

Applied Intellect LLC
2024 Health Insurance Comparison
IN-NETWORK COMPARISON

<i>Benefit Description</i>	CURRENT United Healthcare VA Choice Plus Bronze CU-CP/E83L HSA IN-NETWORK		CURRENT United Healthcare VA Choice Plus Gold HSA CU-B9/K27L IN-NETWORK	
<i>Annual Deductible (single/family)</i>	\$7,000/\$14,000		\$2,250/\$4,500	
<i>Coinsurance</i>	Plan pays 100%		Plan pays 100%	
<i>Out-of-Pocket Maximum (single/family) (includes deductible)</i>	\$7,000/\$14,000		\$4,000/\$8,000	
<i>Maximum Benefit</i>	Unlimited		Unlimited	
<i>Office Visits: Preventive Care</i>				
Primary Care Physician Office Visit	Plan pays 100%		Plan pays 100%	
Specialist Physician Office Visit	Plan pays 100%		Plan pays 100%	
Well Child Care	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	
Specialty Care Physician office visit	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	
Urgent Care	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	
Physician Fees for Surgical and Medical Services	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 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 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	
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	
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 / \$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	
<i>Prescription Drugs</i>				
Tier 1	Plan pays 100% after deductible		\$10 Copay after deductible	
Tier 1: Specialty	Plan pays 100% after deductible		N/A	
Tier 2	Plan pays 100% after deductible		\$45 Copay after deductible	
Tier 2: Specialty	Plan pays 100% after deductible		N/A	
Tier 3	Plan pays 100% after deductible		Plan pays 80% after deductible	
Tier 3: Specialty	Plan pays 100% 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
Employee Only	\$248.20	\$114.56	\$477.50	\$220.39
Employee + Spouse	\$496.41	\$229.11	\$955.01	\$440.77
Employee + Child(ren)	\$484.00	\$223.38	\$931.14	\$429.76
Family	\$732.20	\$337.94	\$1,408.64	\$650.14

Employee

Employee Tier	Original Rates	AI Flat Fee Contribution	Original Rates	AI Flat Fee Contribution
Employee Only	\$620.51	\$372.31	\$849.81	\$372.31
Employee + Spouse	\$1,241.02	\$744.61	\$1,699.62	\$744.61
Employee + Child(ren)	\$1,209.99	\$725.99	\$1,657.13	\$725.99
Family	\$1,830.50	\$1,098.30	\$2,506.94	\$1,098.30

Employer