

Group Medical Benefit/Cost Analysis
12/01/15 - 12/01/16

	UnitedHealthcare Current/Renewal 23-W with OB		UnitedHealthcare Revised Renewal 24-3 with NV		UnitedHealthcare VX-4 with NS Navigate H S A		UnitedHealthcare W5-4 with OB Balanced	
Description of Coverage	\$1000 Deductible 80 / 60 %		\$2000 Deductible 80 / 60 %		\$3500 Deductible 100%		\$5000 Deductible 80 / 60 %	
Benefit Highlights	Network		Network		Network		Network	
	IN	OUT	IN	OUT	IN	IN	OUT	
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Deductible								
Individual	\$1,000	\$2,000	\$2,000	\$4,000	\$3,500	\$5,000	\$10,000	
Family	\$3,000	\$6,000	\$6,000	\$12,000	\$7,000	\$15,000	\$20,000	
Coinsurance	80%	60%	80%	60%	100%	80%	60%	
Maximum Out of Pocket (includes deductible)								
Individual	\$3,500	\$7,000	\$5,000	\$10,000	\$5,500	\$8,000	\$15,000	
Family	\$7,000	\$14,000	\$10,000	\$20,000	\$11,000	\$16,000	\$30,000	
Office Visits								
Primary	\$30 Copay	60% after ded	\$30 Copay	60% after ded	100% after ded & \$30 Copay	\$30 Copay	60% after ded	
Specialist	\$60 Copay	60% after ded	\$60 Copay	60% after ded	100% after ded & \$60 Copay	\$60 Copay	60% after ded	
Routine Care	100%	60% after ded	100%	60% after ded	100%	100%	60% after ded	
Hospitalization Services	80% after ded	60% after ded	80% after ded	60% after ded	100% after ded	80% after ded	60% after ded	
Emergency Room	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay	100% after ded & \$250 Copay	\$250 Copay	\$250 Copay	
Prescription Drugs	\$10/\$35/\$60 Specialty - \$10/\$100/\$300 \$2500/\$5000 OOPM Ancillary		\$250 Ded - \$10/\$35/\$60 Specialty - \$10/\$100/\$300 \$2500/\$5000 OOPM Ancillary		After Ded Met - \$10/\$35/\$60		\$10/\$35/\$60 Specialty - \$10/\$100/\$300 \$2500/\$5000 OOPM Ancillary	



This is a coverage and benefit summary; refer to the final plan document for specific conditions, coverage and limits.
 Actual premium based on final enrollment and underwriting review by the specific carrier.