

Highmark Companies

UHC Plan Comparisons

August 2021

Plan Option Carrier	United Healthcare HDHP w/ HSA In-Network	United Healthcare Base Plan In-Network	United Healthcare Buy-Up Plan In-Network
Primary Care Provider	80% after Deductible	80% after Deductible	\$0 Copay (Age 0-18) \$25 Copay (Age 19+)
Specialist	80% after Deductible	80% after Deductible	\$50 Copay
Virtual	100% after Deductible	100% after Deductible	\$0 Copay
Emergency Room	80% after Deductible	80% after Deductible	80% after Deductible
Urgent Care	80% after Deductible	80% after Deductible	\$50 Copay
Inpatient Care	80% after Deductible	80% after Deductible	80% after Deductible
Outpatient Care	\$500 POD, then 80% after Deductible ¹	\$500 POD, then 80% after Deductible ¹	\$500 POD, then 80% after Deductible ¹
Annual Deductible	\$3,000/\$6,000 (Embedded - \$3,000)	\$1,000/\$2,000	\$1,000/\$2,000
Out of Pocket Maximum	\$6,500/\$13,000 (Embedded - \$6,500)	\$5,000/\$10,000	\$4,000/\$8,000
Eligibility	30 Hours / Week, Legal Spouses & Domestic Partners	30 Hours / Week, Legal Spouses & Domestic Partners	30 Hours / Week, Legal Spouses & Domestic Partners
Vision Exam (once every 12 months)	\$10 Copay	\$10 Copay	\$10 Copay
Vision Frames (once every 12 months)	\$25 Copay + up to \$130 Allowance plus discount over remaining balance	\$25 Copay + up to \$130 Allowance plus discount over remaining balance	\$25 Copay + up to \$130 Allowance plus discount over remaining balance
Vision Lenses (once every 24 months)			
Vision Contact Lenses in lieu of lenses & frames	Up to \$105 Allowance	Up to \$105 Allowance	Up to \$105 Allowance
¹ Services provided at a Freestanding Facility or Physician's Office will not be subject to a per occurrence deductible.			
	Current / Renewal	Pharmacy Benefits Current / Renewal	Current / Renewal
Formulary	Advantage Core Plus	Advantage Core Plus	Advantage Core Plus
Tier 1	80% after Deductible	\$15 Copay	\$15 Copay
Tier 2	80% after Deductible	\$45 Copay	\$45 Copay
Tier 3	80% after Deductible	\$85 Copay	\$85 Copay
Tier 4	80% after Deductible	-	-
Mail Order	80% after Deductible	2.5 Copay	2.5 Copay