

Medical Plan Comparison – Out-of-Area Plan

Plan Features	2018 UHC OOA HDHP & HSA		2018 UHC Out-of-Area	
	Network	Non-Network	Network	Non-Network
GENERAL				
Calendar Year Deductible (Network and Non-Network deductible amounts cross-apply) ¹	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$300 Individual \$900 Family	\$300 Individual \$900 Family
Calendar Year Out-of-Pocket Maximum (Network and Non-Network out-of-pocket amounts cross-apply) ²	\$4,500 Individual \$6,850 Family	\$4,500 Individual \$6,850 Family	\$2,900 Individual \$8,700 Family	\$2,900 Individual \$8,700 Family
Lifetime Maximum Benefit	None		None	
Crowley Annual Contribution to HSA	\$750 Individual / \$1,500 Family		N/A	
OFFICE VISITS				
Physician Office Visits	Plan pays 90%	Plan pays 90%	Plan pays 90%	Plan pays 90%
Preventive Care	Plan pays 100% (not subject to deductible)	Plan pays 100% (not subject to deductible)	Plan pays 100% (not subject to deductible)	Plan pays 100% (not subject to deductible)
OUTPATIENT SERVICES				
Diagnostic Lab and X-ray	Plan pays 90%	Plan pays 90%	Plan pays 90%	Plan pays 90%
Outpatient Surgery Services	Plan pays 90%	Plan pays 90%	Plan pays 90%	Plan pays 90%
INPATIENT SERVICES				
Hospital/Facility Services	Plan pays 90%	Plan pays 90%	Plan pays 90%	Plan pays 90%
Emergency Room	Plan pays 90%		\$100 copay (not subject to deductible)	
MENTAL HEALTH / SUBSTANCE ABUSE SERVICES				
Inpatient Services	Plan pays 90%	Plan pays 90%	Plan pays 90%	Plan pays 90%
Outpatient Services	Plan pays 90%	Plan pays 90%	Plan pays 90%	Plan pays 90%
OTHER SERVICES				
Urgent Care	Plan pays 90%	Plan pays 90%	Plan pays 90%	Plan pays 90%
PRESCRIPTION DRUGS				
Retail (up to 90 day supply) • Tier 1 • Tier 2 • Tier 3	Plan pays 90%	Not Covered	\$10 per 30-day prescription \$25 per 30-day prescription \$40 per 30-day prescription	Not Covered
Mail Order (90 day supply) • Tier 1 • Tier 2 • Tier 3	Plan pays 90%	Not Covered	\$20 per prescription \$50 per prescription \$80 per prescription	Not Covered

¹ PPO has **embedded** deductible which means a member can satisfy his/her individual deductible in order for the coverage and coinsurance to apply
HDHP has **non-embedded** deductible which means the family deductible must be met before anyone in the family receives benefits under the coinsurance

² PPO has **embedded** out-of-pocket maximum which means a member can meet his/her individual out-of-pocket maximum for coverage to begin at 100%
HDHP has **non-embedded** out-of-pocket maximum which means the family out-of-pocket maximum must be met in order for coverage to begin at 100%

NOTES:

- Non-Network claims are paid based on Reasonable & Customary (R&C) amount. You will be responsible for all charges above the R&C.
- Unless otherwise stated, all medical services are subject to the calendar year deductible.
- This chart provides a brief overview of benefits and coverage. Refer to the detailed summary plan documents for each plan for questions about a specific procedure, service or provider. In the event of a conflict, the official plan document prevails.