

## Bronze Plan (HDP with HSA)

Plan Features	In-Network	Out-of-Network
Individual Deductible	\$2,500*	\$5,000*
Family Deductible	\$5,000*	\$10,000*
Individual Out-of-Pocket	\$5,000*	\$12,000*
Family Out-of-Pocket	\$10,000**	\$20,000**
Lifetime Maximum	Unlimited	Unlimited
Physician Office Visit	80% after deductible*	60% after deductible*
Emergency Room Visit	80% after deductible*	60% after deductible*
Non-notification Penalty	N/A	\$250 penalty. Then covered expenses will be reimbursed at 50%.
Preventive Care	Covered preventive services are not subject to deductible and will be covered 100%	60% after deductible*
Diagnostic Services <i>in physician's office or outpatient</i> <ul style="list-style-type: none"> <li>Routine Diagnostics (labs, x-rays)</li> <li>Non-routine (MRI, CT scan, etc.)</li> </ul>	80% after deductible* 80% after deductible*	60% after deductible* 60% after deductible*
Mammograms <ul style="list-style-type: none"> <li>Preventative</li> <li>Diagnostic</li> </ul>	100% of eligible expenses 80% after deductible*	100% of eligible expenses 60% after deductible*
Outpatient Surgery Center	80% after deductible*	60% after deductible*
Outpatient Rehabilitation (in office) <ul style="list-style-type: none"> <li>Physical Therapy (60 visits a year)</li> <li>Occupational Therapy (60 visits a year)</li> <li>Speech Therapy (60 visits a year)</li> <li>Cardiac Rehabilitation (60 visits a year)</li> <li>Spinal Manipulation (24 visits a year)</li> </ul>	80% after deductible*	60% after deductible*
Hospital Care <ul style="list-style-type: none"> <li>Room and Board, Diagnostic Lab and X-ray, Anesthesia and Misc. Charges</li> </ul>	80% after deductible*	60% after deductible*
Professional Fees – Inpatient <ul style="list-style-type: none"> <li>Surgeon/Physician/Anesthesia</li> </ul>	80% after deductible*	60% after deductible*
Physician Prenatal and Postnatal Care	80% after deductible*	60% after deductible*
Ambulance Services	80% after deductible*	80% after deductible*
Durable Medical Equipment	80% after deductible*	60% after deductible*
Home Healthcare (80 visits a year)	80% after deductible*	60% after deductible*
Hospice Services	80% after deductible*	60% after deductible*
Skilled Nursing/Extended Care <ul style="list-style-type: none"> <li>Facility Services</li> </ul>	80% after deductible* 120 days per calendar year	60% after deductible* 120 days per calendar year
Infertility Services	80% after deductible* \$2,000 limit/calendar year	60% after deductible* \$2,000 limit/calendar year
Transplant Benefits through United Resources Networks (URN)	80% after deductible*	60% after deductible*
Mental Health/Substance Abuse	80% after deductible*	60% after deductible*
Prescription Drug Services	Caremark	Caremark

\* Family deductible is not embedded for United HDP, meaning you must reach the entire family deductible amount before the plan pays if you have more than employee coverage. The deductible is a combined medical and prescription plan deductible.

\*\* Family out of pocket is embedded.

HDP limits — Deductibles and out-of-pocket limits are applied on a calendar year basis.