OSMA **PROUCT BENEFIT GRID**

OSMA HEALTH

PLAN OPTIONS	ESSENTIAL PLAN UHC Choice Plus	ADVANTAGE PLAN UHC Choice Plus	PREFERRED PLAN UHC Choice Plus	HDHP UHC Choice Plus	HDHP CHOICE UHC Choice Plus
Individual Calendar Year Deductible	$1,000	$2,000	$4,000	$3,000	$5,000
Family Calendar Year Deductible	$2,500	$6,500	$10,000	$6,000	$10,000
Out-of-Pocket Maximum	$3,000 single $8,500 family	$6,000 single $12,700 family	$6,600 single $13,200 family	$ 5,000 single $10,000 family	$5,950 single $11,900 family
Office Visits	$35 copay (deductible waived)	$40 copay (deductible waived)	$40 copay (deductible waived)	20% after deductible	10% after deductible
Other Physician Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
MRIs, CT scans, PET Scans	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Maternity	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Hospital & Facility charges	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Emergency Room Copay (waived if admitted)	$100 copay per occurrence then deductible and 20%	$100 copay per occurrence then deductible and 20%	$400 copay per occurrence then deductible and 20%	20% after deductible	10% after deductible
Urgent Care	$35 copay (deductible waived)	$40 copay (deductible waived)	$40 copay (deductible waived)	20% after deductible	10% after deductible
Ambulance Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Skilled Nursing Facility	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Home Health	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Hospice	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Occupational, Physical & Speech Therapy	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Durable Medical Equipment	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Wellness Services	deductible waived Covered at 100%	deductible waived Covered at 100%	deductible waived Covered at 100%	deductible waived Covered at 100%	deductible waived Covered at 100%
Pharmacy	$0/$15/$40/$60	$0/$15/$40/$60	$0/$15/$40/$60	20% after deductible	10% after deductible
Specialty Pharmacy	$125 copay per script then 20% when obtained through MaxCare	$125 copay per script then 20% when obtained through MaxCare	$125 copay per script then 20% when obtained through MaxCare	20% after deductible when obtained through MaxCare	10% after deductible when obtained through MaxCare

This is a summary of benefits only and it is not a legal document. For complete details of plan benefits, exclusions, and limitations, please refer to the Schedule of Benefits and Coverage.