

MEDICAL

MEDICAL PLAN COMPARISON

PLAN NAME	KELSEY UHC CHARTER		SUREST		CHOICE HSA ⁵	
NETWORK	KELSEY SEYBOLD		CHOICE		CHOICE	
	IN-NETWORK ONLY, KELSEY SEYBOLD NETWORK PROVIDERS		IN-NETWORK ONLY		IN-NETWORK ONLY HSA PLAN PARTICIPANT CONTRIBUTION: \$4,500 INDIVIDUAL/ \$9,000 FAMILY	
DEDUCTIBLE	IN-NETWORK		IN-NETWORK		IN-NETWORK	
Individual	\$750		\$0		\$4,000	
Family	\$1,500		\$0		\$6,000	
OUT-OF-POCKET MAX						
Individual	\$3,750		\$8,500		\$6,000	
Family	\$7,500		\$17,000		\$12,000	
PRIMARY OFFICE VISIT						
Primary Care	\$45 copay		Combined Range		20% after deductible	
Specialist	\$55 copay		\$50 - \$150		20% after deductible	
Virtual Visit ¹	Covered in full		Covered in full		20% after deductible	
OTHER SERVICES						
Preventive Care	Plan pays 100%		Plan pays 100%		Plan pays 100%	
Routine Labs, X-Rays	20% after deductible		\$0		20% after deductible	
Airrosti Muscle / Joint ¹	\$35 copay		Combined Range \$30 – \$135 copay		20% after deductible	
Surgery Plus ²	Covered at 100%		Covered at 100%		Covered 100% after deductible	
Inpatient Hospital Outpatient Hospital	20% after deductible		Up to \$5,500 In/Out Amb. Surg Center (Maternity \$2,400-\$4,500) \$4,500 Other IP Hosp \$250- \$1,150 Other OP Hosp		20% after deductible	
Urgent Care	\$75 copay		\$75 copay		20% after deductible	
Advanced Imaging (CT scan, MRI, PET)	20% after deductible		\$350 - \$1,400 copay		20% after deductible	
EMERGENCY ROOM						
Emergency Room (True Emergency)	\$300 copay ³ then 20% after deductible (waived if admitted)		\$1,000 copay (waived if admitted)		20% after deductible (waived if admitted)	
Inpatient Mental Health and Substance Abuse Outpatient Mental Health and Substance Abuse	20% after Deductible IP \$25 dollar copay OP		\$4,500 Other IP Hosp \$45 - \$170 Other OP Hosp		20% after deductible	
PRESCRIPTION						
Retail Rx Drugs (30 days)	30% / 40% / 50%		30% / 40% / 50%		20% after deductible	
Mail Order Rx (90 days)	25% / 35% / 45%		25% / 35% / 45%		20% after deductible	
Specialty Pharmacy	45% to a maximum of \$75		45% to a maximum of \$75		20% to a maximum of \$75, after deductible has been met	
RATES BY PLAN ⁴	PER PAY PERIOD COST*		PER PAY PERIOD COST*		PER PAY PERIOD COST*	
	24	19	24	19	24	19
Employee Only	\$80.23	\$101.34	\$88.67	\$112.00	\$31.05	\$39.22
Employee + Spouse	\$277.40	\$350.39	\$344.41	\$435.04	\$229.73	\$290.18
Employee + Child(ren)	\$244.40	\$308.71	\$264.35	\$333.91	\$152.19	\$192.24
Employee + Family	\$369.56	\$466.81	\$443.34	\$560.00	\$276.80	\$349.64

*Per pay period contributions

¹Subject to change

²These benefits are separate from UHC, and made available in your medical plan at no additional cost to your premium.

³The copay is waived if admitted for the Kelsey, Surest, and Choice HSA.

⁴There are 19 pay period contributions for hourly employees (24 for all others) and do not include medical surcharge (see page 33 for more information).

⁵The Choice HSA Plan is not eligible for Medical FSA.