YOUR 2024 ABBOTT HEALTHCARE OPTIONS

Abbott's national health plans, the Health Investment Plan PPO and the Traditional PPO are both available in the Blue Cross and Blue Shield (BCBS) and UnitedHealthcare (UHC) networks. Additional regional medical plans may also be available based on your location.

	HEALTH INVESTMENT PLAN (HIP PPO) | (Employee / Family)	**TRADITIONAL PPO** (PPO) | (Employee / Family)
Annual Employee Payroll Contribution[1]	**$300 / $600**	**$1,764/$5,282**
Wellness Assessment Credit	**($300) / ($600)**	**($300) / ($600)**
Health Savings Account (HSA)		
Abbott's contribution	**$200 / $400**	**$0**
Your contribution	up to **$3,950/$7,900**	**N/A**
Deductible		
In-network	**$1,750 / $3,500**	**$200 / $400**
Out-of-network	**$3,700 / $7,000**	**$600 / $1,450**
Out-of-Pocket Max (Including deductible)		
In-network	**$4,800 / $9,600**	**$3,600 / $8,200**
Out-of-network	**$9,600 / $19,200**	**$7,200 / $16,400**
Office Visit		
In-network		
PCP	**20%**	**$25**
Specialist	**20%**	**$50**
Out-of-network	**40%**	**40%**
Coinsurance (after deductible)		
In-network	**20%**	**20%**
Out-of-network	**40%**	**40%**
Prescription Drug Deductible	**Combined medical & Rx deductible**	**$100 / $200**
Prescription Drug	**Preventive - Free**[2] After deductible you pay: **Retail 25%** **Mail 20%**	After deductible you pay: **Retail 25%** **Mail 20%**
Prescription Out-of-Pocket Max	**Combined medical & Rx out-of-pocket maximum**	**$1,750 / $3,500**

[1] Contributions do not reflect the wellness assessment credit which can reduce costs by $300 per person/$600 per family or the annual spousal surcharge, if applicable.

[3] Many preventive medications are covered at 100% for conditions such as: asthma, blood pressure, cholesterol, contraceptives, diabetes, heart disease, immunizations, obesity, smoking cessation and other IRS approved conditions. The HIP PPO plan deductible does not apply to these preventive drugs.

2024 DENTAL COVERAGE

Abbott's dental plan is available though Delta Dental of Illinois. Your dental coverage provides free preventive care and can help pay for fillings, root canals, crowns, bridges, implants, and orthodontia. The plan also includes additional teeth cleanings for members with certain conditions including heart disease, diabetes and pregnancy.

Annual Deductible Deductible applies to basic and major services	$50/person; $100/family
Annual Maximum	$2,000/person
Enhanced Benefits Program	Your plan provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to your annual maximum.
Lifetime Orthodontic Maximum Dependent children to age 26; Adults are eligible for coverage	$2,000/person

	Delta Dental PPO Network Dentist*	Delta Dental Premier Network Dentist**	Non-Network Dentist***
PREVENTIVE/DIAGNOSTIC SERVICES (no waiting period)			
• Routine exams (two per benefit year)	100%	100%	100%
• Cleanings (two per benefit year)	100%	100%	100%
• Bitewing X-rays (Two per calendar year under age 19; one per calendar year age 19+)			
• Full mouth X-rays (one per five years)	100%	100%	100%
• Fluoride treatments (once per benefit year to age 19)	100%	100%	100%
• Space maintainers (child under age 14 once per lifetime per tooth area)	100%	100%	100%
• Sealants (to age 19)	100%	100%	100%
• Emergency exams and palliative (pain relief) treatment	100%	100%	100%
BASIC SERVICES (no waiting period)			
• Fillings (silver (amalgam) and tooth colored (composite) on front teeth)	80%	80%	80%
• Posterior composites (tooth colored fillings on back teeth)	80%	80%	80%
• Non-surgical periodontic (gum) maintenance	80%	80%	80%
• Surgical periodontic (gum) maintenance	80%	80%	80%
• Oral surgery (simple extractions)	80%	80%	80%
• Oral surgery (surgical extractions including general anesthesia)	80%	80%	80%
• Oral surgery (all other)	80%	80%	80%
• Endodontics (root canals and pulpal therapy)	80%	80%	80%
• TMJ (has separate lifetime max of $1,500 per person)	80%	80%	80%
MAJOR RESTORATIVE SERVICES (no waiting period)			
• Crowns, onlays, and other ceramic restorations to permanent teeth	50%	50%	50%
• Partial/full dentures	50%	50%	50%
• Denture (repair, reline, rebase and adjustments)	50%	50%	50%
• Fixed/removable bridges	50%	50%	50%
• Implants	50%	50%	50%
ORTHODONTICS (no waiting period) Dependent children to age 26; Adults are eligible for coverage	50%	50%	50%

*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15 – 40% discount off of average billed charges nationally.

**Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers a 5 – 15% discount off of average billed charges nationally.

***Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 90th MDR.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge.

2024 VISION COVERAGE

Abbott's vision plan is available through VSP. Your vision coverage includes routine exams and can help cover the cost of prescription lenses, frames and/or contact lenses. Members with diabetes also qualify for free retinal screenings. Additionally, preventive eye exams are covered under the national BCBS and UHC health plans.

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
Wellvision exam	Focuses on your eyes and overall wellness	$15	Every calendar year
Essential medical eye care	• Retinal screening for members with diabetes • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP doctor for details.	$0 per screening $20 per exam	Available as needed
PRESCRIPTION GLASSES		**$25**	
Frame	$250 featured frame brands allowance $200 frame allowance 20% savings on the amount over your allowance	Included in prescription glasses	Every other calendar year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in prescription glasses	Every calendar year
Lens enhancements	• UV protection • Anti-glare coating $25 • Standard progressive lenses $0 • Premium progressive lenses $95 - $105 • Custom progressive lenses $150 - $175 • Average savings of 30% on other lens enhancements	$0 $25 $0 $95 - $105 $150 - $175	Every calendar year
Contacts (instead of glasses)	• $200 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $25	Every calendar year
Retinal screening	• Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease.	$20	Every calendar year
Extra savings	**Glasses and Sunglasses** • Extra $50 to spend on featured frame brands. Go to vsp.com/framebrands for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		
Your monthly contribution	**$9.06** Employee only	**$19.38** Employee + spouse	**$17.74** Employee +child(ren)	**$26.90** Employee + family

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

Call VSP at **800-877-7195** or log in to vsp.com to find an in-network provider based on your plan type.