

MEDICAL PLAN COMPARISON CHART

All CDHP medical plans are administered by United Healthcare, cover in-network preventive care at 100%, and include prescription drug coverage through OptumRx.

You have separate deductibles and out-of-pocket maximums for in-network and out-of-network care. In-network expenses don't apply toward your out-of-network deductible or out-of-pocket maximum, and out-of-network expenses don't apply toward your in-network deductible or out-of-pocket maximum.

Important: Reimbursements for out-of-network expenses are paid by Naviguard® BH Flex. Any amount above what Naviguard considers an allowable charge is not covered, and you may be balance billed.

	CDHP 90		CDHP 80		CDHP 70	
Premiums	\$\$\$		\$\$		\$	
AMCN HSA contribution	\$550 for yourself \$1,100 if you cover dependents		\$550 for yourself \$1,100 if you cover dependents		\$0, AMCN does not contribute to your HSA	
	In-network	Out-of-network ³	In-network	Out-of-network ³	In-network	Out-of-network ³
Deductible – the amount you pay for non-preventive services and medications before the plan starts to pay.						
Employee only	\$1,700	\$1,700	\$2,700	\$2,700	\$2,700	\$2,700
Employee + 1 or more dependents	\$3,400 ¹	\$3,400 ¹	\$5,400 ¹	\$5,400 ¹	\$5,400 ¹	\$5,400 ¹
Out-of-pocket maximum – the most you'll pay for covered services each plan year.						
Employee only	\$3,400	\$6,050	\$5,400	\$8,050	\$5,400	\$8,050
Employee + 1 or more dependents	\$6,800	\$12,100	\$10,800	\$16,100	\$10,800	\$16,100
Medical services						
Primary care office visit ²	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Specialist office visit ²	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Labs and X-rays ²	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Urgent care	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Emergency room	10% coinsurance, after deductible	10% coinsurance, after deductible	20% coinsurance, after deductible	20% coinsurance, after deductible	30% coinsurance, after deductible	30% coinsurance, after deductible
Inpatient hospital services ³	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Outpatient facility surgical care	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible

Medical services, continued						
Prenatal and postnatal maternity care ²	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Mental health and substance abuse treatment (inpatient and outpatient)	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Hearing aids, up to \$2,000 every years ³	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Home health care, up to 120 visits per year combined in- and out-of-network	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Nutritional counseling, up to 12 visits per year	\$0	30% coinsurance, after deductible	\$0	40% coinsurance, after deductible	\$0	50% coinsurance, after deductible
Therapy – up to 60 visits per year combined in- and out-of-network						
Physical, occupational, and speech therapy	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Cardiac and Pulmonary rehabilitation therapy	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Chiropractic, up to 24 visits per year	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Prosthetics	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Durable medical equipment	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Skilled nursing facility, up to 120 visits per year combined in- and out-of-network	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Infertility treatment – \$35,000 lifetime maximum for combined in- and out-of-network medical and prescription drugs costs						
Office visits, including tests and counseling	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
IVF, GIFT, ZIFT, etc. (inpatient and outpatient)	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible
Drug therapy	Pharmacy copay, after deductible	Not covered	Pharmacy copay, after deductible	Not covered	Pharmacy copay, after deductible	Not covered
Other covered services	10% coinsurance, after deductible	30% coinsurance, after deductible	20% coinsurance, after deductible	40% coinsurance, after deductible	30% coinsurance, after deductible	50% coinsurance, after deductible

1 CDHP amount is a true family deductible. This means that covered family members must meet the full family deductible before the plan begins to pay benefits on any family member. The family deductible amount can be met by one or any combination of family members.

2 If services are for preventive care, then they are generally covered in-network at 100%.

3 Coinsurance for out-of-network expenses after you pay the out-of-network deductible is met up to the allowable charge as defined by UHC.