		Medica	al Plan Comparison					
		PPO - \$2000				HDHP - \$3,500		
	Tier 1 Provider	In-Network	Out-of-Network		Tier 1 Provider	In-Network	Out-of-Network	
Deductible - Individual / Family	\$2,000 / \$4,000	\$2,000 / \$4,000	\$5,000 / \$10,000		\$3,500 / \$7,000	\$3,500 / \$7,000	\$6,000 / \$12,000	
Out-of-Pocket - Individual / Family	\$5,000 / \$10,000	\$5,000 / \$10,000	\$10,000 / \$20,000		\$6,500 / \$13,000	\$6,500 / \$13,000	\$12,000 / \$24,000	
Deductible & Out of pocket is embedde	ed - If covering depen	dents each member must me	eet individual limits until family limit	s are m	et.			
Preventive Care	No Charge	No Charge	50%		No Charge	No Charge	50%	
Primary Care Visit	\$15	\$45	50%		20%*	40%*	50%*	
Virtual care - UHC providers	\$0	\$0	50%		UHC Virtual is a cost - Utilize One Medical ondemad care free			
Specialist	\$50	\$125	50%		20%*	40%*	50%*	
Urgent Care	\$50	\$50	50%		20%*	40%*	50%*	
Diagnostic Test	20%*	20%*	50%		20%*	40%*	50%*	
Outpatient Surgery	20%*	\$250 copay plus 40%*	\$250 copay plus 50%*		20%*	\$250 copay plus 40%*	\$250 copay plus 50%*	
Hospital Stay	20%*	\$500 copay plus 40%*	\$500 copay plus 50%*		20%*	\$500 copay plus 40%*	\$500 copay plus 50%*	
Childbirth / Delivery	20%*	\$500 copay plus 40%*	\$500 copay plus 50%*		20%*	\$500 copay plus 40%*	\$500 copay plus 50%*	
Rehabilitation	\$15	\$15	50%		20%*	40%*	50%*	
Pharmacy		Deductible does not apply to pharmacy			Deductible must be met before plan covers pharmacy			
Tier 1 Generic- Retail / Mail		\$10 / \$25			\$10 / \$25			
Tier 2 Brand - Retail / Mail		\$35 / \$87.50			\$35 / \$87.50			
Tier 3 Brand Non Formulary - Retail/Mail	\$70 / \$175				\$60 / \$150			
	*Denotes deducti	hle annlies - see nlan summa	ry of henefit coverage for more deta	ils on c	COVERSORS and EVOL	isions		

*Denotes deductible applies - see plan summary of benefit coverage for more details on coverages and exclusions.

<u>Rates</u>	Per Pay period	Rates Per Pay period
EE Only	\$69.46	EE Only \$30.00
EE + Spouse	\$351.24	EE + Spouse \$255.15
EE + Children	\$309.26	EE + Children \$172.53
Family	\$589.09	Family \$395.66
		In the HDHP plan you pay everything until individual deductible is

In the PPO plan you can see a primary or specialist doctor with a copay. The deductible does not apply. The PPO prescriptionare covered, no deductible.

You pay more from your paycheck for the PPO plan.

Family	\$395.66		
In the HDHP plan you pay everything until individual deductib			
	met.		

You pay for prescriptions until individual deductible is met. You pay less from your paycheck in the HDHP plan.

Preventive services are covered in both plans. Both plans require pre-authorizations. Review the detailed plan documents for more information about each plan.

When seeking services using a Tier 1 provider will cost less! Tier 1 providers noted on myuhc January 1, 2025.