



2020 Health Plans

	UHC-BQ6G HSA (HMO)	UHC-BQ5G (HMO)	UHC-BQ5Q HSA (HMO)
Office Visits			
Primary Care	CYD	Visit 1-3: \$0; Visit 4+: CYD + 50%	CYD
Specialist	CYD	Visit 1-3: \$0; Visit 4+: CYD + 50%	CYD
Wellness	\$0	\$0	\$0
Emergency Room	CYD	CYD; Then \$250 + 50%	CYD
Urgent Care	CYD	Visits 1-2: \$0; Visit 3+: CYD + 50%	CYD
Independent Clinical Labs	CYD	\$0	CYD
Hospital Services	CYD / CYD	CYD; Then \$500 + 50%	CYD / CYD
Calendar Year Deductible (CYD)	\$6,550/\$13,100	\$4,000/\$8,000	\$4,500/\$9,000
Coinsurance (Coin.)			
In Network	100% / 0%	50% / 50%	100% / 0%
Non Network	No Coverage	No Coverage	No Coverage
In Network Out of Pocket Max	\$6,550/\$13,100	\$6,350/\$12,700	\$4,500/\$9,000
Prescription Drugs			
Tier 1	CYD	\$25/\$50	CYD
Tier 2	CYD	\$100/\$200/\$400	CYD
Tier 3	CYD	\$200/\$300/\$600	CYD
Tier 4	CYD	N/A	CYD
Rates	26 Pay Periods	26 Pay Periods	26 Pay Periods
Employee	\$ 82.57	\$123.83	\$166.48
Employee/Spouse	\$363.60	\$446.13	\$531.42
Employee/Children	\$321.45	\$397.79	\$476.68
Family	\$602.48	\$775.65	\$841.62