



# Copayment Plans

## COST COMPARISON

(FY 2013-14) (FY 2014-15) & (FY 2015-16) Plan Years

Option	FY 2013-14		FY 2014-15		FY 2015-16	
	UnitedHealthcare	Kaiser Permanente	UnitedHealthcare	Kaiser Permanente	UnitedHealthcare	Kaiser Permanente
Deductible (In-Network)	\$1,500 individual \$3,000 family	0	\$750 individual \$1,500 family	N/A	\$1,500 individual \$3,000 family	\$750 individual \$1,500 family
Deductible (Out-of-Network)	\$3,000 individual \$6,000 family	N/A	\$1,500 individual \$3,000 family	N/A	\$3,000 individual \$6,000 family	N/A
Co-Insurance (In-Network)	20%	NA	10%	N/A	20%	10%
Co-Insurance (Out-of-Network)	50%	N/A	50%	N/A	50%	N/A
Out-of-Pocket Max. (In-Network)	\$5,000 individual \$10,000 family	\$1,000 individual \$3,000 family	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family	\$5,000 individual \$10,000 family	\$2,000 individual \$4,000 family
Out-of-Pocket Max. (Out-of-Network)	\$10,000 individual \$20,000 family	N/A	\$4,000 individual \$8,000 family	N/A	\$10,000 individual \$20,000 family	N/A
Primary Care Office Visit	\$30	\$30	\$30	\$30	\$30	\$30 plus 10% coinsurance
Preventive Office Visit	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visit	\$50	\$50	\$50	\$50	\$50	\$50 plus 10% Coinsurance
Prescription Drugs: Generic	\$10	\$10	\$10	\$10	\$10	\$10
Prescription Drugs: Preferred	\$25	\$30	\$25	\$30	\$30	\$30
Prescription Drugs: Non-Preferred	\$50	N/A	\$50	N/A	\$50	N/A
Prescription Drugs: Specialty	\$25 or \$50 Copay	20% Coinsurance up to \$75 per drug dispensed per prescription	\$25 or \$50 Copay	20% Coinsurance up to \$75 per drug dispensed per prescription	20% Coinsurance up to \$100 per drug dispensed per prescription	20% Coinsurance up to \$100 per drug dispensed per prescription
Prescription Drugs: Office Administered	20% Coinsurance after Deductible	20% Coinsurance	10% Coinsurance after Deductible	20% Coinsurance	20% Coinsurance after Deductible	10% Coinsurance after Deductible is met
Emergency Room	Deductible + 20% Coinsurance	\$100 Copay	\$500 Copay	\$300 Copay	\$500 Copay	\$500 Copay
Urgent Care	\$75 Copay + 20% Coinsurance	\$50 Copay	\$75 Copay	\$50 Copay	\$75 Copay	\$75 Copay
Hospital	\$1,000 Copay + 20% Coinsurance	\$750 Copay	\$750 Copay + 10% Coinsurance	\$750 Copay	\$1,000 Copay plus 20% Coinsurance	10% Coinsurance after Deductible is met



# High Deductible Health Plans

## COST COMPARISON

(FY 2013-14) (FY 2014-15) & (FY 2015-16) Plan Years

Option	FY 2013-14		FY 2014-15		FY 2015-16	
	UnitedHealthcare	Kaiser Permanente	UnitedHealthcare	Kaiser Permanente	UnitedHealthcare	Kaiser Permanente
Deductible (In-Network)	\$1,500 individual \$3,000 family	\$1,250 individual \$2,500 family	750 individual \$1,500 family	\$1,250 individual \$2,500 family	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family
Deductible (Out-of-Network)	\$4,500 individual \$9,000 family	N/A	\$3,000 individual \$6,000 family	N/A	\$4,500 individual \$9,000 family	N/A
Co-Insurance (In-Network)	20%	10%	20%	10%	20%	10%
Co-Insurance (Out-of-Network)	50%	N/A	50%	N/A	50%	N/A
Out-of-Pocket Max. (In-Network)	\$3,000 individual \$6,000 family	\$2,500 individual \$5,000 family	\$2,000 individual \$4,000 family	\$2,500 individual \$5,000 family	\$3,000 individual \$6,000 family	\$2,000 individual \$4,000 family
Out-of-Pocket Max. (Out-of-Network)	\$9,000 individual \$18,000 family	N/A	\$4,000 individual \$8,000 family	N/A	\$9,000 individual \$18,000 family	N/A
Primary Care Office Visit	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Preventive Office Visit	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Office Visit	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Prescription Drug: Generic	\$10 Copay after Deductible is met	\$10 Copay after Deductible is met	\$10 Copay after Deductible is met	\$10 Copay after Deductible is met	\$10 Copay after Deductible is met	\$10 Copay after Deductible is met
Prescription Drug: Preferred	\$25 Copay after Deductible is met	\$40 Copay after Deductible is met	\$25 Copay after Deductible is met	\$40 Copay after Deductible is met	\$30 Copay after Deductible is met	\$30 Copay after Deductible is met
Prescription Drug: Specialty	\$25 or \$50 Copay after Deductible is met	20% Coinsurance up to a max. of \$100 per drug dispensed per prescription after Deductible is met	\$50 Copay after Deductible is met	20% Coinsurance up to a max. of \$100 per drug dispensed per prescription after Deductible is met	\$50	N/A
Prescription Drug: Office Administered	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	\$50 Copay after Deductible is met	N/A
Emergency Room	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Urgent Care	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Hospital	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met