



Medical - Compare Options

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This Medical Plan Comparison Chart includes the coverage levels for commonly used services. This comparison chart does not reflect all medical plan services, exclusions, limitations, or restrictions. It is not considered a contract or guarantee of coverage under the Plans. Refer to the [Summary Plan Document](#) located at www.oraclebenefits.com for more details on Plan provisions and limitations. Click [here](#) to find which medical plan(s) are available to you.

Select up to 3 plans to compare

- | | | |
|--|---|--|
| <input type="checkbox"/> UHC - HI EPO | <input type="checkbox"/> UHC - EPO | <input checked="" type="checkbox"/> UHC - Medium PPO |
| <input type="checkbox"/> Kaiser Foundation Health Plan of Washington | <input type="checkbox"/> UHC - Premium Out of Area | <input type="checkbox"/> Kaiser Mid-Atlantic |
| <input type="checkbox"/> UHC - HPHC Passport | <input checked="" type="checkbox"/> UHC - Premium PPO | <input type="checkbox"/> Kaiser Northern CA |
| <input type="checkbox"/> UHC - HSA Medical Plan | <input type="checkbox"/> Kaiser Atlanta | <input type="checkbox"/> Kaiser Northwest |
| <input type="checkbox"/> UHC - Medium Out of Area | <input type="checkbox"/> Kaiser Colorado | <input type="checkbox"/> Kaiser Southern CA |

	UHC - Medium PPO 	UHC - Premium PPO 
<u>How The Plan Works</u>	You may use any doctor or facility. You receive a higher level of benefits when you use Network providers. You are responsible for ensuring all providers are in the network.	You may use any doctor or facility. You receive a higher level of benefits when you use Network providers. You are responsible for ensuring all providers are in the network.
<u>Coinsurance</u>	Network: 90% Non-Network: 70% of allowed amount ²	Network: 100% Non-Network: 80% of allowed amount ²
<u>Deductible</u>	Network: \$400 individual/\$1,200 family Non-Network: \$800 individual/\$2,400 family ⁵	Network: \$400 individual/\$1,200 family Non-Network: \$800 individual/\$2,400 family ⁵
<u>Deductible Type</u>	Embedded	Embedded
<u>Out-of-Pocket Maximum</u>	Network: \$2,000 individual/\$4,000 family Non-Network: \$5,000 individual/\$10,000 family ^{5 10}	Network: \$2,000 individual/\$4,000 family Non-Network: \$5,000 individual/\$10,000 family ^{5 10}
<u>Out-of-Pocket Maximum Type</u>	Embedded	Embedded
<u>Overall Lifetime Maximum Benefit</u>	No maximum	No maximum
<u>Employer Account Contribution</u>	Not Applicable	Not Applicable
<u>Prescription Drugs</u>	See Pharmacy and Mail Order coverage details section below	See Pharmacy and Mail Order coverage details section below
➤ Preventive Care		
➤ Local Pharmacy, 30-Day Supply		
➤ Mail Order Pharmacy, 90-Day Supply		
➤ Local Pharmacy, 90-Day Supply		
➤ Outpatient Medical Services		
➤ Inpatient Hospital Services		
➤ Family Planning / Maternity Care		
➤ Emergency Medical Services		
➤ Miscellaneous Services		

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¹ In accordance with Healthcare Reform's Expanded Women's Preventive Care Services, certain contraceptives are available at no charge. Contact your medical plan to verify coverage.

² Allowed amount is determined by UnitedHealthcare. See Eligible Expenses under the UnitedHealthcare Medical Plans section in the Summary Plan Description.

³ If you are enrolled in one of the United Healthcare plans, you may access the Healthy Pregnancy program at the number on your id card, 1-800-411-7984 or visit www.healthy-pregnancy.com. If you are enrolled in one of the HMO plans, consult your specific HMO about any pregnancy programs they may offer.

⁴ United HealthCare Plan Members: Contact Fertility Solutions Program (FS) at 1-866-774-4626 or www.myoptumhealthcomplexmedical.com/gateway/public/welcome.jsp.

⁵ Billed charges above the allowed amount will not count towards your deductible and out-of-pocket maximum.

⁶ Contact United Behavioral Health (EAP) at 1-866-728-8413 or www.liveandworkwell.com.

⁷ United HealthCare Plan Members Prescription drugs are categorized into three tiers each with an assigned cost (e.g. copayment). Tier 1 is the lowest cost option, tier 2 is mid-range, and tier 3 is the highest cost option. Generally generic medications are classified as tier 1 however that may not always be the case. Obtain the most current tier information on www.myuhc.com or by calling UHC using the number on your ID card. Certain medications for rare and/or complex conditions are classified as Specialty Medications. These medications are subject to different dispensing processes and costs. If you are taking one more of these medications contact United Healthcare at 1-866-672-2511 for more information.

⁸ If you request a brand name drug with a generic alternative, you may be required to pay for the difference between generic and brand (unless the brand name was requested by your doctor).

⁹ If you receive these services as part of an inpatient hospital stay or as part of an outpatient hospital procedure, the applicable hospital copayment apply.

¹⁰ Out of Pocket Maximum includes deductible, coinsurance and copays. Please refer to the Plan Documents for details.

¹¹ Separate hospitalization co-pay for the newborn may apply if the newborn is admitted for their own medical condition separate from labor and delivery. See hospital co-pays for details.

¹² Coverage for physical, speech or occupational, please see those sections.

¹³ Progress notes required - please refer to Plan for details.

¹⁴ Telehealth benefits are available through American Well. Telehealth enables UHC eligible employees and dependents to obtain services from licensed physicians virtually.

Seek care using your computer, tablet, mobile device, and telephone. Go to <http://oracle.amwell.com/> for more information and/or to access services.

¹⁵ Autism services offered through Oracle's United Healthcare (UHC) medical plans include assessments by eligible board certified behavioral analysts, licensed mental health clinicians and therapists and comprehensive services and treatments including Applied Behavior Analysis (ABA). For more information about UHC's autism coverage, please contact UHC at 1-866-672-2511.

¹⁶ Evidence-based medication regimens, including GLP-1s and other prescription weight-loss drugs, may be prescribed as part of a patient's care as determined by their physician.

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