

United HealthCare 2021-2022

MEDICAL PLAN COMPARISON	PPO 1500		PPO 1750 Broad		1750 Kelsey		1750 Memorial Hermann		HSA2800		MEDICAL PLAN COMPARISON
ALVIN ISD 2021-2022 UHC <small>This is a partial list of benefits. See separate Benefits Summary for each plan for more specific details</small>	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	Plan pays for services from PARTICIPATING providers	Plan pays for services from NONPARTICIPATING providers	ALVIN ISD 2021-2022 UHC <small>This is a partial list of benefits. See separate Benefits Summary for each plan for more specific details</small>
Preventative Care - Annual routine physical exam and routine child care - Routine lab and X-ray	100%	N/A	100%	N/A	100%	N/A	100%	N/A	100%	50% after deductible	Preventative Care - Annual routine physical exam and routine child care - Routine lab and X-ray
Physician Services - Primary Office Visits - Designated Specialist Visit - Non-Designated Specialist Visit	Copay applies to first 4 combined visits: \$30 \$45 \$55 After 4 combined visits, Ded. & Coinsurance apply	50% after deductible	Copay applies to first 4 combined visits: \$45 \$65 \$75 After 4 combined visits, Ded. & Coinsurance apply	50% after deductible	Copay applies to first 4 combined visits: \$45 N/A \$65 After 4 combined visits, Ded. & Coinsurance apply	N/A	Copay applies to first 4 combined visits: \$45 N/A \$65 After 4 combined visits, Ded. & Coinsurance apply	N/A	80% after deductible	50% after deductible	Physician Services - Primary Office Visits - Designated Specialist Visit - Non-Designated Specialist Visit
Hospital Services - Inpatient Care (facility) - Inpatient Care (physician) - Per Admission - Preauthorization Penalty - Outpatient Surgery - Emergency Room <u>True Emergency only</u> - <u>Urgent Care</u> Visit - UC Diagnostic procedures - UC surgical procedures	80% after deductible 80% after deductible \$200 per day/5 max None 80% after deductible \$275 copay then Deductible and Coinsurance 1 Visit: \$75 copay all other visits, Ded. & Coinsurance 80% after deductible 80% after deductible	50% after deductible 50% after deductible 50% after deductible \$500 50% after deductible \$275 copay then Ded. and Coinsurance 50% after deductible 50% after deductible 50% after deductible	75% after deductible 75% after deductible \$200 per day/5 max None 75% after deductible \$300 copay then Deductible and Coinsurance 1 Visit: \$85 copay all other visits, Ded. & Coinsurance 75% after deductible 75% after deductible	50% after deductible 50% after deductible 50% after deductible \$500 50% after deductible \$300 copay then Ded. and Coinsurance 50% after deductible 50% after deductible	80% after deductible 80% after deductible \$200 per day/5 max None 80% after deductible \$300 copay then Ded. and Coinsurance N/A 80% after deductible 80% after deductible	N/A N/A N/A N/A N/A \$300 copay then Ded. and Coinsurance N/A N/A N/A	80% after deductible 80% after deductible \$200 per day/5 max None 80% after deductible \$300 copay then Ded. and Coinsurance N/A 80% after deductible 80% after deductible	N/A N/A N/A N/A N/A \$300 copay then Ded. and Coinsurance N/A N/A N/A	80% after deductible 80% after deductible 80% after deductible None 80% after deductible 80% after deductible 80% after deductible 80% after deductible	50% after deductible 50% after deductible 50% after deductible \$500 50% after deductible 80% after deductible 50% after deductible 50% after deductible	Hospital Services - Inpatient Care (facility) - Inpatient Care (physician) - Per Admission - Preauthorization Penalty - Outpatient Surgery - Emergency Room <u>True Emergency only</u> - <u>Urgent Care</u> Visit - UC Diagnostic procedures - UC surgical procedures
Prescription Drugs - RX Coverage - Copay - Mail Order (3 mos. supply)	80% after deductible Must satisfy deductible first 80% after deductible	50% after deductible	Copays apply to tier 2,3, and specialty after a \$100 ind. Ded or a \$300 family ded are met. \$25/\$55/\$80/\$255 Two times the retail copay for 90 day supply	50% after copay \$25/\$55/\$80/N/A N/A	100% after copay \$25/\$55/\$80/\$255 Two times the retail copay for 90 day supply	N/A N/A N/A	100% after copay \$25/\$55/\$80/\$255 Two times the retail copay for 90 day supply	N/A N/A N/A	80% after deductible Must satisfy deductible first 80% after deductible	50% after deductible N/A	Prescription Drugs - RX Coverage - Copay - Mail Order (3 mos. supply)
Annual Deductibles (per plan year) - Individual - Family	\$1,500 \$4,500	\$3,000 \$9,000	\$1,750 \$5,250	\$3,500 \$7,000	\$1,750 \$5,250	N/A N/A	\$1,750 \$5,250	N/A N/A	\$2,800 \$5,600	\$5,200 \$10,400	Annual Deductibles (per plan year) - Individual - Family
Annual Out of Pocket Amt. - Individual - includes ded. - Family - includes ded.	\$7,000 \$13,600	\$13,000 \$39,000	\$7,000 \$14,800	\$12,000 \$35,000	\$6,500 \$13,800	N/A N/A	\$6,500 \$13,800	N/A N/A	\$6,650 \$13,300	\$13,000 \$39,000	Annual Out of Pocket Amt. - Individual - includes ded. - Family - includes ded.

This benefit comparison grid IS intended as a quick side by side comparison and NOT provided by UHC, benefits listed are non-binding. For full detailed information please see the Schedule of Benefits issued by UHC.

In network benefits shown utilize Memorial Hermann providers. Tier 2 benefits (not listed) utilize UHC Choice Plus providers. OON benefits not covered. See benefit detail for full description.