



- CDHP Plan A
- CDHP Plan B
- Plan 90

2023 Medical Comparison



UNITEDHEALTHCARE CHOICE PLUS: CDHP PLAN A

Plan Provision	In-Network	Out-of-Network
Plan Deductible	\$1,500 single maximum; \$3,000 family maximum	\$3,000 single maximum; \$6,000 family maximum
Out-of-Pocket Maximum²	\$3,300 single maximum; \$6,600 family maximum	\$6,600 single maximum; \$13,200 family maximum
Employer HSA Contributions	\$500 for employee only; \$1,000 for employee and one or more dependents	
Maximum Benefits	Unlimited	
Doctors' Services		
Office visits (except mental health and substance use)	80% after deductible	60% after deductible ³
Routine physical exam (adult)	100%, no deductible (one exam per year)	60% after deductible (one exam per year) ³
Routine physical exam (well child)	100%, no deductible	60% after deductible ³
OB/GYN exam (including two pap smears and related lab tests)	100%, no deductible (one exam per year)	60% after deductible (one exam per year) ³
Routine vision exam	100%, no deductible (one exam per year)	60% after deductible (one exam per year) ³
UHC Virtual Visits	80% after deductible	N/A
Hospital Services		
Inpatient (semi-private room rate)	80% after deductible ¹	60% after deductible ³
Outpatient	80% after deductible ¹	60% after deductible ³
Physician Hospital Services	80% after deductible ¹	60% after deductible ³
Maternity Services		
Hospital services (semi-private room & board)	80% after deductible ¹	60% after deductible ³
Physician services (includes pre- and post-natal care for mother plus care for baby during hospital stay)	80% after deductible ¹	60% after deductible ³
Emergency Room (for true emergencies ² only)	80% after deductible	60% after deductible ³
Urgent Care Centers	80% after deductible	60% after deductible ³
Lab Tests/X-rays	80% after deductible	60% after deductible ³

¹ You must notify UHC five days before an elective admission or within one day of a non-elective admission.

² A true emergency is an illness or injury that, if not treated immediately, could result in serious medical complications, loss of life or permanent impairment to bodily functions. Examples include loss of consciousness or excessive bleeding; or an illness or injury that may otherwise be determined, in accordance with generally accepted medical standards, to have been an acute condition requiring medical attention.

³ Reimbursement based on the negotiated UHC rates.

UNITEDHEALTHCARE CHOICE PLUS: CDHP PLAN B

Plan Provision	In-Network	Out-of-Network
Plan Deductible	\$3,000 single maximum; \$6,000 family maximum	\$6,000 single maximum; \$12,000 family maximum
Out-of-Pocket Maximum	\$6,550 single maximum; \$13,100 family maximum	\$13,100 single maximum; \$26,200 family maximum
Employer HSA Contributions	\$500 for employee only; \$1,000 for employee and one or more dependents	
Maximum Benefits	Unlimited	
Doctors' Services		
Office visits (except mental health and substance use)	80% after deductible	60% after deductible ³
Routine physical exam (adult)	100%, no deductible (one exam per year)	60% after deductible (one exam per year) ³
Routine physical exam (well child)	100%, no deductible	60% after deductible ³
OB/GYN exam (including two pap smears and related lab tests)	100%, no deductible (one exam per year)	60% after deductible (one exam per year) ³
Routine vision exam	100%, no deductible (one exam per year)	60% of R&C ² after deductible (one exam per year) ³
UHC Virtual Visits	80% after deductible	N/A
Hospital Services		
Inpatient (semi-private room rate)	80% after deductible ¹	60% after deductible ³
Outpatient	80% after deductible ¹	60% after deductible ³
Physician Hospital Services	80% after deductible ¹	60% after deductible ³
Maternity Services		
Hospital services (semi-private room & board)	80% after deductible ¹	60% after deductible ³
Physician services (includes pre- and post-natal care for mother plus care for baby during hospital stay)	80% after deductible ¹	60% after deductible ³
Emergency Room (for true emergencies ² only)	80% after deductible	60% after deductible ³
Urgent Care Centers	80% after deductible	60% after deductible ³
Lab Tests/X-rays	80% after deductible	60% after deductible ³

¹ You must notify UHC five days before an elective admission or within one day of a non-elective admission.

² A true emergency is an illness or injury that, if not treated immediately, could result in serious medical complications, loss of life or permanent impairment to bodily functions. Examples include loss of consciousness or excessive bleeding; or an illness or injury that may otherwise be determined, in accordance with generally accepted medical standards, to have been an acute condition requiring medical attention.

