

## Rockwell Automation 2024 UnitedHealthcare Medical Plan Facts

	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
<b>Disclaimer</b>	Note: not all covered services, exclusions, and limits are shown in this brief comparison; the contracts and plan documents govern in all cases	Note: not all covered services, exclusions, and limits are shown in this brief comparison; the contracts and plan documents govern in all cases
<b>Cost Sharing</b>		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
<b>Annual Deductible</b>	In Network - You only: \$1,250; You + spouse/partner: \$2,500; You + child(ren): \$2,500; You + family: \$2,500	In Network - You only: \$2,000; You + spouse/partner: \$4,000; You + child(ren): \$4,000; You + family: \$4,000
	Out of Network - You only: \$2,500; You + spouse/partner: \$5,000; You + child(ren): \$5,000; You + family: \$5,000	Out of Network - You only: \$4,000; You + spouse/partner: \$8,000; You + child(ren): \$8,000; You + family: \$8,000
<b>Out-of-Pocket Maximum</b>	In Network - You only: \$3,000; You + spouse/partner: \$6,000; You + child(ren): \$6,000; You + family: \$6,000	In Network - You only: \$4,000; You + spouse/partner: \$8,000; You + child(ren): \$8,000; You + family: \$8,000
	Out of Network - You only: \$6,000; You + spouse/partner: \$12,000; You + child(ren): \$12,000; You + family: \$12,000	Out of Network - You only: \$8,000; You + spouse/partner: \$16,000; You + child(ren): \$16,000; You + family: \$16,000
<b>Under Family coverage, does the Individual Out-of-Pocket Maximum apply (i.e., embedded)?</b>	Yes	No
<b>Lifetime Coverage Limit</b>	In Network - Unlimited	In Network - Unlimited
	Out of Network - Unlimited	Out of Network - Unlimited
<b>Coinsurance Percentage</b>	In Network 80% covered; of negotiated charges	In Network 80% covered; of negotiated charges
	Out of Network 60% covered; subject to Reasonable and Customary limits	Out of Network 60% covered; subject to Reasonable and Customary limits
<b>Policies/Requirements</b>		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
<b>Need to File Claims</b>	In Network – No	In Network – No
	Out of Network – Yes	Out of Network – Yes

<b>Access</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Ability to Self-Refer to OB/GYN</b>	Yes	Yes
<b>Ability to Self-Refer to Specialists</b>	Yes	Yes
<b>Out-of-Area Dependent Coverage</b>	Yes	Yes
<b>Out-of-Area Participant Coverage</b>	Yes	Yes
<b>Guest Site</b>	<a href="http://www.whyuhc.com/rockwellautomation">www.whyuhc.com/rockwellautomation</a>	<a href="http://www.whyuhc.com/rockwellautomation">www.whyuhc.com/rockwellautomation</a>
<b>Spending Account</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Eligible expenses for reimbursement</b>	Not applicable	Covered medical expenses
<b>Health Savings Account vendor web site</b>	Not applicable	<a href="http://www.healthequity.com">www.healthequity.com</a>
<b>Health Savings Account – ER Amount: You Only</b>	Not applicable	\$500
<b>Health Savings Account – ER Amount: You + Spouse / You + Children / You + Family</b>	Not applicable	\$1,000
<b>Outpatient Services</b>		
<b>Primary Care</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Primary doctor office visit</b>	In Network – Tier 1 PCPs: \$20 copay; All Other In Network PCPs: \$35 copay	In Network - 80% covered; Tier 1 PCPs - 85% covered; after deductible is met
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits
<b>Specialist doctor office visit</b>	In Network – Tier 1 Specialists: \$35 copay; All Other In Network Specialists: \$50 copay	In Network - 80% covered; Tier 1 Specialists - 85% covered; after deductible is met
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits

## Preventive Care

Preventive Care Coverage is defined by: <https://www.healthcare.gov/coverage/preventive-care-benefits/>

	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
<b>Annual Physical Exam</b>	In Network - 100% covered; limited to recommended routine preventive care	In Network - 100% covered; limited to recommended routine preventive care
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits
<b>Cancer Screenings</b>	In Network - 100% covered; limited to recommended routine preventive care	In Network - 100% covered; limited to recommended routine preventive care
	Out of Network - Not covered	Out of Network - Not covered
<b>Cardiovascular Screenings</b>	In Network - 100% covered; limited to recommended routine preventive care	In Network - 100% covered; limited to recommended routine preventive care
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits
<b>Well-woman exam (includes pap)</b>	In Network - 100% covered; limited to recommended routine preventive care	In Network - 100% covered; limited to recommended routine preventive care
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits
<b>Mammogram</b>	In Network - 100% covered; limited to recommended routine preventive care	In Network - 100% covered; limited to recommended routine preventive care
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits
<b>Allergy tests and treatments</b>	In Network - Cost based on place of service; if office visit, office visit copay applies; if outpatient facility, deductible then coinsurance applies	In Network - 80% covered after deductible is met
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits
<b>Pediatric exams</b>	In Network - 100% covered; limited to recommended routine preventive care	In Network - 100% covered; limited to recommended routine preventive care
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits
<b>Immunizations (child)</b>	In Network - 100% covered; limited to recommended routine preventive care	In Network - 100% covered; limited to recommended routine preventive care
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits

