

Medical

Medical Comparison

| | UnitedHealthcare Insurance Company CDHP Plan – NexusACO* 1500499 | | | UnitedHealthcare Insurance Company Copay Plan - \$4000 Choice Plus PPO 1500499 | | |
|---------------------------------------|--|---|---|--|--|--|
| | Designated Network | In-Network | Out-of-Network | Designated Network | In-Network | Out-of-Network |
| Annual Deductible | | | | | | |
| Individual | \$3,500 | \$3,500 | \$6,00 | \$4,000 | \$4,000 | \$10,000 |
| Family | \$7,000 | \$7,000 | \$12,000 | \$8,000 | \$8,000 | \$20,000 |
| Coinsurance | | 80% | 60% | 80% | 80% | 50% |
| Maximum Out-of-Pocket* | | | | | | |
| Individual | \$7,000 | \$7,000 | \$12,000 | \$7,350 | \$7,350 | \$20,000 |
| Family | \$14,000 | \$14,000 | \$24,000 | \$14,700 | \$14,700 | \$40,000 |
| Physician Office Visit | | | | | | |
| Primary Care | 80% after deductible | 60% after deductible | 50% after deductible | \$15 copay | \$15 copay | 50% after deductible |
| Specialty Care | 80% after deductible | 60% after deductible | 50% after deductible | \$50 copay | \$100 copay | 50% after deductible |
| Preventive Care | | | | | | |
| Adult Periodic Exams | 100% | 100% | 50% after deductible | 100% | 100% | 50% after deductible |
| Well-Child Care | 100% | 100% | 50% after deductible | 100% | 100% | 50% after deductible |
| Diagnostic Services | | | | | | |
| X-ray and Lab Tests | 80% after deductible | 80% after deductible | 50% after deductible | 80% after deductible | 50% after deductible | 50% after deductible |
| Complex Radiology | 80% after deductible | 80% after deductible | 60% after deductible | 80% after deductible | \$500 per occurrence, 50% after deductible | \$500 per occurrence, 50% after deductible |
| Urgent Care Facility | 80% after deductible | 80% after deductible | 50% after deductible | \$25 copay | \$25 copay | 50% after deductible |
| Emergency Room Facility Charges* | 80% after deductible | 80% after deductible | 80% after deductible | 80% after deductible | 80% after deductible | 80% after deductible |
| Inpatient facility (hospital) Charges | 80% after deductible | \$500 inpatient copay per occurrence prior to and in addition to deductible and any coinsurance amount. 60% | \$500 inpatient copay per occurrence prior to and in addition to deductible and any coinsurance amount. 50% | 80% after deductible | 80% after deductible | 50% after deductible |

*NexusACO includes Aurora, Children’s Wisconsin, and Froedtert and Medical College of Wisconsin in network.

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|--|---|---|---|--|---|----------------------|
| | Designated Network | In-Network | Out-of-Network | Designated Network | In-Network | Out-of-Network |
| Outpatient Facility and Surgical Charges | 80% after deductible | You pay a \$250 per occurrence deductible per date of service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 60%* | You pay a \$250 per occurrence deductible per date of service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 50%* | 80% after deductible | 80% after deductible | 50% after deductible |
| Mental Health | | | | | | |
| Inpatient | 80% after deductible | 80% after deductible | 50% after deductible | 80% after deductible | 80% after deductible | 50% after deductible |
| Outpatient | 80% after deductible | 80% after deductible | 50% after deductible | \$15 copay for office visit; 80% after deductible for other outpatient services | \$15 copay for office visit; 80% after deductible for other outpatient services | 50% after deductible |
| Substance Abuse | | | | | | |
| Inpatient | 80% after deductible | 80% after deductible | 50% after deductible | 80% after deductible | 80% after deductible | 50% after deductible |
| Outpatient | 80% after deductible | 80% after deductible | 50% after deductible | \$15 copay for office visit; 80% after deductible all other outpatient services | \$15 copay for office visit; 80% after deductible all other outpatient services | 50% after deductible |
| Other Services | | | | | | |
| Chiropractic | | 80% after deductible | 50% after deductible | \$15 copay | \$15 copay | 50% after deductible |
| Retail Pharmacy (30 Day Supply) | | | | | | |
| Generic (Tier 1) | | \$5 copay after deductible | \$5 copay after deductible | | \$10 copay | \$10 copay |
| Preferred (Tier 2) | | \$50 copay after deductible | \$50 copay after deductible | | \$35 copay | \$35 copay |
| Non-Preferred (Tier 3) | | \$150 copay after deductible | \$150 copay after deductible | | \$70 copay | \$70 copay |
| Preferred Specialty (Tier 4) | | \$300 after deductible | \$300 after deductible | N/A | N/A | N/A |

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| Mail Order Pharmacy (90 Day Supply) | | | | | | |
|-------------------------------------|--|--------------------------------|-------------|-----|---------------|-------------|
| Generic (Tier 1) | | \$12.50 copay after deductible | Not covered | | \$25 copay | Not covered |
| Preferred (Tier 2) | | \$125 copay after deductible | Not covered | | \$87.50 copay | Not covered |
| Non-Preferred (Tier 3) | | \$375 copay after deductible | Not covered | | \$175 copay | Not covered |
| Preferred Specialty (Tier 4) | | \$750 copay after deductible | Not covered | N/A | N/A | N/A |

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Employee Contributions (Bi Weekly 26 per yr)

| UnitedHealthcare Insurance Company CDHP Plan - NexusACO 1500499 | |
|--|----------|
| Employee | \$64.21 |
| Employee & Spouse | \$155.38 |
| Employee & Child(ren) | \$116.22 |
| Employee & Spouse & Child(ren) (Family) | \$213.81 |
| UnitedHealthcare Insurance Company Copay Plan - \$4000 Choice Plus PPO 1500499 | |
| Employee | \$139.73 |
| Employee & Spouse | \$338.15 |
| Employee & Child(ren) | \$252.91 |
| Employee & Spouse & Child(ren) (Family) | \$465.30 |

Spousal Surcharge

If your spouse has a medical policy available to them and you choose to cover them on Sharon S. Richardson's policy, a surcharge of \$50 per paycheck will apply.

Total Care Option (TCO)



Get up to \$5,000 of your out-of-pocket costs covered!

The TCO allows eligible families to get up to \$5,000 of their out-of-pocket costs covered if they enroll in alternate group health coverage (e.g. a spouse's plan).

Who is eligible for the TCO?

Employees must opt out of a SSRCH health plan and enroll in their spouse or domestic partner's health insurance (or any other employer-sponsored health coverage that is not their parents' coverage).

How does it work?

It's simple! For example,

1. Enroll in your spouse's health insurance through their employer.
2. During open enrollment at SSRCH choose the "Total Care Option."
3. You'll then have up to \$5,000 of your out-of-pocket costs covered.

How do I know whether the TCO will save me money?

Check out the [Healia plan comparison tool](#). Just upload your spouse or domestic partner's benefit guide and Healia will give you a custom recommendation to help you choose a plan.

What does the TCO cover? Is there a cost to enroll?

The TCO covers up to \$5,000 of out-of-pocket medical costs (copays, coinsurance, and deductibles) for your entire family.

That could mean \$0 for prescriptions, doctors visits, and any medical care you and your family needs.

The TCO is free for you and your eligible family members to join as long as you opt out of coverage with SSRCH.



Are there any restrictions?

You must opt-out of health insurance with SSRCH and enroll in another employer's coverage. Employees that have already waived health coverage with SSRCH are eligible for the TCO. Check out [this tool](#) for more info.

Have a question? Need help? Email us at support@healiahealth.com.