Benchling

Medical Plan Comparison

	UHC PPO*	UHC HDHP*	UHC EPO	UHC HMO	Kaiser HDHP	Kaiser HMO
Deductible	Individual: $250 Family: $750	Individual: $3,500 Family: $7,000	None	None	Individual: $3,500 Family: $7,000	None
Out of Pocket Max	Individual: $2,250 Family: $4,500	Individual: $4,000 Family: $8,000	Individual: $2,000 Family: $4,000	Individual: $2,000 Family: $4,000	Individual: $3,500 Family: $7,000	Individual: $1,500 Family: $3,000
PCP	$20 copay	10% coinsurance after deductible	$15 copay	$20 copay	No charge after deductible	$20 copay
Specialist	$20 copay	10% coinsurance after deductible	$15 copay	$40 copay	No charge after deductible	$35 copay
Inpatient Hospitalization	10% coinsurance after deductible	10% coinsurance after deductible	$100 copay	$250/day (max $750/stay)	No charge after deductible	$250 copay
Emergency Room / Urgent Care	$150 copay then 10% coinsurance / $20 copay	10% coinsurance after deductible	$100 copay / $15 copay	$250 copay / $20 copay	No charge after deductible	$100 copay / $20 copay
Pharmacy	$5 / $25 / $40 / $45	$10 / $30 / $50 / 30% up to $150	$5 / $25 / $40 / $45	$15 / $35 / $75 / $250	No charge after deductible	$10 / $35 / 20% up to $150

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