

MEDICAL AND PRESCRIPTION DRUG COMPARISON CHART—UHC



	\$350 PPO		\$1,500 PPO		\$6,000 PPO		\$3,400 HDHP w/ HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Embedded Deductible*								
- Individual	\$350	\$700	\$1,500	\$3,000	\$6,000	\$12,000	\$3,400	\$6,000
- Family	\$900	\$1,800	\$3,000	\$6,000	\$12,000	\$24,000	\$6,800	\$12,000
Member Coinsurance	10%	30%	20%	40%	0%	20%	0%	20%
Max. Out-of-Pocket*								
- Individual	\$1,800	\$3,600	\$3,000	\$6,000	\$6,000	\$24,000	\$3,400	\$12,000
- Family	\$3,600	\$7,200	\$6,000	\$12,000	\$12,000	\$48,000	\$6,800	\$24,000
HSA eligible	No		No		No		Yes	
Physician Office Visit								
- Primary	\$20 copay	30% after deductible	\$25 copay	40% after deductible	\$20 copay	20% after deductible	0% after deductible	0% after deductible
- Specialist	\$20 copay		\$50 copay		\$40 copay			
Preventive Care	No Cost	30% after deductible	No Cost	40% after deductible	No Cost	20% after deductible	No Cost	20% after deductible
Urgent Care	\$25 copay	30% after deductible	\$50 copay	40% after deductible	\$75 copay	20% after deductible	0% after deductible	20% after deductible
Emergency Room	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$100 Copay	\$100 Copay	0% after deductible	0% after deductible
Labs & Imaging								
- Lab	10% after deductible	30% after deductible	20% after deductible	40% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
- X-ray								
- Advanced Imaging								
Inpatient Service	10% after deductible	30% after deductible	20% after deductible	40% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
<i>Prior Authorization required</i>								
Outpatient Services	10% after deductible	30% after deductible	20% after deductible	40% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Prescription Drugs								
<i>Retail (Up to 30-day supply)</i>								
- Tier 1	\$10	\$10	\$10	\$10	\$10	\$10	0% after deductible	0% after deductible
- Tier 2	\$30	\$30	\$30	\$30	\$30	\$30		
- Tier 3	\$60	\$60	\$60	\$60	\$60	\$60		
<i>Mail Order (90-day supply)</i>								
- Tier 1	\$20		\$20		\$20		0% after deductible	0% after deductible
- Tier 2	\$80	N/A	\$80	N/A	\$80	N/A		
- Tier 3	\$170		\$170		\$170			

* Embedded deductible and out-of-pocket (OOP), means that a “per member” deductible and OOP are embedded within the “per family” thresholds. Each covered family member is subject only to their “per member” deductible or OOP, and the family’s exposure as a whole is limited by the family deductible and OOP limits. Please note the embedded deductible and out-of-pocket maximum applies to the United Healthcare plans; it does not apply to the Kaiser HMO plan.

The official plan documents govern all aspects of the Corsair plan offerings. Employees should refer to the plan document for accurate and complete information. In case of any inconsistencies, the plan document prevails. Visit [bswift](#) for plan documents and details.

MEDICAL AND PRESCRIPTION DRUG COMPARISON CHART—KAISER



	Kaiser HMO For California residents
	In-Network ONLY
Embedded Deductible - Individual - Family	\$0 \$0
Member Coinsurance	0%
Max. Out-of-Pocket - Individual - Family	\$3,000 \$6,000
HSA Eligible	No
Physician Office Visit - Primary - Specialist	\$20 copay \$20 copay
Preventive Care	No Cost
Urgent Care	\$20 copay
Emergency Room	\$150
Labs & Imaging - Lab - X-ray - Advanced Imaging	\$10 copay
Inpatient Service <i>Prior Authorization required</i>	\$100 copay/admission
Outpatient Services	\$100 copay/procedure
Prescription Drugs <i>Retail (Up to 30-day supply)</i> - Tier 1 - Tier 2 - Tier 3	\$10 \$30 \$30
<i>Mail Order (90-day supply)</i> - Tier 1 - Tier 2 - Tier 3	\$20 \$60 \$60

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