

ARCHDIOCESE OF ST. LOUIS

COMPARISON OF THE UNITEDHEALTHCARE PREMIER VS STANDARD PLAN

JULY 1, 2018 – JUNE 30, 2019

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