## **Medical Plan Comparison Chart**

	PPO	ULH		CDHP
		ULH (UofL) Provider	Anthem Provider	
Network	Anthem network and out-of- network coverage provided	Anthem network coverage only <sup>1</sup> (even higher coverage when you see ULH providers considered high performing by Anthem)		Anthem network and out-of-network coverage provided
In-network preventive care	0% (fully covered) (routine physicals, gynecological exams, mammograms, well-childcare, routine immunization labs, x-rays or other preventive test)			
Account and amount UofL	HRA	N/A		HSA
provides in account	\$250 employee (ee) \$500 ee + spouse/QA \$750 ee + child(ren) or ee + family			\$500 employee (ee) \$1,000 ee + spouse/QA \$2,000 ee + child(ren) or ee + family
Annual Deductible (in-ne	etwork)	ļ.		
Per Person	\$250	\$0	\$500	\$2,000
Per Family	\$750	\$0	\$1,000	\$4,000
Deductible type	Embedded	Embedded		Aggregate
Annual Out-of-Pocket M network)	aximum (copays, coinsura	nce and deductibles	accumulate toward	I the out-of-pocket max) (in-
Per Person	\$2,250	\$2,000	\$4,500	\$4,600
Per Family	\$4,750	\$4,000	\$9,000	\$9,200
Out-of-pocket maximum type	Embedded	Embedded		Aggregate
Primary doctor's office v	isits (OBGYN visits covered	d as primary doctor) (	(in-network)	
UofL Physician	\$0	\$0	N/A	20% after deductible
Non UofL Physician	\$20	N/A	\$25	20% after deductible
Specialist	\$35	\$0	\$50	20% after deductible
Telehealth through Anthem's LiveHealth Online <sup>2</sup>	\$20	\$20	\$25	20% after deductible
Hospital Stays and Other C	overage (in-network)	,		
Inpatient Care (hospital and physician care)	10% after deductible	\$300 per visit	30% after deductible	20% after deductible
	\$150	\$150	\$150	20% after deductible
Emergency Room	\$130	7130	4233	