

## A little help to make your decision easier.



### Meet Ashley Single Coverage

She's a healthy 26-year-old with no chronic conditions. Without any dependents to cover, she's looking for a plan with low monthly payments that still provides coverage in case she has any unexpected health incidents. During the year she has the following care:

Type of Cost	Co-Pay Choice Plus	High-Deductible Health Plan**
Yearly Premium*	\$1,621.68	\$218.40
<b>Qualified Medical Expenses</b>		
Sick Visit to PCP	\$30 co-payment	\$68
Preventive Care Visit	\$0	\$0
Tier 1 Medication	\$10	\$8
<b>Total Cost</b>	<b>\$1,661.68</b>	<b>\$294.40</b>



### Meet Tom Employee Plus Family Coverage

Tom and his wife are expecting their third child. He needs family coverage with a plan that makes the most financial sense.

Type of Cost	Co-Pay Choice Plus	High-Deductible Health Plan**
Yearly Premium*	\$6,637.20	\$2,426.88
<b>Qualified Medical Expenses</b>		
4 sick visits to PCP	\$120 co-payment	\$272
Preventive Care Visit	\$0	\$0
Urgent Care Visit	\$75	\$110
Emergency Room Visit	\$500 co-payment	\$1,800
Tier 1 Medication	\$10	\$8
4 Day Inpatient Hospital Admit	\$5,000	\$3,000
<b>Total Cost</b>	<b>\$12,342.20</b>	<b>\$7,616.88</b>

\*This premium information reflects the State funding level as currently reflected in the Long Bill, which is in the final stages of the legislative process. Should these employer contribution amounts change, the State and employee contributions will be adjusted accordingly among the four coverage levels. If adjusted contributions become necessary, a revised chart will be made available on our web site [www.colorado.gov/dhr/benefits](http://www.colorado.gov/dhr/benefits) and sent to your department's benefits, payroll, and HR staff. Watch for communication from EBU or from your department for any updates. However, do not delay your open enrollment until the last minute.

\*\*The State of Colorado will contribute \$60 per month into your HSA Account if you have elected the HDHP. In this example above, Ashley could use her HSA to pay for her sick visit and tier 1 medication.

# A side-by-side comparison of plans.

**Co-Pay Choice Plus Plan**  
Network / Out-of-network

**HDHP with HSA**  
Network / Out-of-network

Deductible		
Employee	\$1,500 / \$3,000 <sup>1</sup>	\$1,500 / \$4,500
Family <sup>3</sup>	\$3,000 / \$6,000 <sup>1</sup>	\$3,000 <sup>2</sup> / \$9,000 <sup>2</sup>
Out-of-pocket maximum		
Employee	\$5,000 / \$10,000	\$3,000 / \$9,000
Family <sup>3</sup>	\$10,000 / \$20,000	\$6,000 / \$18,000
Lifetime maximum benefit	Unlimited	Unlimited
Annual adult physical	100% / 50%	100% / 50%
Well-child visits	100% / 50%	100% / 50%
Mammogram	100% / 50%	100% / 50%
PSA tests	100% / 50%	100% / 50%
Doctor visit	100% after \$30 co-payment / 50% <sup>4</sup>	80% <sup>4</sup> / 50% <sup>4</sup>
Specialist visit	100% after \$50 co-payment / 50% <sup>4</sup>	80% <sup>4</sup> / 50% <sup>4</sup>
Urgent care visit	\$75 co-payment / 50% <sup>4</sup>	80% <sup>4</sup> / 50% <sup>4</sup>
Emergency room	\$500 co-payment	80% <sup>4</sup>
Ambulance	80% <sup>4</sup>	80% <sup>4</sup>
Outpatient surgery	80% <sup>4</sup> / 50% <sup>4</sup>	80% <sup>4</sup> / 50% <sup>4</sup>
Lab and X-ray	Preventive: 100% / 50% Diagnostic: 80% <sup>4</sup> / 50% <sup>4</sup>	Preventive: 100% / 50% Diagnostic: 80% <sup>4</sup> / 50% <sup>4</sup>
Hospital stay	80% after \$1,000 co-payment per inpatient stay <sup>6</sup> / 50% <sup>4</sup>	80% <sup>4</sup> / 50% <sup>4</sup>
Mental health services	Outpatient at 100% after a \$30 co-payment per visit / 50% <sup>4</sup>	80% <sup>4</sup> / 50% <sup>4</sup>
Vision exam (once per plan year)	100% after \$50 co-payment / Not covered	80% <sup>4</sup> / Not covered
Vision benefit frames or standard lenses (once every 24 months)	Frames \$130 allowance or contact lens \$150 allowance <sup>*</sup> Allowances apply to in-network providers only. Please refer to your plan details for out-of-network allowances.	Frames \$130 allowance or contact lens \$150 allowance <sup>*</sup> Allowances apply to in-network providers only. Please refer to your plan details for out-of-network allowances.
Pharmacy	Retail (up to a 31-day supply) Tier 1 \$10 Tier 2 \$30 Tier 3 \$50 Mail Order <sup>5</sup> (up to a 90-day supply) Tier 1 \$20 Tier 2 \$60 Tier 3 \$100	Co-pays apply after you've reached your deductible Retail (up to a 31-day supply) Tier 1 \$10 Tier 2 \$30 Tier 3 \$50 Mail Order <sup>5</sup> (up to a 90-day supply) Tier 1 \$20 Tier 2 \$60 Tier 3 \$100

**Note:** Visit [welcometouhc.com/colorado](http://welcometouhc.com/colorado) for a prescription drug list as well as additional pharmacy information.

<sup>1</sup>Co-pay Choice Plus Plan: Any deductible amounts satisfied during the last 3 months of the plan year ending June 30, will be carried over to the new plan year. <sup>2</sup>HDHP with HSA: The family deductible maximum (which applies to Employee + Spouse, Employee + Children and Family) must be satisfied before benefits are paid for any individual family member. <sup>3</sup>Employee plus spouse/same-gender domestic partner/child or children/family. <sup>4</sup>After you've reached your deductible. <sup>5</sup>Only certain prescription drugs are available through mail order; please visit our pre-member website at [www.welcometouhc.com/colorado](http://www.welcometouhc.com/colorado) for more information. <sup>6</sup>Network deductible does not apply

For more information about deductibles, call Customer Care at 1-877-283-5424. This information is a brief, general description of your coverage, is not a contract and does not replace your Summary of Benefits. For a complete list of your coverage, including exclusions and limitations relating to your coverage, please read your Summary of Benefits. If descriptions, percentages and dollar amounts conflict with official benefit coverage documents, the official benefit coverage documents prevail. Co-payments do not apply to deductible. Co-payments and co-insurance apply to out-of-pocket maximum.