages and dollar amounts in this guide differ from what is in the official benefit coverage documents, the official benefits coverage documents prevail.

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The UnitedHealthcare plan with health savings account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open an HSA with a bank of their choice or through Optum Bank, Member of FDIC. The HSA refers only and specifically to the health savings account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

SHBP Open Enrollment

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through UnitedHealthcare of Colorado, Inc.