

**Applied Intellect LLC**  
**Health Insurance Comparison**  
**In-Network Benefits Plan Comparison**

<i>Benefit Description</i>		<b>CURRENT United Healthcare VA Choice Plus Gold HSA BG-1X/827 IN-NETWORK</b>		<b>RENEWAL United Healthcare VA Choice Plus Gold HSA BO-3S/827 IN-NETWORK</b>		<b>CURRENT United Healthcare VA Choice Plus Bronze BG-2D/575 HSA IN-NETWORK</b>		<b>RENEWAL United Healthcare VA Choice Plus Bronze BG-2D/575 HSA IN-NETWORK</b>	
<i>Annual Deductible (single/family)</i>		\$1,500/\$3,000 Plan pays 100%		\$1,750/\$3,500 Plan pays 100%		\$6,700/\$13,400 Plan pays 100%		\$6,700/\$13,400 Plan pays 100%	
<i>Coinsurance</i>									
<i>Out-of-Pocket Maximum (single/family) (includes deductible)</i>		\$3,000/\$6,000 Unlimited		\$3,000/\$6,000 Unlimited		\$6,700/\$13,400 Unlimited		\$6,700/\$13,400 Unlimited	
<i>Maximum Benefit</i>									
<i>Office Visits: Preventive Care</i>									
Primary Care Physician Office Visit		Plan pays 100%		Plan pays 100%		Plan pays 100%		Plan pays 100%	
Specialist Physician Office Visit		Plan pays 100%		Plan pays 100%		Plan pays 100%		Plan pays 100%	
Well Child Care		Plan pays 100%		Plan pays 100%		Plan pays 100%		Plan pays 100%	
<i>Office Visits: Illness or Injury</i>									
Primary Care Physician (PCP) office visit		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Specialty Care Physician office visit		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
<i>Emergency Room Services</i>									
Life-threatening illness, serious accidental injury		\$250 Copay after deductible		\$250 Copay after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Urgent Care		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
<i>Hospital Services - Inpatient</i>									
Facility/ Hospital Charges		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Physician Fees for Surgical and Medical Services		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
<i>Outpatient Services</i>									
Surgery facility/Hospital charges		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Diagnostic Lab services		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Diagnostic X-Ray		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Major Diagnostics (CT, PET, MRI, MRA, and nuclear medicine)		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Physician Fees for Surgical and Medical Services		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
<i>Prescription Drugs</i>									
Tier 1		\$10 Copay after deductible		\$10 Copay after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Tier 1: Specialty		\$10 Copay after deductible		\$10 Copay after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Tier 2		\$40 Copay after deductible		\$40 Copay after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Tier 2: Specialty		\$250 Copay after deductible		\$250 Copay after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Tier 3		\$75 Copay after deductible		\$75 Copay after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Tier 3: Specialty		\$500 Copay after deductible		\$500 Copay after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
<b>Benefit Tier</b>		<b>EE Monthly Amount</b>	<b>EE Cost Per Pay Period</b>	<b>EE Monthly Amount</b>	<b>EE Cost Per Pay Period</b>	<b>EE Monthly Amount</b>	<b>EE Cost Per Pay Period</b>	<b>EE Monthly Amount</b>	<b>EE Cost Per Pay Period</b>
<b>Employee</b>	Employee Only	\$408.15	\$188.38	\$456.99	\$210.92	\$151.58	\$69.96	\$183.22	\$84.56
	Employee + Spouse	\$816.27	\$376.74	\$901.98	\$416.30	\$303.13	\$139.91	\$354.44	\$163.59
	Employee + Child(ren)	\$795.89	\$367.33	\$879.43	\$405.89	\$295.58	\$136.42	\$345.58	\$159.50
	Family	\$1,204.04	\$555.71	\$1,330.42	\$614.04	\$447.16	\$206.38	\$522.80	\$241.29
<b>Employer</b>	<b>Benefit Tier</b>	<b>Original Rates</b>	<b>AI Flat Fee Contribution</b>	<b>Original Rates</b>	<b>AI Flat Fee Contribution</b>	<b>Original Rates</b>	<b>AI Flat Fee Contribution</b>	<b>Original Rates</b>	<b>AI Flat Fee Contribution</b>
	Employee Only	\$635.52	\$227.37	\$716.82	\$259.83	\$378.95	\$227.37	\$443.05	\$259.83
	Employee + Spouse	\$1,271.04	\$454.77	\$1,433.64	\$531.66	\$757.90	\$454.77	\$886.10	\$531.66
	Employee + Child(ren)	\$1,239.26	\$443.37	\$1,397.80	\$518.37	\$738.95	\$443.37	\$863.95	\$518.37
	Family	\$1,874.78	\$670.74	\$2,114.62	\$784.20	\$1,117.90	\$670.74	\$1,307.00	\$784.20