

UD Health Plan 01/01/16

	<u>Plan A</u>	<u>Plan B</u>	<u>Plan C</u>
Deductibles			
Single (S)	\$500	\$0	\$2,600
Family (F)	\$1,000	\$0	\$5,200
Out of Pocket Max			
In-Network (S/F)	\$1,250/\$2,500	\$0/\$0	\$4,000/\$8,000
Out-Network (S/F)	\$1,500/\$3,000	\$0/\$0	\$8,000/\$16,000
Coinsurance			
InNet (Plan/Indiv)	80%/20%	100%/0%	70%/30%
OutNet (Plan/Indiv)	60%/40%	100%/0%	60%/40%
RX copays			
Generic	\$10	\$0	**
Name Brand	\$30	\$30	**
Premiums			
Single	\$356	\$608	\$123
Family	\$616	\$1,008	\$300
Discount	\$183	\$208	N/R
Single (after discount)	\$173	\$400	Not Applicable
Family (after discount)	\$433	\$800	Not Applicable

**Subject to deductible/coinsurance

N/R--Not required to take the Health Assessment but may