

Medical Plan Features	Standard PPO		Consumer Driven HSA	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
Preventive Care	100% after \$20 copay/office visit up to \$300/person max/cal yr (deductible does not apply)	Not covered	100% after \$25 copay/office visit up to \$300/person max/cal yr (deductible does not apply)	Not covered
Physician Services Office Visits	100% after \$20 copay/office visit \$30 copay/ specialist visit (deductible does not apply)	50% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)
Hospital Services Inpatient Surgery Outpatient Surgery	80% hospital visits and surgery (deductible applies)	50% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)
Hospital Emergency Room	80% after \$75 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted) 80% after \$125 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% of MNRP ¹ after \$75 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted) 50% of MNRP ¹ after \$125 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% for emergencies (deductible applies) 60% for non-emergencies (deductible applies)	80% of MNRP ¹ for emergencies (deductible applies) 60% of MNRP ¹ for non-emergencies (deductible applies)
Urgent Care Centers	100% after \$30 copayment/visit (deductible does not apply)	50% of MNRP ¹ (deductible applies)	80% (deductible applies)	60% of MNRP ¹ (deductible applies)
Outpatient Prescription Drugs Tiers as determined by the UHC	Tier 1 - 90% (\$10 min/\$20 max) Tier 2 - 80% (\$25 min/\$45 max) Tier 3 - 60% (\$50 min/\$70 max)	Not covered	Tier 1- 80% (\$20 min/\$40 max) Tier 2 - 60% (\$40 min/\$60 max) Tier 3 - 50% (\$60 min/\$80 max)	Not covered
Annual Deductible	\$600/person; \$1,200/family (applies except where specified)	\$1,000/person; \$2,000/family (applies except where specified)	\$1,250/person; \$2,500/family	\$2,500/person; \$5,000/family
Out-Of-Pocket Maximum	\$2,500/person; \$5,000/family (except where specified)	\$5,000/person; \$10,000/family (except where specified)	\$3,500/person; \$7,000/family	\$5,000/person; \$10,000/family
	Biweekly premium		Biweekly premium	
Employee Only	\$48.28		\$34.47	
Employee & Child(ren)	\$83.96		\$59.94	
Employee & Spouse	\$101.58		\$72.52	
Employee & Family	\$150.58		\$107.51	

¹ Maximum Non-Network Reimbursement Program