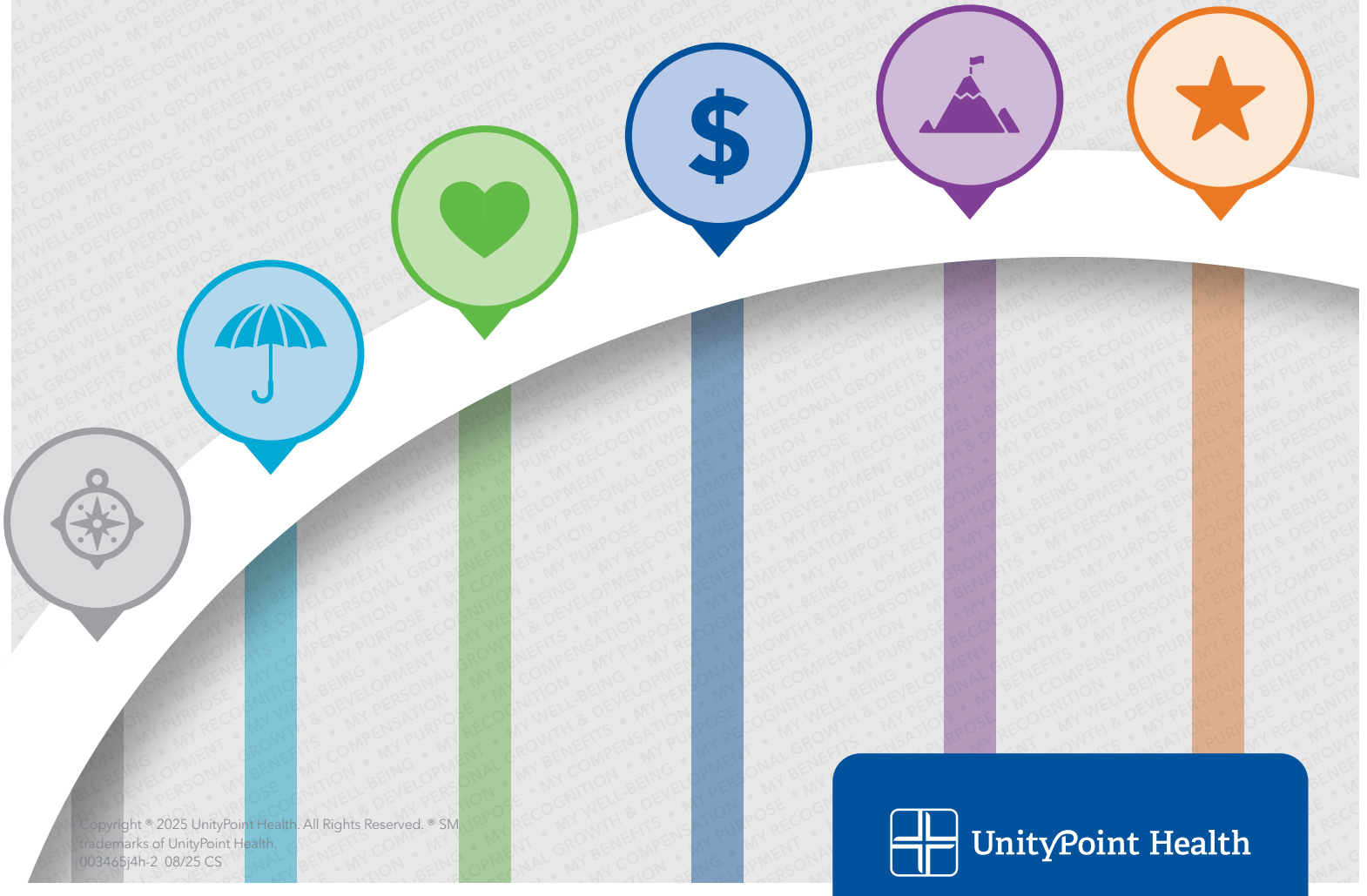
2026

HEALTH INSURANCE

UNITYPOINT CLINIC AND UNITYPOINT AT WORK TEAM MEMBERS RESIDING IN WISCONSIN



UnityPoint Health

Health Insurance

Important Health Insurance Definitions

This list of health insurance definitions is included for reference in this section of the benefit guide.

