UUA Health Plan Comparison Grid: In-Network Costs

This grid has been prepared by the UUA Office of Church Staff Finances for the convenience of participating organizations and their staff. For official information and further details, ***including out-of-network coverage,*** please refer to Plan summaries available at https://www.uua.org/finance/compensation/health/benefits-highlights.

This grid reflects in-network coverage, based on usual and customary charges. For out-of-network, see Plan summaries.

	**Explanation**	**Standard PPO**	**High-Deductible PPO**	**Bronze Plan**
Deductible	How much you must pay before insurance starts to cover a portion of your charges for the year.	$1,800 individual $3,000 family	$3,200 individual $6,400 family	$6,000 individual $12,000 family
For most in-network services, Plan pays:	For in-network services, Plan providers agree to a fee schedule that they accept as payment in full, with no balance billing. (See Plan summaries for out-of-network.)	85% after deductible	90% after deductible	80% after deductible
Out of pocket max	Includes deductible, copays (dollar amount), and coinsurance (percentage of allowed amount for service). Once met, plan pays 100% for the rest of the benefit period (calendar year). The out-of-pocket max *does not* include your premiums.	$6,000 individual $11,500 family	$6,500 individual $12,500 family	$7,500 individual $14,500 family
Office visits		100% after copay ($10 to $35 depending on type of care)	90% after deductible	80% after deductible
Preventive Care	Coverage frequency based on Preventive Care Schedule: https://www.uua.org/finance/compensation/health/benefits-highlights	100% deductible does not apply	100% deductible does not apply	100% deductible does not apply
Diagnostic Services	Divided into Preventive Care diagnostics (typically ordered during an annual physical) and All Other diagnostics, such as MRI's,standard imaging, diagnostic medical, lab/pathology, allergy testing.	100% deductible does not apply	Preventive - 100% All Other - 90% after deductible	Preventive - 100% All Other - 80% after deductible

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Emergency Services	ER and ambulance	ER 100% after $100 copay Ambulance 85% after deductible	90% after deductible	80% after deductible
Therapy and Rehab	Physical and Occupational Therapy, Speech Therapy, Spinal Manipulations/Acupuncture, other therapy services	PT, OT, Speech Therapy, Spinal manipulations, Acupuncture: $20 copay, see limits on number of visits/benefit period. Other therapy services: 85% after deductible	90% after deductible. See limits on number of visits/benefit period	80% after deductible. See limits on number of visits/benefit period
Mental Health and Substance Abuse	Including inpatient and outpatient	Inpatient and autism: 85% after deductible. Outpatient: 100% after $20 copay for office visits. All other services 90% after deductible.	90% after deductible	80% after deductible
Other Services	See plan summaries for details. Includes hospitalization, surgery, durable medical equipment, allergy injections, skilled nursing, transgender services, and more	Most services are covered at 85% after deductible. Separate benefit for comprehensive routine eye exams and hearing aids.	90% after deductible for most services	80% after deductible for most services
Prescription Drug Deductible	Covered drugs are specified in a formulary that is updated periodically and available on the Highmark website.	No deductible	**With HSA:** Individual: $3,200 integrated with Medical Family: $6,400 integrated with Medical **Without HSA:** No deductible	Individual: $6,000 integrated with Medical Family: $12,000 integrated with Medical
Prescription Drug Program	See plan summaries for details.	Per Rx co-pay based on the Tier assigned in the formulary	Various co-pay %'s, with minimum and maximum per Rx	Various co-pay %'s, with minimum and maximum per Rx