³ Reimbursement based on the negotiated UHC rates.

UNITEDHEALTHCARE CHOICE PLUS: PLAN 90

Plan Provision	In-Network	Out-of-Network
Plan Deductible	\$500 per person; \$1,500 family maximum	\$1,000 per person; \$3,000 family maximum⁵
Out-of-Pocket Maximum¹	\$2,500 per person; \$5,000 family maximum	\$5,000 per person; \$10,000 family maximum
Employer HSA Contributions	N/A	
Maximum Benefits	Unlimited	
Doctors' Services		
Office visits (except mental health and substance use)	90% after deductible	70% after deductible ⁴
Routine physical exam (adult)	100% (one exam per year)	70% after deductible (one exam per year) ⁴
Routine physical exam (well child)	100%	70% after deductible ⁴
OB/GYN exam (including two pap smears and related lab tests)	100% (one exam per year)	70% after deductible (one exam per year) ⁴
Routine vision exam	100% (one exam per year)	70% after deductible (one exam per year) ⁴
UHC Virtual Visits	90% after deductible	N/A
Hospital Services		
Inpatient (semi-private room rate)	90% after deductible per admission ¹	70% after deductible per admission ⁴
Outpatient	90% after deductible per admission ¹	70% after deductible ⁴
Physician Hospital Services	90% after deductible per admission ¹	70% after deductible ⁴
Maternity Services		
Hospital services (semi-private room & board)	90% after deductible per admission ¹	70% after deductible per admission ⁴
Physician services (includes pre- and post-natal care for mother plus care for baby during hospital stay)	100% after deductible (initial visit only) ¹	70% after deductible ⁴
Emergency Room (for true emergencies ² only)	90% after deductible ³	70% after deductible (waived if admitted) ⁴
Urgent Care Centers	90% after deductible	70% after deductible ⁴
Lab Tests/X-rays	90% after deductible	70% after deductible ⁴

¹ You must notify UHC five days before an elective admission or within one day of a non-elective admission.

² A true emergency is an illness or injury that, if not treated immediately, could result in serious medical complications, loss of life or permanent impairment to bodily functions. Examples include loss of consciousness or excessive bleeding; or an illness or injury that may otherwise be determined, in accordance with generally accepted medical standards, to have been an acute condition requiring medical attention.

³ You must notify UHC within 48 hours of an admission. If you are admitted to the hospital directly through the emergency room, your hospital stay is subject to the per admission hospital coinsurance amount.

⁴ Reimbursement based on the negotiated UHC rates.

⁵ Plan 90 deductibles are changing for 2023.

UNITEDHEALTHCARE CHOICE PLUS: **ADDITIONAL SERVICES**

Plan Provision	CDHP Plan A (with HSA)		CDHP Plan B (with HSA)		Plan 90	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Infertility	Fertility treatments are administered through Progyny. Coverage includes 3 Progyny Smart Cycles per lifetime. ¹	N/A	Fertility treatments are administered through Progyny. Coverage includes 3 Progyny Smart Cycles per lifetime. ¹	N/A	Fertility treatments are administered through Progyny. Coverage includes 3 Progyny Smart Cycles per lifetime. ¹	N/A
Artificial Insemination, In Vitro Fertilization, fertility preservation (egg/sperm freezing)	80% after deductible	N/A	80% after deductible	N/A	90% after deductible	N/A
Physician services, facility expenses, diagnostic tests						
Fertility medications	Fertility medication administered through ESI with a \$35,000 lifetime maximum					
Fertility medication dispensed or injected by a physician	80%	60%	80%	60%	90%	70%
Mental Health Care and Substance Use Treatment (Inpatient and Outpatient)	80% after deductible ²	80% after deductible ³	80% after deductible ²	80% after deductible ³	90% after deductible per admission ²	90% after deductible per admission
Hearing Aids	Hearing Aids are covered through UHC. Coverage includes \$5,000 maximum benefit for covered hearing devices and fittings, every three years.	N/A	Hearing Aids are covered through UHC. Coverage includes \$5,000 maximum benefit for covered hearing devices and fittings, every three years.	N/A	Hearing Aids are covered through UHC. Coverage includes \$5,000 maximum benefit for covered hearing devices and fittings, every three years.	N/A

¹ You will need to contact Progyny and speak to a Patient Care Advocate (PCA) to activate this benefit.

² You must notify UHC within 48 hours of an admission.

³ Reimbursement based on the negotiated UHC rates.

