



## Side-by-Side Comparison of Medical Plans

	Essential HDHP		Enhanced HDHP		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<i>Individual coverage</i>						
Annual Deductible	\$2,750	\$5,000	\$1,750	\$2,800	\$600	\$2,200
Out-of-Pocket Maximum	\$5,000	\$8,000	\$3,500	\$5,000	\$2,500	\$10,000
<i>Family coverage</i>						
Annual Deductible	\$5,500	\$10,000	\$3,500	\$5,600	\$1,200	\$4,400
Out-of-Pocket Maximum	\$9,450	\$16,000	\$7,000	\$10,000	\$5,000	\$20,000
Co-insurance	30%	50%	20%	40%	20%	40%

	Essential HDHP		Enhanced HDHP		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<i>Covered Services</i>						
Preventive Care	\$0	50% after deductible	\$0	40% after deductible	\$0	40% after deductible
Urgent Care	30% after deductible	50% after deductible	20% after deductible	40% after deductible	\$75 copay	40% after deductible
Office Visit - PCP	30% after deductible	50% after deductible	20% after deductible	40% after deductible	\$30 copay	40% after deductible
Office Visit - Specialist Including mental health and substance abuse	30% after deductible	50% after deductible	20% after deductible	40% after deductible	\$50 copay	40% after deductible
Emergency Room	30% after deductible	30% after deductible	20% after deductible	20% after deductible	\$200 copay	\$200 copay
Hospitalization Including mental health and substance abuse	30% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Retail Pharmacy Cost applies to in-network and out-of-network Up to 31 day supply	Tier 1 - deductible then \$10 Tier 2 - deductible then \$35 Tier 3 - deductible then \$125 Tier 4 - deductible then \$250				Tier 1 - \$10 Tier 2 - \$35 Tier 3 - \$125 Tier 4 - \$250	
Mail Order Pharmacy Cost applies to in-network Up to 90 day supply	Tier 1 - deductible then \$25 Tier 2 - deductible then \$87.50 Tier 3 - deductible then \$312.50 Tier 4 - deductible then \$625				Tier 1 - \$25 Tier 2 - \$87.5 Tier 3 - \$312.50 Tier 4 - \$625	

**Diabetic Medication covered 100% with \$0 out-of-pocket costs. Exclusions may apply.**

\*All plans utilize the same UnitedHealthcare Network and cover the same services.

HDHP - All family members contribute towards one family deductible. The full family deductible must be met before benefits begin.

PPO - Each family member can meet an individual deductible and then receive benefits; each family member will accumulate toward the family deductible until it is reached

Annual out-of-pocket maximums include the deductibles, co-insurance and both medical and Rx co-payments

Emergency room copay is waived if admitted. True emergencies are paid as in-network.