

Health Plan Comparison Worksheet – 2018

Plan Feature	UUA Standard PPO	UUA High Deductible PPOs	UUA High Deductible BRONZE	My Current Plan
Plan Anniversary	January 1, 2018	January 1, 2018	January 1, 2018	
Plan Type	PPO	PPO	PPO	
Monthly Premium (1)				
Requires a Primary Care Gatekeeper	No	No	No	
Restricts access to specialists	No	No	No	
Covers pre-existing conditions	Yes	Yes	Yes	
Covers domestic partners, including same-gender couples	Yes	Yes	Yes	
Coverage moves with me anywhere in US	Yes	Yes	Yes	
My primary care doctor is in the network (2)				
My pediatrician is in the network (2)				
My OBGYN is in the network (2)				
My favorite specialist is in the network (2)				
I am protected by an out-of-pocket maximum	Yes	Yes	Yes	
Specific In-Network Benefits (3)				
Individual deductible	\$950	\$3,000	\$4,500	
Family deductible	\$1,900	\$6,000	\$9,000	
Individual out-of-pocket maximum per year	\$3,500	\$5,000	\$6,550	
Family out-of-pocket maximum per year	\$7,000	\$10,000	\$13,100	
Routine physicals	100%	100%	100%	
Routine gynecological exams	100%	100%	100%	
Mammograms	100%	100%	100%	
Pediatric physicals	100%	100%	100%	
Pediatric immunizations	100%	100%	100%	
Telemedicine Visits	100% / \$10 co-pay	90% after deductible	80% after deductible	
Primary care office visits	100% / \$15 co-pay	90% after deductible	80% after deductible	
Retail Clinic/Professional Urgent Care	100% / \$15 co-pay	90% after deductible	80% after deductible	
Facility Urgent Care Center	100% / \$20 co-pay	90% after deductible	80% after deductible	
Specialist office visits	100% / \$35 co-pay	90% after deductible	80% after deductible	
Emergency Room Services	100% / \$100 co-pay, waived if admitted	90% after deductible	80% after deductible	
Spinal Manipulations/Acupuncture	100% / \$20 co-pay / 20 visits per year	90% after deductible / 20 visits per year	80% after deductible / 20 visits per year	

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Feature	Standard PPO	HD PPO	HD Bronze	
Physical Therapy/Occ Therapy	100% / \$20 co-pay / 30 visits per year	90% after deductible / 30 visits per year	80% after deductible / 30 visits per year	
Diagnostic Services	100%	90% after deductible (4)	80% after deductible (4)	
Durable Medical Equipment	85% after deductible	90% after deductible	80% after deductible	
Hearing Aids	\$3,000 / 24 months	Not covered	Not covered	
Home Health Care	85% after deductible	90% after deductible	80% after deductible	
Hospice	85% after deductible	90% after deductible	80% after deductible	
Hospital Services - Inpatient	85% after deductible	90% after deductible	80% after deductible	
Hospital Services - Outpatient	85% after deductible	90% after deductible	80% after deductible	
Maternity -- facility & professional services	85% after deductible	90% after deductible	80% after deductible	
Medical / Surgical expense, other than OV	85% after deductible	90% after deductible	80% after deductible	
Mental Health - Inpatient	85% after deductible	90% after deductible	80% after deductible	
Mental Health - Outpatient	100% / \$20 co-pay	90% after deductible	80% after deductible	
Prescription Drugs	\$0 preferred generic / \$20 non-preferred generic / \$35 formulary brand / \$60 non-formulary brand / 20% co-pay, \$250 max for specialty drugs	70%, generic or brand, \$10 minimum co-pay, \$120 maximum co-pay / specialty drugs 20% co-pay, \$250 max (deductible applies to HSA-eligible plan)	HSA-eligible. 70%, generic or brand, \$10 minimum co-pay, \$120 maximum co-payment / specialty drugs 20% co-pay, \$250 max (deductible applies)	

Notes:	
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- (1) The UUA plans offer four coverage levels: employee only, employee + spouse/partner, employee + child(ren), and family. Most plans do not offer 4-tier rating. Go to the Rate Calculator to check your rates.
- (2) You can verify provider participation at www.highmarkbcbs.com.
- (3) For simplicity, we have listed just the most often used in-network benefits. If you are currently in a PPO, you may want to compare out-of-network benefits as well.
- (4) Diagnostic procedures related to Preventive Care are covered at 100%.