NOTE: The AbleTo Program provides access to virtual Cognitive/Coaching Behavioral Therapy for up to 8 weeks. Under CDHP Plans A and B, the program is covered at 100% after the deductible is met (per IRS rules). Under Plan 90, the program is covered at 100%, no deductible required.

NOTE: **Travel and Lodging Benefit Details:** Coverage is available for all covered services that are not available within the Minimum Travel Distance (50 miles) from the member's home address due to availability of such services, or state laws or regulations. Plan level deductibles apply first with an annual maximum benefit of \$2,000, and \$10,000 lifetime maximum. Lodging costs up to \$50 per day for the patient and \$100 per day for the patient and one companion (per IRS limits). This coverage applies to services rendered by a network or non-network provider.

EXPRESS SCRIPTS: PRESCRIPTION DRUG PLAN

This year, your **prescription drug coverage is shifting to a coinsurance structure** (with min and max copays) for brand drugs (Tier 2 & Tier 3) across all three plans. All UnitedHealthcare Choice Plus medical plan options have the same prescription drug coverage.*

Plan Provision	CDHP Plan A (with HSA)	CDHP Plan B (with HSA)	Plan 90
Annual Plan Deductible	Deductible applies	Deductible applies	None
Retail (participating retail pharmacy)	<i>(After deductible is met)</i> \$10 copay (Tier 1) 25%; \$35 min - \$90 max (Tier 2) 45%; \$50 min - \$150 max (Tier 3)	<i>(After deductible is met)</i> \$10 copay (Tier 1) 25%; \$35 min - \$90 max (Tier 2) 45%; \$50 min - \$150 max (Tier 3)	\$10 copay (Tier 1) 25%; \$35 min - \$90 max (Tier 2) 45%; \$50 min - \$150 max (Tier 3)
Retail (non-participating retail pharmacy)	No coverage		
Home Delivery (90-day supply)	<i>(After deductible is met)</i> 2.5 times retail pharmacy copay: \$25 (Tier 1) 25%; \$87.50 min - \$225 max (Tier 2) 45%; \$125 min - \$375 max (Tier 3)	<i>(After deductible is met)</i> 2.5 times retail pharmacy copay: \$25 (Tier 1) 25%; \$87.50 min - \$225 max (Tier 2) 45%; \$125 min - \$375 max (Tier 3)	2.5 times retail pharmacy copay: \$25 (Tier 1) 25%; \$87.50 min - \$225 max (Tier 2) 45%; \$125 min - \$375 max (Tier 3)

* Express Scripts prescription drug plan options use three prescription drug categories – Tier 1, Tier 2 and Tier 3 – to determine your copay for each prescription.

To determine the way in which specific drugs are categorized within the three tiers, go to www.express-scripts.com.

NOTE: Smart90 Program: After two courtesy fills, members must fill maintenance drugs at Walgreens, CVS or via home delivery, or pay a **penalty** in addition to the copay.

MONTHLY MEDICAL COVERAGE COSTS

Your medical contributions will be based on three levels of salary ranges, as follows:

Coverage Tiers	CDHP Plan A (with HSA)	CDHP Plan B (with HSA)	Plan 90
	2023 Monthly Contribution		
\$100,000 and Below			
Employee Only	\$48.10	\$13.63	\$124.59
Employee + Spouse	\$110.64	\$31.34	\$286.57
Employee + Child(ren)	\$96.21	\$27.25	\$249.19
Family	\$158.74	\$44.97	\$411.16
\$100,001 to \$174,999			
Employee Only	\$93.01	\$51.80	\$182.72
Employee + Spouse	\$213.93	\$119.13	\$420.26
Employee + Child(ren)	\$186.03	\$103.59	\$365.45
Family	\$306.95	\$170.92	\$602.98
\$175,000 and Over			
Employee Only	\$137.91	\$89.96	\$240.87
Employee + Spouse	\$317.20	\$206.92	\$554.01
Employee + Child(ren)	\$275.83	\$179.93	\$481.75
Family	\$455.11	\$296.88	\$794.89

Please note that there are also differences in costs when covering a spouse versus a child. Therefore, it is important to ensure your contributions accurately reflect who is being covered. If you are covering a Domestic Partner under your plan, his or her care coverage premium is taxable. The value of your domestic partner's coverage will be reflected in your payroll statement as imputed income, and income taxes will be withheld from your pay based on your tax liability for that imputed income.

If you are an eligible new hire, your coverage effective date is your start date. Coverage contribution will be deducted for the full monthly premium.