

**ARCHDIOCESE OF ST. LOUIS**

**COMPARISON OF THE UNITEDHEALTHCARE PREMIER VS STANDARD PLAN**

**JULY 1, 2014 – JUNE 30, 2015**

<b>UNITEDHEALTHCARE (UHC) CHOICE PLUS MEDICAL PLAN</b>			
<b>UHC STANDARD PLAN</b>		<b>UHC PREMIER PLAN</b>	
<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
<b>Calendar Year Deductible (Individual / Family)</b>			
Copayments do not apply to the deductible			
<b>\$1,000 / \$2,000</b>	<b>\$2,000 / \$4,000</b>	<b>\$400 / \$800</b>	<b>\$600 / \$1,200</b>
\$1,000 per Covered Person per calendar year, not to exceed \$2,000 for all Covered Persons in a family.	\$2,000 per Covered Person per calendar year, not to exceed \$4,000 for all Covered Persons in a family.	\$400 per Covered Person per calendar year, not to exceed \$800 for all Covered Persons in a family.	\$600 per Covered Person per calendar year, not to exceed \$1,200 for all Covered Persons in a family.
<b>Out-of-Pocket Maximum (Individual / Family)</b>			
Copayments, Coinsurance and Deductible accumulate towards the Out-of-Pocket Maximum			
<b>\$4,000 / \$8,000</b>	<b>\$8,000 / \$16,000</b>	<b>\$1,650 / \$3,300</b>	<b>\$2,100 / \$4,200</b>
\$4,000 per Covered Person, per calendar year, not to exceed \$8,000 for all Covered Persons in a family.	\$8,000 per Covered Person per calendar year, not to exceed \$16,000 for all Covered Persons in a family.	\$1,650 per Covered Person, per calendar year, not to exceed \$3,300 for all Covered Persons in a family.	\$2,100 per Covered Person, per calendar year, not to exceed \$4,200 for all Covered Persons in a family.
<b>Office Visits</b>			
<b>\$30 copay</b>	<b>40%</b>	<b>\$20 copay</b>	<b>40%</b>
<b>Mental Health and Substance Abuse - Outpatient</b>			
<b>\$30 copay</b>	<b>40%</b>	<b>\$20 copay</b>	<b>40%</b>