Medical & prescription

Ilera Holistic Healthcare offers two medical plans through UnitedHealthcare. Prescription drug coverage is administered by UnitedHealthcare and is included when you enroll in a medical plan. Learn more at **www.ilerabenefits.com/medical**.

Plan year: Dec. 1, 2026 - Nov. 30, 2027	Plan A	Plan B
IN-NETWORK - UNITEDHEALTHCARE		
Deductible: individual / family	$2,000 / $4,000	$1,500 / $3,000
Out-of-pocket maximum: individual / family	$5,000 / $10,000	$5,500 / $11,000
Preventive care: annual well check, immunizations & related services	$0	$0
FACILITY VISITS		
Primary care	$40 copay	$10 copay
Specialist visits	$80 copay, after deductible	$100 copay, after deductible
Telemedicine	$0	$0
Urgent care	$75 copay, after deductible	$100 copay, after deductible
Inpatient hospital	$800 copay per admission, after deductible	$1,000 copay per admission, after deductible
Outpatient surgery	$400 copay, after deductible	$500 copay, after deductible
Emergency room	$500 copay, after deductible	$750 copay, after deductible
OUTPATIENT DIAGNOSTIC SERVICES		
X-ray services (designated provider)	$75 copay, after deductible	$75 copay, after deductible
CT / PET scan, MRI (designated provider)	$250 copay, after deductible*	$500 copay, after deductible*
PRESCRIPTIONS - RETAIL, 30-DAY SUPPLY		
Tier 1 - Generic	$10 copay	$10 copay
Tier 2 - Preferred brand	$40 copay	$40 copay
Tier 3 - Non-preferred brand	$110 copay	$110 copay
Tier 4 - Specialty	$250 copay	$250 copay

*For Designated Network Benefits, radiology services must be received from a Designated Diagnostic Provider. Network Benefits include radiology services received from a Network provider that is not a Designated Diagnostic Provider.

All individual deductible amounts count toward the family deductible, but an individual will not pay more than the individual deductible amount.

Out-of-network: refer to the Summary of Benefits and Coverage at **www.ilerabenefits.com/legal**. Bi-weekly costs appear on page 10. | UnitedHealthcare | 1-877-797-8812 | **www.myuhc.com**