



Which plan is right for you?

Medical Plan Comparison

UHC PPO*

Individual: \$250
Family: \$750

Individual: \$2,250
Family: \$4,500

\$20 copay

\$20 copay

10% coinsurance
after deductible

\$150 copay then 10%
coinsurance /
\$20 copay

\$5 / \$25 / \$40 / \$45

UHC HDHP*

Individual: \$3,400
Family: \$6,800

Individual: \$3,425
Family: \$6,850

0% coinsurance
after deductible

0% coinsurance
after deductible

0% coinsurance
after deductible

0% coinsurance
after deductible

\$10 / \$30 / \$50 /
30% up to \$150

UHC EPO

None

Individual: \$2,000
Family: \$4,000

\$15 copay

\$15 copay

\$100 copay

\$100 copay /
\$15 copay

\$5 / \$25 / \$40 / \$45

UHC HMO

None

Individual: \$2,000
Family: \$4,000

\$20 copay

\$40 copay

\$250 copay

\$250 copay /
\$20 copay

\$15 / \$35 / \$75 /
\$250

Kaiser HMO

None

Individual: \$1,500
Family: \$3,000

\$20 copay

\$35 copay

\$250 copay

\$100 copay /
\$20 copay

\$10 / \$35 / \$35 /
20% up to \$150

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