



UUA Health Plan Comparison Grid: In-Network Costs

This grid has been prepared by the UUA Office of Church Staff Finances for the convenience of participating organizations and their staff. For official information and further details, **including out-of-network coverage**, please refer to Plan summaries available at <https://www.uua.org/finance/compensation/health/benefits-highlights>.

This grid reflects in-network coverage, based on usual and customary charges. For out-of-network, see Plan summaries.

	Explanation	Standard PPO	High-Deductible PPO	Bronze Plan
Deductible	How much you must pay before insurance starts to cover a portion of your charges for the year.	\$1,500 individual \$3,000 family	\$3,200 individual \$6,400 family	\$6,000 individual \$12,000 family
For most in-network services, Plan pays:	For in-network services, Plan providers agree to a fee schedule that they accept as payment in full, with no balance billing. (See Plan summaries for out-of-network.)	85% after deductible	90% after deductible	80% after deductible
Out of pocket max	Includes deductible, copays (dollar amount), and coinsurance (percentage of allowed amount for service). Once met, plan pays 100% for the rest of the benefit period (calendar year). The out of pocket max <i>does not</i> include your premiums.	\$5,500 individual \$11,000 family	\$6,000 individual \$12,000 family	\$7,000 individual \$14,000 family
Office visits		100% after copay (\$10 to \$35 depending on type of care)	90% after deductible	80% after deductible
Preventive Care	Coverage frequency based on Preventive Care Schedule: https://www.uua.org/finance/compensation/health/benefits-highlights	100% Deductible does not apply.	100% Deductible does not apply.	100% Deductible does not apply.
Diagnostic Services	Divided into Preventive Care diagnostics (typically ordered during an annual physical) and All Other diagnostics, such as MRI's, standard imaging, diagnostic medical, lab/pathology, allergy testing.	All at 100%, no deductible	Preventive -- 100%; All Other -90% after deductible	Preventive -- 100%; All Other -80% after deductible

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	Explanation	Standard PPO	High-Deductible PPO	Bronze Plan
Emergency Services	ER and ambulance	ER 100% after \$100 copay. Ambulance 85% after deductible.	90% after deductible	80% after deductible
Therapy and Rehab	Physical and Occupational Therapy, Speech Therapy, Spinal Manipulations/Accupuncture, other therapy services	PT, OT, Speech Theray, Spinal manipuations, Accupuncture: \$20 copay, see limits on number of visits/benefit period. Other therapy services: 85% after deductible	90% after deductible. See limits on number of visits/benefit period.	80% after deductible. See limits on number of visits/benefit period.
Mental Health and Substance Abuse	Including inpatient and outpatient	Inpatient and autism: 85% after deductible. Outpatient: 100% after \$20 copay for office visits. All other services 90% after deductible.	90% after deductible	80% after deductible
Other Services	See plan summaries for details. Includes hospitalization, surgery, durable medical equipment, allergy injections, skilled nursing, transgender services, and more.	Most services are covered at 85% after deductible. Separate benefit for comprehensive routine eye exams and hearing aids.	90% after deductible for most services.	80% after deductible for most services.
Prescription Drug Deductible	Covered drugs are specified in a formulary that is updated periodically and available on the Highmark website.	No deductible	With HSA: Individual: \$3,200 integrated with Medical Family: \$6,400 integrated with Medical Without HSA: No deductible	Individual: \$6,000 integrated with Medical Family: \$12,000 integrated with Medical
Prescription Drug Program	See plan summaries for details.	Per Rx co-pay based on the Tier assigned in the formulary	Various co-pay %'s, with minimum and maximum per Rx	Various co-pay %'s, with minimum and maximum per Rx