

Medical Plan Comparison

Plan Feature	PPO Option 1	PPO Option 2	PPO Option 3	High Deductible PPO with HRA	HMO	Comprehensive
Carrier Choices	Highmark, UPMC, HealthAmerica	Highmark, UPMC, HealthAmerica	Highmark, UPMC, HealthAmerica	Highmark, UPMC, HealthAmerica	HealthAmerica, Highmark	Highmark
Annual Deductible (Indiv/Family)^{1, 2}						
- In-Network Provider	\$250 / \$500	\$250 / \$500	\$500 / \$1,000	\$1,000 / \$2,000	\$0 / \$0	\$500 / \$1,000
- Out-of-Network Provider	\$500 / \$1,000	\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000	Not covered	
Annual Out-of-Pocket Max (Indiv/Family)²						
- In-Network Provider	Deductible only	\$1,500 / \$3,000	\$3,000 / \$6,000	\$4,500 / \$9,000	None	\$2,500 / \$5,000
- Out-of-Network Provider	\$3,000 / \$6,000	\$3,000 / \$6,000	\$4,500 / \$9,000	Unlimited	Not covered	
Plan Coinsurance Responsibility	(After deductible.)	(After deductible.)	(After deductible.)	(After deductible.)	(After deductible.)	(After deductible.)
- In-Network Provider	100%	80%	80%	80%	100%	80%
- Out-of-Network Provider	60% of UCR ³	60% of UCR ³	60% of UCR ³	60% of UCR ³	Not covered	80% of UCR ³
Carnegie Mellon HRA Contribution						
Individual Coverage/Family Coverage	Not applicable	Not applicable	Not applicable	\$250 / \$500	Not applicable	Not applicable
Physician Visit (Copay/Coinsurance)						
In-Network						
- Office Visit: Primary Care / Specialist	\$15 / \$25	\$15 / \$25	\$15 / \$25	80%	\$10 / \$20	80%
- Preventive Care (per schedule) ²	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
- ER Visit (waived if admitted)	\$50	\$50	\$50	80%	\$35	80%
Out-of-Network						
- Primary Care and Specialist Office Visit	60% of UCR ³	60% of UCR ³	60% of UCR ³	60% of UCR ³	Not covered	80% of UCR ³
- Preventive Care	60% of UCR ³	60% of UCR ³	60% of UCR ³	60% of UCR ³	Not covered	80% of UCR ³
- ER Visit (waived if admitted)	\$50	\$50	\$50	80%	\$35	80% of UCR ³
Primary Care Physician Required	No	No	No	No	Yes	No

¹ - In all plans, the deductible and copay do not apply when adult or pediatric preventive care or routine gynecological services are performed according to the plan's schedule. If tests or lab work that are not on the plan's schedule of preventive services are performed during an appointment, the individual's portion of the cost of will be applied to the deductible.

² - The deductible and out-of-pocket maximum are tracked and satisfied separately for in-network and out-of-network services under all plans, except for the Comprehensive plan.

³ - UCR = usual, customary, and reasonable charges the carrier has established for medical services. Participating providers agree to accept the UCR as payment in full. Out-of-network providers may bill you for their charges in excess of the UCR. Expenses in excess of UCR **do not** count toward the out-of-pocket max.