

### Health Plan Comparison Worksheet

| Plan Feature  | UUA Standard PPO   | UUA High Deductible PPOs | UUA High Deductible BRONZE | My Current Plan |
|---|--------------------|--------------------------|----------------------------|-----------------|
| Plan Anniversary  | 1/1/2019           | 1/1/2019                 | 1/1/2019                   |                 |
| 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                        |                 |
| <b>Specific In-Network Benefits (3)</b>                 |                    |                          |                            |                 |
| Individual deductible                                   | \$1,000            | \$3,000                  | \$5,000                    |                 |
| Family deductible                                       | \$2,000            | \$6,000                  | \$10,000                   |                 |
| Individual out-of-pocket maximum per year               | \$5,000            | \$5,000                  | \$6,550                    |                 |
| Family out-of-pocket maximum per year                   | \$10,000           | \$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   |  |
| 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   |  |
| Hearing Aid Exam                                   | 100% / \$20 co-pay  | 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  |  |
| Assisted Fertilization, limited to IUI and ICI (5) | 85% after deductible  | 90% after deductible   | 80% after deductible  |  |
| Transgender Services                               | 85% after deductible  | 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) |  |

|               |  |
|---------------|--|
| <b>Notes:</b> |  |
|---------------|--|

- (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](http://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%.
- (5) IUI, ICI, and related procedures, such as sperm acquisition from a sperm bank