



ORACLE

Benefits

Human Resources

UnitedHealthcare (UHC) Medical Plans

Highlights, Key Features, and Considerations

This guide is designed to help you determine which UHC Medical Plan may be best for you and your family. It will include plan highlights, key features and considerations, and out-of-pocket expenses that affect the Plan's annual deductible and out-of-pocket maximum. Each section is an overview only and does not include all plan expenses. Deductible, copay, and annual maximum information can be found in the Medical Comparison Chart located on www.oraclebenefits.com. This information is subject to change—for specific details, review the [Oracle America, Inc. Flexible Benefit Plan Summary Plan Description \(SPD\)](#) and/or contact UnitedHealthcare by calling the phone number on the back of your medical insurance card.

Oracle offers health insurance plans that vary in cost, depending on plan features, such as co-payments, coinsurance, deductibles, and out-of-pocket expenses. In-network preventive care is covered at 100% under all UHC plans.

[Essential EPO](#)

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Note: This document provides an overview. Complete plan and policy details, including eligibility information, can be found on the Oracle US Benefits website. If this document conflicts with the terms of the Oracle America, Inc. Flexible Benefits Plan or any applicable insurance policy, the terms of the plan or insurance policy will control.



Essential EPO

The Exclusive Provider Organization (EPO) Plan offers **lower premiums and predictable copays for office visits**, while providing access to the UHC Choice* network of doctors, specialists, and facilities. In exchange for lower premiums, the plan has a **higher deductible and out-of-pocket maximum** and does not provide coverage outside the UHC Choice* network except in an emergency.

Key Features

- **Lower premiums:** Pay less from your paycheck for medical coverage compared with plans offering richer benefits or greater provider flexibility.
- **Predictable office visit copays:** Copays for primary care and specialist visits can make the cost of routine care easier to anticipate.
- **Higher deductible:** You may pay more upfront for services that are subject to the deductible before the plan begins sharing costs.
- **Higher out-of-pocket maximum:** Your potential financial responsibility for covered healthcare services may be greater during a year when you need significant medical care.
- **No out-of-network coverage:** Care received outside the UHC Choice* network is generally not covered, except for emergency services. You must use providers and facilities within the network to receive plan benefits.

Important Consideration

With the Essential EPO, staying in the UHC Choice network is especially important. Before enrolling, consider checking that the doctors, specialists, hospitals, and facilities you expect to use participate in the network. When comparing plans, weigh the **lower premiums you pay throughout the year against the higher potential costs you could pay when you need care.**

Who May Want to Consider this Plan?

This plan may be a good fit if you:

- Want to **keep your paycheck premiums lower** and are comfortable assuming **more of the cost** when you need significant medical care.
- Prefer predictable copays for routine office visits.
- Typically use fewer healthcare services or do not anticipate significant medical expenses during the year.
- Are comfortable **receiving your care exclusively** from providers and facilities within the UHC Choice network.
- Are comfortable with the financial risk of a **higher deductible and out-of-pocket maximum** in exchange for **lower premiums.**

** The EPO plan uses the UHC Select network in the state of California.*

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High-Deductible Health Plan (HDHP) with HSA “HSA Medical Plan”

This medical plan combines **mid-range premium** with a **higher deductible** and the opportunity to contribute to a **Health Savings Account (HSA)**. It may offer a good balance for those who want to manage their premium costs while taking advantage of the HSA’s tax benefits and building savings for current and future healthcare expenses.

Key Features

- **Mid-range premiums:** Premiums fall between lower-cost and higher-cost plan options, providing a balance between what you pay from your paycheck and what you may pay when receiving care.
- **Higher deductible:** You generally pay more of your healthcare costs upfront before the plan begins sharing the cost of covered services. For family coverage, the deductible is combined (aggregated), which means healthcare expenses for all covered family members count toward one family deductible.
- **HSA eligible:** You can contribute pre-tax dollars to a Health Savings Account and use those funds to pay for qualified healthcare expenses, including deductibles, coinsurance, prescriptions, and other eligible expenses.
- **Triple tax advantage:** HSA contributions can be made pre-tax or may be tax-deductible, earnings can grow tax-free, and withdrawals for qualified medical expenses are tax-free, subject to applicable tax rules.
- **Your HSA is yours:** Unused funds roll over from year to year – they are yours to keep and can help you build saving for future expense. The account stays with you if you change medical plans, change employers, or retire.
- **Network flexibility:** Access the broad UHC Choice Plus* network of doctors, specialists, hospitals, and other healthcare providers, generally without needing a referral.
- **Out-of-network benefits:** The HSA Medical Plan gives you the flexibility to receive care from providers outside the plan’s network. However, you’ll typically pay more care outside of the network, as the plan pays a lower percentage of the allowed amount, and you may also be responsible for any difference between the provider’s billed charge and the plan’s allowed amount.

Important Consideration

With a high-deductible medical plan, you may pay more out of pocket when you receive care, particularly before meeting the deductible. When comparing your options, consider the **total cost of coverage—not just the premium—including the deductible, out-of-pocket maximum, expected healthcare needs, and any employer HSA contributions**.

