

Benefit Outline	Option 1 UHC Plan AG-YX / RX 2V HSA	Option 2 UHC Plan AG-YR / RX 2V HSA	Option 3 UHC Plan AE-3P / RX 2V HSA	Option 4 UHC Plan AX-KQ / RX KT	Option 5 UHC Plan AX-KP / RX KT	Option 6 UHC Plan AX-KN MOD / RX KT
Carrier	United Healthcare	United Healthcare	United Healthcare	United Healthcare	United Healthcare	United Healthcare
Plan Type, Name, Network	Navigate HMO Requires PCP selection <i>Available in TX Only</i>	Navigate HMO Requires PCP selection <i>Available in TX Only</i>	HSA, Choice Plus Allows freedom to use any provider	PPO, Choice Plus Allows freedom to use any provider	PPO, Choice Plus Allows freedom to use any provider	PPO, Choice Plus Allows freedom to use any provider
Deductible (Individual / Family)	\$5,000 / \$10,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$1,500 / \$3,000
Non-Network Deductible (Individual / Family)	N/A	N/A	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,500 / \$15,000	\$5,000 / \$10,000
Deductible Embedded / Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Out-of-Pocket Maximum (Individual / Family)	\$6,350 / \$12,700	\$4,000 / \$8,000	\$6,350 / \$12,700	\$7,150 / \$14,300	\$7,150 / \$14,300	\$7,150 / \$14,300
Non-Network OOP Max (Individual / Family)	N/A	N/A	\$10,000 / \$20,000	\$20,000 / \$40,000	\$15,000 / \$30,000	\$10,000 / \$20,000
Prescription OOP Max (Individual / Family)	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical
Coinurance (In / Out)	80%	80%	80% / 50%	80% / 50%	80% / 50%	80% / 50%
Wellness / Preventive Care In-Network	100%	100%	100%	100%	100%	100%
Primary Care Office Visit	80% after deductible	100% after deductible	80% after deductible	\$15 Copay < 19 \$0 Copay	\$15 Copay < 19 \$0 Copay	\$15 Copay < 19 \$0 Copay
Specialist Office Visit	80% after deductible	100% after deductible	80% after deductible	\$50 / \$100 copay	\$50 / \$100 copay	\$50 / \$100 copay
Walk-In / Urgent Care Visit	80% after deductible	100% after deductible	80% after deductible	\$25 copay	\$25 copay	\$25 copay
Emergency Room	80% after deductible	100% after deductible	80% after deductible	\$300 copay after deductible + 20% coinsurance	\$300 copay after deductible + 20% coinsurance	\$300 copay after deductible + 20% coinsurance
Outpatient Lab / X-Ray	80% after deductible	100% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Complex Imaging (MRI, CAT, PET, et.al.)	80% after deductible	100% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Outpatient Surgical Facility	80% after deductible	100% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Inpatient Hospital Facility	80% after deductible	100% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Retail Prescription Drug Copays	After Deductible \$10 / \$35 / \$60	After Deductible \$10 / \$35 / \$60	After Deductible \$10 / \$35 / \$60	\$20 / \$40 / \$75	\$20 / \$40 / \$75	\$20 / \$40 / \$75
Mail Order Prescription Drug Copays	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail	2.5x Retail
<b>Monthly Total Premium Rates</b>						
Employee	<b>\$383.04</b>	<b>\$511.81</b>	<b>\$484.14</b>	<b>\$512.38</b>	<b>\$540.22</b>	<b>\$601.88</b>
Employee + Spouse	<b>\$831.87</b>	<b>\$1,115.19</b>	<b>\$1,054.32</b>	<b>\$1,116.40</b>	<b>\$1,177.63</b>	<b>\$1,313.28</b>
Employee + Child(ren)	<b>\$700.97</b>	<b>\$939.20</b>	<b>\$888.06</b>	<b>\$940.24</b>	<b>\$991.73</b>	<b>\$1,105.80</b>
Employee + Spouse & Child(ren)	<b>\$1,205.90</b>	<b>\$1,618.00</b>	<b>\$1,529.50</b>	<b>\$1,619.78</b>	<b>\$1,708.83</b>	<b>\$1,906.14</b>
		<b>HSA ELIGIBLE</b>	<b>HSA ELIGIBLE</b>	<b>HSA ELIGIBLE</b>		