

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

<i>Benefit Description</i>	<b>CURRENT</b> <b>United Healthcare VA Choice</b> <b>Plus Gold HSA BO-3S/827</b> <b>IN-NETWORK</b>		<b>RENEWAL</b> <b>United Healthcare VA Choice</b> <b>Plus Gold HSA CB-5S/A92L</b> <b>IN-NETWORK</b>		<b>CURRENT</b> <b>United Healthcare VA Choice</b> <b>Plus Bronze BG-2D/575 HSA</b> <b>IN-NETWORK</b>		<b>RENEWAL</b> <b>United Healthcare VA Choice Plus</b> <b>Bronze CB-5S/A89L HSA</b> <b>IN-NETWORK</b>	
<i>Annual Deductible (single/family)</i>	\$1,750/\$3,500		\$2,250/\$4,500		\$6,700/\$13,400		\$7,000/\$14,000	
<i>Coinsurance</i>	Plan pays 100%		Plan pays 100%		Plan pays 100%		Plan pays 100%	
<i>Out-of-Pocket Maximum (single/family) (includes Maximum Benefit)</i>	\$3,000/\$6,000		\$4,000/\$8,000		\$6,700/\$13,400		\$7,000/\$14,000	
	Unlimited		Unlimited		Unlimited		Unlimited	
<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		Plan pays 100% 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		N/A		Plan pays 100% after deductible		Plan pays 100% after deductible	
Tier 2	\$40 Copay after deductible		\$45 Copay after deductible		Plan pays 100% after deductible		Plan pays 100% after deductible	
Tier 2: Specialty	\$250 Copay after deductible		N/A		Plan pays 100% after deductible		Plan pays 100% after deductible	
Tier 3	\$75 Copay after deductible		Member pays 20% up to \$150		Plan pays 100% after deductible		Plan pays 100% after deductible	
Tier 3: Specialty	\$500 Copay after deductible		Member pays 30% up to \$300		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>
Employee Only	\$456.99	\$210.92	\$425.50	\$196.38	\$183.22	\$84.56	\$194.27	\$89.66
Employee + Spouse	\$901.98	\$416.30	\$851.00	\$392.77	\$354.44	\$163.59	\$388.54	\$179.32
Employee + Child(ren)	\$879.43	\$405.89	\$829.72	\$382.95	\$345.58	\$159.50	\$378.82	\$174.84
Family	\$1,330.42	\$614.04	\$1,255.22	\$579.33	\$522.80	\$241.29	\$573.09	\$264.50

<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	\$716.82	\$259.83	\$716.90	\$291.40	\$443.05	\$259.83	\$485.67	\$291.40
Employee + Spouse	\$1,433.64	\$531.66	\$1,433.80	\$582.80	\$886.10	\$531.66	\$971.34	\$582.80
Employee + Child(ren)	\$1,397.80	\$518.37	\$1,397.96	\$568.24	\$863.95	\$518.37	\$947.06	\$568.24
Family	\$2,114.62	\$784.20	\$2,114.86	\$859.64	\$1,307.00	\$784.20	\$1,432.73	\$859.64