Who May Want to Consider This Plan?

This plan may be a good fit if you:

- Want a **balance between premium costs and potential out-of-pocket expenses**.
- Are comfortable paying a higher deductible when you need healthcare.
- Want the **tax advantages and long-term savings potential** that an HSA can provide.
- Have savings available, including HSA funds, to help cover healthcare expenses before meeting the deductible.
- Value the ability to **roll over unused HSA funds** and build your healthcare savings over time.

** The HSA Medical Plan uses the UHC Select Plus network in the state of California.*

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PPO Medical Plan (Medium and frozen Premium PPO)

This Preferred Provider Organization (PPO) medical plan offers **comprehensive coverage, predictable copays, and greater financial protection when you need care**. While the plan has **higher premiums**, it features a **low embedded deductible and out-of-pocket maximum**, helping limit the amount you and individual family members may have to pay for covered healthcare services during the year.

Key Features

- **Low embedded deductible:** Each covered family member can satisfy their individual deductible without requiring the entire family deductible to be met first.
- **Lower out-of-pocket maximum:** Provides greater financial protection by limiting how much you pay for covered services during the plan year.
- **Predictable copays:** Pay set copays for primary care and specialist office visits, making routine healthcare expenses easier to anticipate.
- **Urgent and emergency care:** Copays for urgent care and emergency room visits provide more predictable costs when unexpected healthcare needs arise.
- **PPO flexibility:** Access the broad UHC Choice Plus* network of doctors, specialists, hospitals, and other healthcare providers, generally without needing a referral.
- **Out-of-network benefits:** The PPO gives you the flexibility to receive care from providers outside the plan's network. However, you'll typically pay more care outside of the network, as the plan pays a lower percentage of the allowed amount, and you may also be responsible for any difference between the provider's billed charge and the plan's allowed amount.

Important Consideration

This plan requires you to pay more in premiums throughout the year, even if you use very little healthcare. When comparing your options, consider whether the plan's **lower deductible, lower out-of-pocket maximum, predictable copays, and broader provider flexibility** are worth the higher premium based on your and your family's healthcare needs.

Who May Want to Consider This Plan?

This plan may be a good fit if you:

- Prefer **lower and more predictable out-of-pocket costs** when you receive care.
- Expect to use healthcare services regularly or anticipate significant medical expenses during the year.
- Cover family members and value the protection of **lower copays, embedded individual deductibles and out-of-pocket maximums**.
- Want the flexibility of a broad PPO network and access to out-of-network benefits.
- Are comfortable paying **higher premiums from your paycheck in exchange for greater financial protection when you need care**.

** The PPO Medical Plan(s) use the UHC Select Plus network in the state of California.*

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Out of Pocket Expense Comparison

PLAN	ESSENTIAL EPO CHOICE		HDHP W/HSA CHOICE PLUS/SELECT PLUS		PPO CHOICE PLUS/SELECT PLUS/OOA	
	Applies to deductible	Applies to OOP Max	Applies to deductible	Applies to OOP Max	Applies to deductible	Applies to OOP Max
Coinsurance	N/A	Yes	N/A	Yes	N/A	Yes
Deductible	N/A	Yes	N/A	Yes	N/A	Yes
Copayments	No	Yes	N/A	N/A	No	Yes
Preventive Care*	No	No	No	No	No	No
Prescription Drugs**	No	Yes	Yes	Yes	No	Yes
Outpatient mental health and substance abuse	No	Yes	Yes	Yes	No, except for OOA***	Yes
Inpatient mental health and substance abuse	Yes	Yes	Yes	Yes	Yes	Yes
Non-notification & other penalties	No	No	No	No	No	No
Expenses above the allowed amount	No	No	No	No	No	No
Non-covered charges	No	No	No	No	No	No
Paycheck contributions (premium payments)	No	No	No	No	No	No

*In-network preventive care is covered at no cost

**In-network preventive prescription drugs are covered at no cost

***OOA plan is available only to those who have limited network access due to their geographic area

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Hawaii EPO

Oracle full-time and part-time employees residing in Hawaii are generally required by state regulations to enroll in the Oracle Hawaii EPO health plan. You must use providers and facilities within the Choice network to receive plan benefits.

You may waive the Oracle health coverage if you qualify for an exemption under Hawaii state law. If you have additional questions, please reach out to benefits_us@oracle.com.

EXPENSE TYPE	APPLIES TO ANNUAL DEDUCTIBLE	APPLIES TO OUT-OF-POCKET MAXIMUM
Coinsurance	Not applicable — this plan does not require a deductible	Yes
Deductible		Not applicable
Copayments		Yes
Prescription drugs		Yes
Out-patient mental health & substance abuse		Yes
In-patient mental health & substance abuse		Not applicable
Non-notification and other penalties		No
Expenses above usual, customary, and reasonable		No
Non-covered charges		No
Paycheck contributions (premium payments)		No

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