

**Trivers Associates**  
**Medical Benefit and Cost Analysis effective 3/1/2019**

Benefits	Current Plans			
	Plan #1 (05J0110) United Healthcare Silver AU-CX / RX 612 HSA PLAN (embedded)	Plan #2 (05U0100) United Healthcare Gold AU-CG / RX 612	Plan #3 (05U0099) United Healthcare Platinum AU-CE / RX 615	
<b>Deductibles</b>				
Individual	In Network: \$4,000 Out of Network: \$10,000	In Network: \$1,000 Out of Network: \$2,000	In Network: \$1,000 Out of Network: \$3,000	
Family	\$8,000 \$20,000	\$2,000 \$4,000	\$2,000 \$6,000	
<b>Out-of-Pocket Maximums</b>				
Individual	\$6,250 \$12,500	\$7,200 \$14,400	\$3,000 \$6,000	\$5,000 \$12,000
Family	Unlimited 100%	Unlimited 80%	Unlimited 100%	Unlimited 70%
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Coinsurance (After Deductible)</b>	100%	80%	100%	70%
<b>Physicians Services</b>				
Office Visits (PCP/Specialist) (Any other services performed during the office visit could be subject to deductible/coinsurance or additional copays.)	After Deductible: \$35/\$70 Copay*	\$35/\$70 Copay*	Deductible + 50% of UCR	Deductible + 30% of UCR
<b>Hospital Services</b>				
In-Patient	100% After Deductible	80% After Deductible	Deductible + 50% of UCR	Deductible + 30% of UCR
Out-Patient	100% After Deductible	80% After Deductible	Deductible + 50% of UCR	Deductible + 30% of UCR
<b>Diagnostic Services</b>				
Minor Diagnostics (X-Ray, Bloodwork, etc.)	100% After Deductible	\$40 Copay per Service	Deductible + 50% of UCR	Deductible + 30% of UCR
Major Diagnostics (CT/PET scans, MRI, etc)	100% After Deductible	80% After Deductible	Deductible + 50% of UCR	Deductible + 30% of UCR
<b>Emergency Room</b>	After Deductible: \$300 copay	\$300 Copay	\$300 Copay	\$200 Copay
<b>Urgent Care Facility</b> (Any other services performed during the urgent care visit could be subject to deductible/coinsurance or additional copays.)	After Deductible: \$50 copay	\$50 Copay	Deductible + 50% of UCR	Deductible + 30% of UCR
<b>Prescription Drug Deductible</b>	Combined with Medical Deductible	None	None	None
<b>Prescription Drug Plan-Retail Pharmacy</b> Tier 1 / Tier 2 / Tier 3 / Tier 4	After Deductible: \$10/\$35/\$60/\$200	\$10/\$35/\$60/\$200	\$10/\$35/\$60/\$200	\$20/\$50/\$80/\$200
<b>Mail Order</b>	After Deductible: 2.5X Retail Copays	N/A	2.5X Retail Copays	N/A
<b>Rates</b>				
Current Monthly Premium - by Plan	\$2,452.42	\$1,863.75	\$1,863.75	\$11,316.39
Current Monthly Premium - TOTAL		\$15,632.56		
Current Annual Premium - TOTAL		\$187,990.72		
Renewal Monthly Premium - by Plan				
Renewal Monthly Premium - TOTAL				
Renewal Annual Premium - TOTAL				
Annual \$ Decrease/Increase from Current Plan - TOTAL				
Annual % Decrease/Increase from Current Plan - by Plan				
Annual % Decrease/Increase from Current Plan - TOTAL				

Approved preventive care covered at 100% (no copay or deductible).  
All services with listed co-insurance may be subject to deductible first.  
Copays, deductibles and coinsurance (including pharmacy) apply to the out of pocket maximum for all ACA plans.

This grid is a brief outline of plan benefits & does not contain all plan benefits, exclusions, etc. For a full listing, please review a certificate of coverage.

Plans No Longer Available - Being Moved To Renewal