

# Need help deciding between the Core and Core Plus Plans?

Answer a few simple questions to see which plan may make most sense for you in 2024. Consider the plan where most of your answers fall. Questions with \* have the greatest potential impact on your expected costs for 2024, and should have greater influence on the medical plan you consider the upcoming year. **Review the next page to see how the answers to each question may affect your costs.**

## Core

Consider the Core Plan if you prefer:

- ↓ Less out of each paycheck
- ↑ Higher out-of-pocket costs (deductibles, coinsurance) when you need care

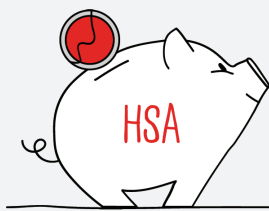
## Core Plus

Consider the Core Plus Plan if you prefer:

- ↓ Lower out-of-pocket costs (deductibles, coinsurance) when you need care
- ↑ More out of each paycheck

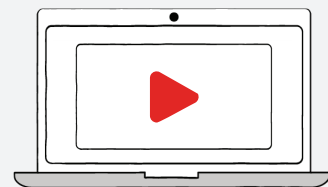
## Key reminders

### HSA



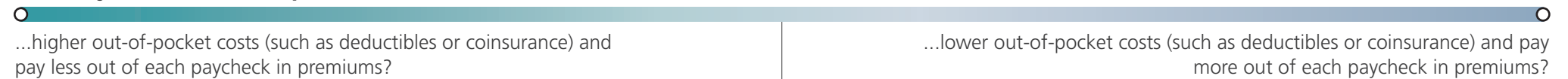
Use the HSA as a tax-free way to save and pay for eligible healthcare expenses. You can grow your HSA over time, which can be a safety net for a year when you have high healthcare costs; or you can use it to pay for healthcare expenses later, for example, when you retire.

### Virtual Benefits

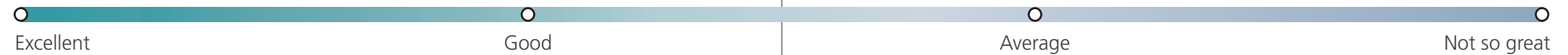


Don't forget to go to the **Virtual Benefits page** on the US benefits microsite for more details about the two medical plan options and all your UBS benefits.

### Would you rather be responsible for...



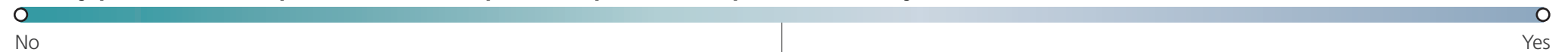
### Describe your/your family's health



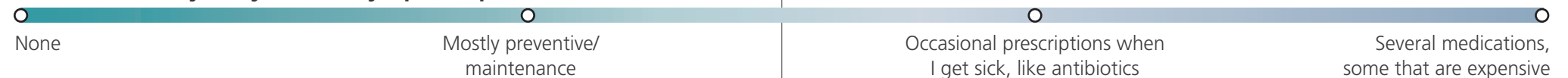
### \* How much care do you use in an average year?



### \* Any plans to have a procedure that requires hospitalization/plans for a baby in 2024?



### \* What about your/your family's prescription medications?



### How would you describe your finances



### Do you use Out-of-Network services?



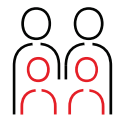
UBS is not providing any advice as to which medical plan is right for you and you should keep in mind that many factors will impact your healthcare decisions. You may want to discuss the tax consequences and financial implications of your healthcare decisions with a tax or financial advisor. This tool is for general reference and applies to eligible employees in the United States (not including Hawaii and Puerto Rico).

# | Why is it important to consider...



**...whether you want to be responsible for higher out-of-pocket costs (such as deductibles or coinsurance) if you need care, or pay more out of each paycheck in premiums regardless of how much care you consume?**

It's part preference – and risk tolerance for fixed versus variable costs.



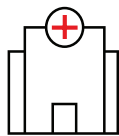
**...your and your family's health?**

Your (and your family's) overall health is a key factor. For example, if you are in excellent health, you'll likely need less care in the coming year.



**\* ...how much care you and your family use in an average year?**

One indicator of future healthcare usage is how much you've used in past years.



**\* ...if you have any plans to have a procedure that requires hospitalization, including having a baby?**

Planned hospitalizations (including having a baby) usually mean large healthcare expenses for the coming year. It can also be an indicator of reaching the out-of-pocket maximum, at which point, the plan will cover the remaining eligible covered costs for the rest of the year.



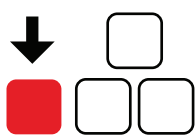
**\* ...what kinds of prescription medications you and your family use?**

One key (and often large) healthcare expense is prescription medication. Under both plans, prescription coverage is subject to the plan's overall deductible and out-of-pocket maximum.



**...your finances?**

Your financial situation plays a role in how easily you're able to pay for healthcare services throughout the year. While the CDHP Core Plan offers lower payroll contributions, for example, you'll need to consider whether you can afford the higher upfront deductible should you experience a large medical expense.



**...your usage of out-of-network services?**

You save considerably when you use in-network providers because of negotiated rates, lower deductibles, and out of pocket maximums. However, both plans offer the flexibility to go out-of-network but you pay more for services. Payments you make for eligible out-of-network expenses will go towards your out-of-network deductible. Amounts over the maximum allowable amounts will not count towards your out-of-network deductible.