- **Deductible:** The out-of-pocket amount you pay for covered health care before your plan begins paying. Not all services may count toward the deductible.
- **Coinsurance:** The percentage of covered costs you pay after meeting your deductible.
- **Copay:** A set fee you pay for certain services; your insurance covers the remaining cost.
- **Out-of-Pocket Maximum:** This is the total you pay for deductibles, coinsurance and copays in a policy period. After reaching this limit, your plan covers all allowed costs for covered services.
- **Formulary Drug:** Is a list of prescription medications that are covered by a health insurance plan. It is organized based on factors such as cost, safety and effectiveness. The formulary is created and regularly updated by medical experts to ensure that it reflects the best options for patients.
- **Preventive Services:** Services that are fully covered with no deductible when using a network provider.
- **Summary of Benefits and Coverage (SBC):** The SBC provides a simple overview of a health plan's costs, benefits, covered services and unique features. It is useful for comparing benefit plans. SBCs can be found on the My Benefits page on the Hub.

Enrollment

You have the choice between two different health insurance plans, the **TIERED PLAN** or the **HIGH DEDUCTIBLE HEALTH PLAN**. Both health insurance plans:

- Cover the same basic medical services
- Cover the same network of providers, hospitals and health care specialists who deliver quality care according to network standards and have agreed to lower, preferred rates for covered services.

Depending on the plan selected, your share of the costs of medical services you receive differs.

TIERED PLAN

- Higher biweekly premium cost for coverage
- Cost of care (deductible and out-of-pocket maximum) lower than the High Deductible Health Plan

HIGH DEDUCTIBLE HEALTH PLAN

- Pay less in biweekly premium costs for coverage
- Cost of care (deductible and out-of-pocket maximum) higher than the Tiered Plan
- UnityPoint Health - Meriter contributes to your Health Savings Account (HSA) to help offset out-of-pocket costs

Deductible

- The family must collectively satisfy the family deductible. Additionally, each family member has an individual deductible in addition to the overall family deductible. This means that if an individual meets their deductible before the family deductible is reached, their services will be covered by the insurance carrier.

Compare Health Insurance Plans

	TIERED PLAN (TRADITIONAL HMO)	HIGH DEDUCTIBLE HEALTH PLAN
	In-Network	
Annual Deductible (Single/Family)	$1,700/$3,400	$3,400/$6,800
Coinsurance	20%	0%
Med Exp Max Out of Pocket	$4,000/$8,000	$3,400/$6,800
Physician Services		
Office Visit	$30 Copay	No charge after Deductible
Specialty Visit	$60 Copay	
E-visit	No charge	
Emergency Services		
Urgent Care	$60 Copay	No charge after Deductible
Emergency Room	1-4 visits: $250 each 5 or more visits: $500 each	
Hospital Services		
Inpatient Services	20% Coins after Deductible	No charge after Deductible
Delivery & Newborn Charges		
Outpatient Services		
Diagnostic Services		
Lab & X-Ray	No charge	No charge after Deductible
MRI/PET/CAT Scan	$150 Copay	
Behavioral Health		
Inpatient Services	20% Coins after Deductible	No charge after Deductible
Transitional	20% Coins after Deductible	
Outpatient Services	$30 Copay	

Compare Health Insurance Plans, *continued*

	TIERED PLAN (TRADITIONAL HMO)	HIGH DEDUCTIBLE HEALTH PLAN
	In-Network	
Other Services		
Durable Medical Equipment	20% Coins	No charge after Deductible
Therapy Services	$30 Copay	
Pharmacy Benefits		
	Meriter UW Pharm / Other Pharm	
Value Tier (RX Outcomes)	$5 Copay / $5 Copay	N/A
Tier 1	$15 Copay	$20 Copay	No charge after Deductible
Tier 2	30% Coins	30% Coins	No charge after Deductible
Tier 3	50% Coins	50% Coins	No charge after Deductible
Specialty	30% Coins	N/A	No charge after Deductible
Max Out of Pocket (Single/Family)	$2,000/$4,000	N/A
Additional Benefits		
Preventive Services	No charge	No charge

Employee Bi-Weekly Rates (26 pay periods)

Years of Service	0-9	10-19	20+	0-9	10-19	20+
Employee	$77.88	$73.38	$70.38	$56.61	$52.11	$49.11
Employee + 1	$175.25	$170.75	$167.75	$127.38	$122.88	$119.88
Family	$253.15	$242.65	$234.15	$184.00	$173.50	$165.00

This Benefit Summary is intended to highlight the benefits provided in these plans. Please see your policy, including the Certificate of Coverage and Schedule of Benefits (SOB) for detailed coverage information, limitations and exclusions.

Vendor Contact List

PLAN	CONTACT	PHONE	WEBSITE
Health Insurance	Quartz	(608) 644-3430 (800) 362-3310	quartzbenefits.com