

| FEATURES: | UMR Medical with United Healthcare PPO/OPTUM Rx | | | | | |
|------------------------------------------------|-------------------------------------------------|------------------------|--------------------------------------------------------|-----------------------|--------------------------------------------------|-----------------------|
| | QHDHP - H.S.A. Plan | | Base PPO | | Premium Plan | |
| | <u>In Network</u> | <u>Out of Network</u> | <u>In Network</u> | <u>Out of Network</u> | <u>In Network</u> | <u>Out of Network</u> |
| Individual Deductible: | \$3,500 | \$7,000 | \$1,000 | \$2,000 | \$500 | \$1,000 |
| Family Deductible: | \$7,000 | \$14,000 | \$2,000 | \$4,000 | \$1,000 | \$2,000 |
| Co-Insurance: | 90% | Embedded 70% | 80% | 60% | 90% | 70% |
| Out of Pocket Maximum: (Incl. Ded.) | | | | | | |
| Individual: | \$4,500 | \$14,000 | \$4,500 | \$9,000 | \$4,000 | \$8,000 |
| Family: | \$9,000 | \$28,000 | \$9,000 | \$18,000 | \$8,000 | \$16,000 |
| <u>Office Care</u> | | | | | | |
| <i>The Bridge Health Center</i> | <i>Fair Market Cost TBD</i> | | <i>\$0 Cost to Member</i> | | <i>\$0 Cost to Member</i> | |
| Office Visits PCP: | Deductible & Coinsurance | | \$40 Co-Pay | Deductible & | \$35 Co-Pay | Deductible & |
| Specialist: | Deductible & Coinsurance | | \$60 Co-Pay | Coinsurance | \$50 Co-Pay | Coinsurance |
| <i>Preventive Care (via healthcare reform)</i> | 100% | | 100% | | 100% | |
| <u>Outpatient Lab Work</u> | | | | | | |
| <i>The Bridge Health Center</i> | <i>Fair Market Cost TBD</i> | | <i>\$0 Cost to Member</i> | | <i>\$0 Cost to Member</i> | |
| Office Setting/Free Standing Lab: | Deductible & Coinsurance | | Ded. & Coins | Ded. & Coins. | Ded. & Coins. | Ded. & Coins. |
| | | | or co-pay | | or co-pay | |
| Outpatient and Inpatient Hospital & X-Ray: | Deductible & Coinsurance | | Deductible & Coinsurance | | Deductible & Coinsurance | |
| <u>Acute Care</u> | | | | | | |
| <i>The Bridge Health Center</i> | <i>Fair Market Cost TBD</i> | | <i>\$0 Cost to Member</i> | | <i>\$0 Cost to Member</i> | |
| Urgent Care | Deductible & Coinsurance | | \$150 Co-Pay | Ded. & Coins. | \$125 Co-Pay | Ded. & Coins. |
| Emergency Room: | Deductible & Coinsurance | | \$300 Co-Pay (Waived if Admitted) | | \$250 Co-Pay (Waived if Admitted) | |
| *Prescription Drug Coverage: | Deductible & Coinsurance | | \$150 Ded, then \$10/30/70 Separate \$3,000 OOP Max | | \$10/25/50 Co-Pay at Separate \$3,000 OOP Max | |
| Mail Order Drug Coverage: | Ded. & Coins. | Not Covered | \$150 Ded, 2 x Co-Pay for 90 Days | | 2 x Co-pay for 90 Days | |
| <i>District Contribution to H.S.A.</i> | <i>\$1,200 Annually</i> | | n/a | | n/a | |