## 2009 medical plans: Employee out-of-pocket costs

|  | Incentive PPO (UnitedHealthcare Options) |  | Purdue 500 (UnitedHealthcare Options) |  | UnitedHealthcare <br> (UnitedHealthcare Choice Plus) |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | In Network | Out of Network | In <br> Network | Out of Network | In Network | Out of Network* |
| Deductible: individual / family | $\begin{aligned} & \$ 400 / \\ & \$ 800 \end{aligned}$ | $\begin{aligned} & \$ 800 / \\ & \$ 1,600^{* *} \\ & \hline \end{aligned}$ | $\begin{aligned} & \$ 500 / \\ & \$ 1,000 \end{aligned}$ | $\begin{aligned} & \$ 500 / \\ & \$ 1,000 \\ & \hline \end{aligned}$ | $\begin{aligned} & \$ 0 / \\ & \$ 0 \end{aligned}$ | $\begin{aligned} & \$ 500 / \\ & \$ 1,000 \\ & \hline \end{aligned}$ |
| Primary care office visit charge | $\begin{aligned} & 10 \% * * *-\text { no } \\ & \text { deductible } \end{aligned}$ | 40\% after deductible | $\begin{aligned} & \text { 20\%*** - no } \\ & \text { deductible } \end{aligned}$ | 50\% after deductible | \$15 copay | $30 \%$ after deductible |
| Other office visit | 15\% | 40\% | 30\% | 50\% | \$30 copay | 30\% |
| Hospital inpatient stays and outpatient surgery | 15\% | 40\% | 30\% | 50\% | \$300 copay | 30\% |
| Ambulatory surgical center (freestanding) | 15\% | 40\% | 30\% | 50\% | \$150 copay | 30\% |
| Lab (at approved labs) | $\begin{aligned} & 0 \%-\text { no } \\ & \text { deductible } \end{aligned}$ | 40\% after deductible | $\begin{aligned} & 0 \%-\text { no } \\ & \text { deductible } \end{aligned}$ | 50\% after deductible | $\begin{aligned} & 0 \%-\text { no } \\ & \text { deductible } \end{aligned}$ | $30 \%$ after deductible |
| Preventive care <br> Past $\$ 400=15 \%$ af <br> Plus: immunizations <br> count against \$400 p | $\$ 400$ at 0\%, no deductible. deductible. 0\% (do not ventive benefit) | $40 \%$ after deductible | $\$ 400$ at 0\%, no deductible. Past $\$ 400=$ $30 \%$ after deductible | 50\% after deductible | Office visit = \$15 copay. immuniz. \& tests $=0 \%$ | Not covered |
| Preventive colonoscopy or sigmoidoscopy | $\begin{aligned} & 0 \%-\text { no } \\ & \text { deductible } \end{aligned}$ | $40 \%$ after deductible | $\begin{aligned} & 0 \%-\text { no } \\ & \text { deductible } \end{aligned}$ | 50\% after deductible | $\begin{aligned} & 0 \%-\text { no } \\ & \text { deductible } \end{aligned}$ | $30 \%$ after deductible |
| Out-of-pocket maximum, including deductible: individual / family | $\begin{aligned} & \$ 1,800 / \\ & \$ 3,600 \end{aligned}$ | $\begin{aligned} & \$ 3,600 / \\ & \$ 7,200^{* *} \end{aligned}$ | $\begin{aligned} & \$ 2,500 / \\ & \$ 5,000 \end{aligned}$ | $\begin{aligned} & \$ 2,500 / \\ & \$ 5,000 \end{aligned}$ | None / None | $\begin{aligned} & \$ 4,000 / \\ & \$ 8,000 \end{aligned}$ |

* Under the UnitedHealthcare plan, the lifetime maximum for out-of-network services is $\$ 1,000,000$ per person. Some services are not covered out-ofnetwork.
** Includes in-network amounts.
*** For West Lafayette, Calumet and North Central campuses, provider must be in UnitedHealthcare Options PPO network. For Fort Wayne campus, provider must be in Signature Care network. UnitedHealthcare Options PPO providers do not qualify as Primary Care Benefit providers for Fort Wayne campus employees.

