

Applied Intellect LLC
Health Insurance Comparison
IN-NETWORK COMPARISON

<i>Benefit Description</i>	CURRENT United Healthcare VA Choice Plus Bronze CM-NN/E83L HSA IN-NETWORK		RENEWAL United Healthcare VA Choice Plus Bronze CU-CP/E83L HSA IN-NETWORK		CURRENT United Healthcare VA Choice Plus Gold HSA CM-NW/K27L IN-NETWORK		RENEWAL United Healthcare VA Choice Plus Gold HSA CU-B9/K27L IN-NETWORK	
<i>Annual Deductible (single/family) Coinsurance</i>	\$7,000/\$14,000 Plan pays 100%		\$7,000/\$14,000 Plan pays 100%		\$2,250/\$4,500 Plan pays 100%		\$2,250/\$4,500 Plan pays 100%	
<i>Out-of-Pocket Maximum (single/family) (includes deductible)</i>	\$7,000/\$14,000 Unlimited		\$7,000/\$14,000 Unlimited		\$4,000/\$8,000 Unlimited		\$4,000/\$8,000 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	Plan pays 100% 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 in designated network / Plan pays 50% after deductible in network		Plan pays 100% after deductible in designated network / Plan pays 50% after deductible in network		Plan pays 100% after deductible in designated network / Plan pays 50% after deductible in network		Plan pays 100% after deductible in designated network / Plan pays 50% after deductible in network	
Diagnostic X-Ray	Plan pays 100% after deductible in designated network / Plan pays 50% after deductible in network		Plan pays 100% after deductible in designated network / Plan pays 50% after deductible in network		Plan pays 100% after deductible in designated network / Plan pays 50% after deductible in network		Plan pays 100% after deductible in designated network / Plan pays 50% after deductible in network	
Major Diagnostics (CT, PET, MRI, MRA, and nuclear medicine)	Plan pays 100% after deductible in designated network / Plan pays 50% after deductible in network		Plan pays 100% after deductible in designated network / Plan pays 50% after deductible in network		Plan pays 100% after deductible in designated network / \$500 Copay + Plan pays 50% after deductible in network		Plan pays 100% after deductible in designated network / \$500 Copay + Plan pays 50% after deductible in network	
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	Plan pays 100% after deductible		Plan pays 100% after deductible		\$10 Copay after deductible		\$10 Copay after deductible	
Tier 1: Specialty	Plan pays 100% after deductible		Plan pays 100% after deductible		N/A		N/A	
Tier 2	Plan pays 100% after deductible		Plan pays 100% after deductible		\$45 Copay after deductible		\$45 Copay after deductible	
Tier 2: Specialty	Plan pays 100% after deductible		Plan pays 100% after deductible		N/A		N/A	
Tier 3	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 80% after deductible		Plan pays 80% after deductible	
Tier 3: Specialty	Plan pays 100% after deductible		Plan pays 100% after deductible		Plan pays 70% after deductible		Plan pays 70% after deductible	
Employee Tier	EE Monthly Amount	EE Cost Per Pay Period	EE Monthly Amount	EE Cost Per Pay Period	EE Monthly Amount	EE Cost Per Pay Period	EE Monthly Amount	EE Cost Per Pay Period
Employee Only	\$212.33	\$98.00	\$248.20	\$114.56	\$442.06	\$204.03	\$477.50	\$220.39
Employee + Spouse	\$424.66	\$196.00	\$496.41	\$229.11	\$884.12	\$408.06	\$955.01	\$440.77
Employee + Child(ren)	\$414.05	\$191.10	\$484.00	\$223.38	\$862.02	\$397.85	\$931.14	\$429.76
Family	\$626.38	\$289.10	\$732.20	\$337.94	\$1,304.08	\$601.88	\$1,408.64	\$650.14

Employee Tier	Original Rates	AI Flat Fee Contribution	Original Rates	AI Flat Fee Contribution	Original Rates	AI Flat Fee Contribution	Original Rates	AI Flat Fee Contribution
Employee Only	\$530.83	\$318.50	\$620.51	\$372.31	\$760.56	\$318.50	\$849.81	\$372.31
Employee + Spouse	\$1,061.66	\$637.00	\$1,241.02	\$744.61	\$1,521.12	\$637.00	\$1,699.62	\$744.61
Employee + Child(ren)	\$1,035.12	\$621.07	\$1,209.99	\$725.99	\$1,483.09	\$621.07	\$1,657.13	\$725.99
Family	\$1,565.95	\$939.57	\$1,830.50	\$1,098.30	\$2,243.65	\$939.57	\$2,506.94	\$1,098.30