

Medical plan coverage comparison

	Partnership in Health (PIH) with HRA – UHC		Partnership in Health (PIH) with HSA – UHC		Navigate – UHC	Kaiser (California Only)
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	In-Network Only
Deductible						
Employee only	\$1,400	\$1,400	\$1,500	\$1,500	\$100	\$600
Employee + spouse or partner or child(ren)	\$2,100	\$2,100	See employee + family amounts below		\$400	\$1,200
Employee + family	\$2,800	\$2,800	\$3,000	\$3,000	\$400	\$1,200
Out-of-Pocket Maximum						
Employee only	\$2,750	\$5,500	\$2,750	\$5,500	\$3,000	\$2,750
Employee + spouse or partner or child(ren)	\$4,125	\$8,250	See employee + family amounts below		\$6,000	\$5,500
Employee + family	\$5,500	\$11,000	\$5,500	\$11,000	\$6,000	\$5,500
Company Contributions^{1,2}						
Employee only	\$500		\$500		N/A	N/A
Employee + spouse or partner or child(ren)	\$750		\$1,000		N/A	N/A
Employee + family	\$1,000		\$1,000		N/A	N/A
Common Services						
Office visit: PCP/specialist	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$20 / \$40 copay per visit	20% after deductible
Preventive care ³	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Emergency room	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$150 copay per visit	20% after deductible
Hospital inpatient admittance	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$250 copay per visit	20% after deductible
Outpatient surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$250 copay per visit	20% after deductible
X-ray/lab	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible ⁴	20% after deductible
Other services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	Varies by service	20% after deductible
Pharmacy (Retail)						
Preventive/maintenance	1-30 days: \$5 copay 31-60 days: \$10 copay 61-90 days: \$15 copay	40% after deductible	1-30 days: \$5 copay 31-60 days: \$10 copay 61-90 days: \$15 copay	40% after deductible	1-30 days: \$5 copay 31-60 days: \$10 copay 61-90 days: \$15 copay	1-90 days: \$5 copay ⁵
Generic	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$15 copay	20% after deductible up to \$50 max ⁵
Formulary	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$30 copay	20% after deductible up to \$100 max ⁵
Specialty	20% after deductible	40% after deductible	20% after deductible	40% after deductible	40% up to \$100 max	20% after deductible up to \$100 max ⁶

1 HRA and HSA amounts are prorated for new hires and new enrollees.

2 HRA maximum rollover amount is the sum of your prior 2 years HRA contribution amounts and the current year allocation within your account.

3 See a list of covered services at www.healthcare.gov/coverage/preventive-care-benefits/.

4 There is no deductible when the Lab / X-Ray charge is in an office location. The deductible applies if there is no physician visit charge or it's taken at an alternative facility or considered major such as an MRI or CT.

5 Up to a 100-day supply after plan deductible.

6 Up to a 30-day supply after plan deductible.