

# Which plan is right for you?

## Medical Plan Comparison

	UHC PPO*	UHC HDHP*	UHC EPO	UHC HMO	Kaiser HMO
<b>Deductible</b>	Individual: \$250 Family: \$750	Individual: \$3,400 Family: \$6,800	None	Individual: \$2,000 Family: \$4,000	Individual: \$1,500 Family: \$3,000
<b>Out of Pocket Max</b>	Individual: \$2,250 Family: \$4,500	Individual: \$3,425 Family: \$6,850	\$15 copay	\$20 copay	\$20 copay
<b>PCP</b>	\$20 copay	0% coinsurance after deductible	\$15 copay	\$40 copay	\$35 copay
<b>Specialist</b>	\$20 copay	0% coinsurance after deductible	\$100 copay	\$250 copay	\$250 copay
<b>Inpatient Hospitalization</b>	10% coinsurance after deductible	0% coinsurance after deductible	\$100 copay / \$15 copay	\$250 copay / \$20 copay	\$100 copay / \$20 copay
<b>Emergency Room / Urgent Care</b>	\$150 copay then 10% coinsurance / \$20 copay	0% coinsurance after deductible	\$5 / \$25 / \$40 / \$45	\$15 / \$35 / \$75 / \$250	\$10 / \$35 / \$35 / 20% up to \$150
<b>Pharmacy</b>	\$5 / \$25 / \$40 / \$45	\$10 / \$30 / \$50 / 30% up to \$150	\$5 / \$25 / \$40 / \$45	\$15 / \$35 / \$75 / \$250	\$10 / \$35 / \$35 / 20% up to \$150

\*PPO and HDHP benefits listed reflect in-network only.