

## Medical Plan Comparison Chart

	EPO Plan	PPO Plan	ULH Plan		PCA High Plan	PCA Low Plan
			ULH (UofL) Provider	Anthem Provider		
<b>Network</b>	Anthem network coverage only <sup>1</sup>	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	Anthem network and out-of-network coverage provided
<b>Annual Allowance</b> Amount from UofL in an HRA that can be applied toward the deductible. Any unused balance rolls to the next year, up to 1x the annual amount	N/A				\$500 employee (ee) \$1,000 ee + spouse/QA \$2,000 ee + child(ren) \$2,000 ee + family	
<b>ANNUAL DEDUCTIBLE</b>						
<b>Per Person</b>	\$0	\$250	\$0	\$500	\$1,000	\$2,000
<b>Per Family</b>	\$0	\$750	\$0	\$1,000	\$3,000	\$4,000
<b>ANNUAL MEDICAL OUT-OF-POCKET MAXIMUM</b> (Copays, coinsurance and deductibles accumulate toward the out-of-pocket max)						
<b>Per Person</b>	\$2,000	\$2,250	\$2,000	\$4,500	\$4,000	\$5,000
<b>Per Family</b>	\$4,000	\$4,750	\$4,000	\$9,000	\$9,000	\$10,000
<b>PRIMARY DOCTOR'S OFFICE VISITS</b> (OBGYN visits covered as primary doctor.)						
<b>UofL Physician</b>	\$0	\$0	\$0	N/A	10% after deductible <sup>2</sup>	20% after deductible <sup>2</sup>
<b>Non UofL Physician</b>	\$20	\$20	N/A	\$25	10% after deductible	20% after deductible
<b>Specialist</b>	\$35	\$35	\$0	\$50	10% after deductible	20% after deductible
<b>Telehealth<sup>3</sup> through Anthem's LiveHealth Online</b>	\$20	\$20	\$20	\$25	10% after deductible	20% after deductible
<b>PREVENTIVE CARE<sup>4</sup> AND INPATIENT CARE</b>						
<b>Preventive Care<sup>4</sup></b>	0% (fully covered)					
<b>Inpatient Care</b> (hospital and physician care)	10%	10% after deductible	\$300	30% after deductible	10% after deductible	20% after deductible

<sup>1</sup> Out-of-network emergency care is covered.

<sup>2</sup> A \$20 discount applies when you see a ULH physician.

<sup>3</sup> Limited to 50 visits per year for physical and occupational therapy combined and limited to 25 visits per year for speech therapy.

<sup>4</sup> Routine physicals, gynecological exams, mammograms, well-childcare and routine immunizations, labs, x-rays or other preventive test