Medical Comparisons

Coinsurance shown is member responsibility. Benefits apply after deductible is met unless otherwise noted.

In Network Covered Benefits	**Option #1**	**Option #2**	**Option #3**
Insurance carrier	United Healthcare	United Healthcare	United Healthcare
Plan name	Platinum JLM/316	Gold ALPV/316	Gold AL04/441 H.S.A
Network	Choice Plus PPO	Ins Choice	HMO Choice Plus
Deductible	$250 / $500	$2000 / $4000	$1500 / $3000
Deductible Accumulation	Embedded	Embedded	Non-Embedded
Out of Pocket Max	$1500 / $3000	$4000 / $8000	$3000 / $6000
Coinsurance	10%	10%	5%
Preventative services	No Charge	No Charge	No Charge
Primary Care visit / Specialist Visit	$15 / $30	$25 / $50	Deductible and 5%
Urgent Care	$75	$100	Deductible and 5%
Lab/ X-ray	No Charge	No Charge	Deductible and 5%
Hospitalization	Deductible and 10%	Deductible and 10%	Deductible and 5%
Emergency room	$150	$250	Deductible and 5%
Prescriptions Generic / Formulary / Non-Formulary	$10/ $35/ $60	$10/ $35/ $60	Deductible and $10/ $35/ $60
	Option #1 **Employer is paying 70% of the cost**	**Option #2** **Employer is paying 80% of the cost**	**Option #3** **Employer is paying 90% of the cost**