



2026 SHBP benefits at a glance

For more coverage details for each of these plans, please visit whyuhc.com/shbp or call 888-364-6352.

	Choice HMO		HDHP with HSA			
Medical	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:**
Deductible						
You	\$1,300	\$820	\$3,500	\$3,020	\$7,000	\$6,520
You + child(ren)	\$1,950	\$1,470	\$7,000	\$6,520	\$14,000	\$13,520
You + spouse	\$1,950	\$990	\$7,000	\$6,040	\$14,000	\$13,040
You + family	\$2,600	\$1,640	\$7,000	\$6,040	\$14,000	\$13,040
Out-of-pocket maximum						
You	\$4,000	\$3,520	\$6,450	\$5,970	\$12,900	\$12,420
You + child(ren)	\$6,500	\$6,020	\$12,900	\$12,420	\$25,800	\$25,320
You + spouse	\$6,500	\$5,540	\$12,900	\$11,940	\$25,800	\$24,840
You + family	\$9,000	\$8,040	\$12,900	\$11,940	\$25,800	\$24,840
Earned well-being incentive credit maximums	Your earned well-being incentive credits reduce your out-of-pocket costs by: You - 480 You + child(ren) - 480 You + spouse - 960 Family - 960					
Co-insurance (plan pays)	80%		70%		50%	
Covered services						
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	
Non-preventive diagnostic colonoscopy and mammogram	100%		100%*		Not covered	
Eye exam - routine (limited to 1 exam every 24 months; no out-of-network coverage) Dilated retinal eye exams for those with diabetes covered 100%	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%*	
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 \$200 co-pay (waived if admitted)		70%*		70%*	
24/7 Virtual Visits	100% after \$35 PCP co-pay		70%, no deductible applies		Not covered	
Telemedicine	100% after \$35 PCP co-pay \$45 specialist co-pay		70%, no deductible applies		50%*	

*After the deductible with the exception of breast cancer screenings with no prior breast cancer diagnosis.

**Amount assumes member has earned and redeemed 480 points through the UnitedHealthcare HIA.

***For members enrolled in the HDHP, credits cannot be used until the \$1,700 (employee) or \$3,400 (employee + spouse, employee + child(ren), or employee + family) threshold has been met. Amount also assumes member has earned and redeemed 480 points through the UnitedHealthcare HIA.

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.

United
Healthcare



	Choice HMO	HDHP with HSA	
Medical	Network	Network	Out-of-network
Ambulance (emergency only)	100%	70%*	70%*
Outpatient surgery	80%*	70%*	50%*
Independent laboratory (freestanding lab for bloodwork, strep tests, etc.)	100%	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 PCP co-pay \$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/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
Behavioral health			
Mental health and substance use disorder inpatient and outpatient facility, and residential treatment centers NOTE: Prior approval required	80%*	70%*	50%*
Mental health/substance use (inpatient professional)	100%*	70%*	50%*
Mental health/substance use disorder outpatient visits (professional and methadone clinics)	100% after \$35 co-pay \$10 co-pay for group/family therapy	70%*	50%*
ABA therapy	100% after \$35 co-pay	70%*	50%*
Pharmacy – administered by CVS Caremark®			
Retail pharmacy (up to a 31-day maximum supply)	Tier 1 – \$5 co-pay Tier 2 – \$55 co-pay Tier 3 – \$95 co-pay	70%*	70%*
Participating mail order OR retail network pharmacy (90-day maximum supply)	Tier 1 – \$12.50 co-pay Tier 2 – \$137.50 co-pay Tier 3 – \$237.50 co-pay	70%*	70%*

*After the deductible.

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.