COLORADO
Division of Human Resources
Department of Personnel & Administration

FY 2016-17 Plan Year

Medical Plans Cost Comparison

	Copayment Plan Designs		High-Deductible Health Plan Designs	
	UnitedHealthcare	Kaiser Permanente	UnitedHealthcare	Kaiser Permanente
Deductible (In-Network)	$1,500 individual $3,000 family	$750 individual $1,500 family	$1,500 individual $3,000 family	$1,500 individual $3,000 family
Deductible (Out-of Network)	$3,000 individual $6,000 family	N/A	$4,500 individual $9,000 family	N/A
Co-Insurance (In-Network)	20%	10%	20%	10%
Co-Insurance (Out-of-Network)	50%	N/A	50%	N/A
Out-of-Pocket Max. (In-Network)	$5,000 individual $10,000 family	$2,000 individual $4,000 family	$3,000 individual $6,000 family	$2,000 individual $4,000 family
Out-of-Pocket Max. (Out-of-Network)	$10,000 individual $20,000 family	N/A	$9,000 individual $18,000 family	N/A
Primary Care Office Visit	$30	$30 plus 10% Coinsurance	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Preventive Office Visit	$0	$0	$0	$0
Specialist Office Visit	$50	$50 plus 10% Coinsurance	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Prescription Drugs: Generic	$10	$10	$10 Copay after Deductible is met	$10 Copay after Deductible is met
Prescription Drugs: Preferred	$30	$30	$30 Copay after Deductible is met	$30 Copay after Deductible is met
Prescription Drugs: Non-Preferred	$50	N/A	$50 Copay after Deductible is met	N/A
Prescription Drugs: Specialty	20% Coinsurance up to $100 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 after Deductible is met	20% Coinsurance up to $100 per drug dispensed per prescription after Deductible is met
Specialty Drugs: Office Administered	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Outpatient Surgery	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Ambulance	20% Coinsurance after Deductible is met	$500 Copay	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Emergency Room	$500 Copay	$500 Copay	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Urgent Care	$75 Copay	$75 Copay	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met
Hospital	$1,000 Copay plus 20% Coinsurance	10% Coinsurance after Deductible is met	20% Coinsurance after Deductible is met	10% Coinsurance after Deductible is met

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