



Plan:	UHC Choice Plus 70% HSA Plan* Embedded Deductible**		UHC Choice Plus 80% HSA Plan* Embedded Deductible**		UHC Choice Plus 90% HSA Plan*		Advantage Choice HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Deductible							
Individual	\$5,000	\$10,000	\$2,800	\$5,200	\$1,500	\$2,500	\$2,000
Family	\$10,000	\$20,000	\$5,600	\$10,400	\$3,000	\$5,000	\$4,000
Coinsurance (plan pays)			Deductible, then 80%	Deductible, then 60%	Deductible, then 90%	Deductible, then 70%	Deductible, then 80%
Annual Out-Of-Pocket Limit							
Individual	\$6,550	\$13,000	\$5,200	\$10,400	\$3,000	\$4,000	\$7,350
Family	\$13,100	\$26,000	\$10,400	\$20,800	\$6,000	\$7,000	\$14,700
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited
Office Visits: PCP / Specialist	Deductible, then 70%	Deductible, then 50%	Deductible, then 80%	Deductible, then 60%	Deductible, then 90%	Deductible, then 70%	\$0 Copay/ \$60 Copay
Preventive Services	100% - No Deductible	Deductible, then 80%	100% - No Deductible	Deductible, then 80%	100% - No Deductible	Deductible, then 80%	100% - No Deductible
Virtual Visits	Deductible, then 70%	Deductible, then 50%	Deductible, then 80%	Deductible, then 60%	Deductible, then 90%	Deductible, then 70%	\$0 Copay
Mental Health Office Visit	Deductible, then 70%	Deductible, then 50%	Deductible, then 80%	Deductible, then 60%	Deductible, then 90%	Deductible, then 70%	\$0 Copay
X-ray & Diagnostic - Outpatient	Deductible, then 70%	Deductible, then 50%	Deductible, then 80%	Deductible, then 60%	Deductible, then 90%	Deductible, then 70%	Deductible, then 80%
Laboratory Services	Deductible, then 70%	Deductible, then 50%	Deductible, then 80%	Deductible, then 60%	Deductible, then 90%	Deductible, then 70%	Deductible, then 80%
Urgent Care	Deductible, then 70%	Deductible, then 50%	Deductible, then 80%	Deductible, then 60%	Deductible, then 90%	Deductible, then 70%	\$50 Copay. No Deductible
In-Patient Hospitalization	Deductible, then 70%	Deductible, then 50%	Deductible, then 80%	Deductible, then 60%	Deductible, then 90%	Deductible, then 70%	Deductible, then 80%
Out-Patient Surgery	Deductible, then 70%	Deductible, then 50%	Deductible, then 80%	Deductible, then 60%	Deductible, then 90%	Deductible, then 70%	Deductible, then 80%
Emergency Room	Deductible, then 70%	Deductible, then 70%	Deductible, then 80%	Deductible, then 60%	Deductible, then 90%	Deductible, then 90%	\$250 Copay per occurrence, Deductible, then 80%
Pharmacy	Deductible, then subject to copays until Out-of-Pocket maximum met		Deductible, then subject to copays until Out-of-Pocket maximum met		Deductible, then subject to copays until Out-of-Pocket maximum met	Deductible, then subject to copays until Out-of-Pocket maximum met	\$250 Individual/ \$500 Family Pharmacy Deductible ***Pharmacy Deductible does not apply to Tier 1 or Tier 2
Retail - 30-Day Supply							
Mail Order - 90-Day Supply							
Tier 1	Retail \$10 / Mail Order \$20		Retail \$10 / Mail Order \$20	Retail \$10 / Mail Order \$20	Retail \$10 / Mail Order \$20		Retail \$5 / Mail Order \$12.50
Tier 2	Retail \$30 / Mail Order \$60		Retail \$30 / Mail Order \$60	Retail \$30 / Mail Order \$60	Retail \$30 / Mail Order \$60		Retail \$50 / Mail Order \$125
Tier 3	Retail \$50 / Mail Order \$100		Retail \$50 / Mail Order \$100	Retail \$50 / Mail Order \$100	Retail \$50 / Mail Order \$100		Deductible, then Retail \$100 / Mail Order \$250
Tier 4							Deductible, then Retail \$150 / Mail Order \$375

\*In-Network and Out-of-Network Deductibles and Out-of-Pocket Maximums do not integrate.

\*\*Embedded deductibles means that a single member of a family doesn't have to meet the full family deductible for after-deductible benefits to kick in. Instead, the person's after-deductible benefits will kick in as soon as he or she has met the individual deductible, even if the coverage is through a family plan