

# Medical and Prescription Drug Coverage

Choose from three Consumer-Driven Health Plans (CDHPs) designed to give you flexibility in managing your health care and your costs.

CDHPs use the UHC Choice Plus network. UMR, a subsidiary of UnitedHealthcare, is the claims administrator. To locate a provider, contact Included Health at [includedhealth.com/lubrizol](https://www.includedhealth.com/lubrizol) or **1-855-431-5532**.

If you live in an area where network coverage is limited, you also have an out-of-area option – the Lubrizol OOA. If you are eligible for this option, it will be displayed when you enroll online at [go.lubrizol.com/BenefitsEnrollment](https://go.lubrizol.com/BenefitsEnrollment).

## COMPARE YOUR MEDICAL AND PRESCRIPTION DRUG BENEFITS

FEATURE	Core <sup>1</sup>	Standard	Plus
	<i>Individual • 2-person • Family</i>	<i>Individual • 2-person • Family</i>	<i>Individual • 2-person • Family</i>
<b>Lubrizol's Annual HSA Contribution</b>	N/A	\$500 • \$750 • \$1,000	\$1,000 • \$1,500 • \$2,000
	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Preventive Care</b>	\$0		
<b>Annual Deductible<sup>2</sup></b>	\$4,250 • \$6,375 • \$8,500	\$3,250 • \$4,875 • \$6,500	\$2,250 • \$3,375 • \$4,500
<b>Annual Out-of-Pocket Maximum</b>	\$5,750 • \$7,875 • \$10,000	\$4,750 • \$6,375 • \$8,000	\$3,750 • \$4,875 • \$6,000
<b>Biweekly Contribution<sup>3</sup></b>	\$0 • \$17 • \$25	\$31 • \$86 • \$122	\$74.12 • \$176.34 • \$253.28
<b>Surcharges</b>	Medical: \$45 Tobacco: \$35		
<b>Medical Coinsurance</b>	Network: 20% Non-network: 40%		
<b>Emergency Room Visits</b>	20%		
<b>Hearing</b>	Hearing aid, hearing aid exams and diagnostic hearing care (not preventive) have \$500 limit, payable every two years		
<b>Prescription Drug – Retail and Mail Order<sup>4</sup></b>	Preventive: 0% Generic: 10% Brand Formulary: 20% Brand Non-formulary: 30% Biotech/Specialty (available only through mail order): 35%		

1 For the Core plan, the annual out-of-pocket maximum for 2-person and family coverage has an individual cap of \$5,750. Once any one family member reaches the individual cap of \$5,750, Lubrizol starts paying 100% of that person's covered expenses for the rest of the plan year.

2 All covered expenses, including medical, prescription drug, behavioral health and substance abuse treatment expenses, apply to the annual deductible. The amount you pay for your annual deductible also counts toward your out-of-pocket maximum.

3 Actual amounts may vary slightly due to system rounding. For more details on your contributions for coverage, refer to Lubrizol Biweekly Contributions at [go.lubrizol.com/ae](https://go.lubrizol.com/ae).

4 Please refer to the benefits website for the most current drug lists.