

HEALTH INSURANCE COMPARISON - CORE NETWORK

FEATURES:	UMR Medical with United Healthcare PPO/OPTUM Rx					
	H.S.A. Plan		Base Plan		Premium Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible:	\$3,000	\$6,000	\$750	\$1,500	\$500	\$1,000
Family Deductible:	\$6,000	\$12,000	\$1,500	\$3,000	\$1,000	\$2,000
	Embedded					
Co-Insurance:	100%	70%	90%	60%	100%	70%
Out of Pocket Maximum: (Incl. Ded.)						
Individual:	\$3,000	\$12,000	\$3,000	\$6,000	\$3,000	\$6,000
Family:	\$6,000	\$24,000	\$6,000	\$12,000	\$6,000	\$12,000
<u>Office Care</u>						
The Bridge Health Center	Fair Market Cost TBD		\$0 Cost to Member		\$0 Cost to Member	
Office Visits PCP:	Deductible & Coinsurance		\$40 Co-Pay	Deductible & Coinsurance	\$35 Co-Pay	Deductible & Coinsurance
Specialist:	Deductible & Coinsurance		\$50 Co-Pay	Deductible & Coinsurance	\$40 Co-Pay	Deductible & Coinsurance
Preventive Care (via healthcare reform)	100%	Deductible & Coinsurance	100%	Deductible & Coinsurance	100%	Deductible & Coinsurance
<u>Outpatient Lab Work</u>						
The Bridge Health Center	Fair Market Cost TBD		\$0 Cost to Member		\$0 Cost to Member	
Office Setting/Free Standing Lab:	Deductible & Coinsurance		Deductible & Coinsurance or co-pay	Deductible & Coinsurance	Deductible & Coinsurance or co-pay	Deductible & Coinsurance
Outpatient and Inpatient Hospital & X-Ray:	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
<u>Acute Care</u>						
The Bridge Health Center	Fair Market Cost TBD		\$0 Cost to Member		\$0 Cost to Member	
Urgent Care	Deductible & Coinsurance		\$150 Co-Pay	Deductible & Coinsurance	\$125 Co-Pay	Deductible & Coinsurance
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:	Deductible & Coinsurance	Not Covered	\$150 Ded, 2 x Co-Pay for 90 Days		2 x Co-pay for 90 Days	
District Contribution to H.S.A.	\$1,200/yr.- \$600/Jan. 5th & March 5th		n/a		n/a	
<u>MONTHLY AMT WITHELD FROM EMPLOYEE'S CHECK</u>	<u>H.S.A Plan</u>		<u>Base Plan</u>		<u>Premium Plan</u>	
Individual Only*	\$0.00 (\$710*)		\$0.00 (\$770*)		\$25 (\$860*)	
Spouse	\$345		\$375		\$675	
Children	\$255		\$290		\$555	
Family	\$640		\$700		\$1,270	
*District continues to pay the individual portion (the above illustration is an outline of the plan's coverage not to be used to determine if claims are eligible for payment)						

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****The District offers employees to waive participation in the Medical benefit plan if provided with documentation that you are covered under another group medical plan.**

In lieu of participation in the medical benefit plan, the employee will receive \$100 per pay stipend - ask for details. The above outline is for illustration purposes only.