<b>Outpatient Care</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Outpatient laboratory services</b>	In Network - Cost based on place of service; if office visit, office visit copay applies; if outpatient facility, deductible then coinsurance applies; 85% covered at freestanding lab facilities	In Network - 80% covered after deductible is met; 85% covered at freestanding lab facilities
	Out of Network - 60% covered after deductible is met; subject to Reasonable & Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable & Customary limits
<b>Outpatient X-ray</b>	In Network - Cost based on place of service; if office visit, office visit copay applies; if outpatient facility, deductible then coinsurance applies; 85% covered at freestanding facilities (facility charges only)	In Network - 80% covered after deductible is met; 85% covered at freestanding facilities (facility charges only)
	Out of Network - 60% covered after deductible is met; subject to Reasonable & Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable & Customary limits
<b>Outpatient surgery</b>	In Network - 80% covered after deductible is met; 85% covered at freestanding facilities (facility charges only)	In Network - 80% covered after deductible is met; 85% covered at freestanding facilities (facility charges only)
	Out of Network - 60% covered after deductible is met; preauthorization required; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; preauthorization required; subject to Reasonable and Customary limits
<b>Outpatient physical therapy</b>	In Network - \$35 copay	In Network - 80% covered after deductible is met
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits
<b>Outpatient occupational therapy</b>	In Network - \$35 copay	In Network - 80% covered after deductible is met
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits
<b>Outpatient speech therapy</b>	In Network - \$35 copay	In Network - 80% covered after deductible is met
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits

<b>Family Planning/Maternity Care</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Office visit: Pre/postnatal</b>	In Network – Tier 1 Physicians: \$20 copay; All Other In Network Physicians: \$35 copay	In Network - 80% covered; Tier 1 Physicians - 85% covered; after deductible is met
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits
<b>In-hospital delivery services</b>	In Network - 80% covered after deductible is met	In Network - 80% covered after deductible is met
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits
<b>Newborn nursery services</b>	In Network - 80% covered after deductible is met	In Network - 80% covered after deductible is met
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits
<b>Fertility services</b>	In Network - Covered (preauthorization required). For information on In Network benefits for infertility treatment, contact UHC Fertility Solutions at 888-936-7246. Limited to \$25,000 lifetime maximum	In Network - Covered (preauthorization required). For information on In Network benefits for infertility treatment, contact UHC Fertility Solutions at 888-936-7246. Limited to \$25,000 lifetime maximum
	Out of Network - Not covered	Out of Network - Not covered
<b>In vitro fertilization</b>	In Network - Covered (preauthorization required). For information on In Network benefits for infertility treatment, contact UHC Fertility Solutions at 888-936-7246. Limited to \$25,000 lifetime maximum	In Network - Covered (preauthorization required). For information on In Network benefits for infertility treatment, contact UHC Fertility Solutions at 888-936-7246. Limited to \$25,000 lifetime maximum
	Out of Network - Not covered	Out of Network - Not covered
<b>Artificial insemination</b>	In Network - Covered (preauthorization required). For information on In Network benefits for infertility treatment, contact UHC Fertility Solutions at 888-936-7246. Limited to \$25,000 lifetime maximum	In Network - Covered (preauthorization required). For information on In Network benefits for infertility treatment, contact UHC Fertility Solutions at 888-936-7246. Limited to \$25,000 lifetime maximum
	Out of Network - Not covered	Out of Network - Not covered
<b>Male vasectomy</b>	In Network - 80% covered after deductible is met; reversals not covered	In Network - 80% covered after deductible is met; reversals not covered
	Out of Network - 60% covered after deductible is met; reversals not covered; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; reversals not covered; subject to Reasonable and Customary limits
<b>Female tubal ligation</b>	In Network - 100% covered; reversals not covered	In Network - 100% covered; reversals not covered
	Out of Network - 60% covered after deductible is met; reversals not covered; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; reversals not covered; subject to Reasonable and Customary limits

<b>Hearing</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Hearing evaluations</b>	In Network - 80% covered after deductible is met; audiometric exam and hearing aid evaluation test; limited to one exam every 36 months; not included in hearing aid maximum	In Network - 80% covered after deductible is met; audiometric exam and hearing aid evaluation test; limited to one exam every 36 months; not included in hearing aid maximum
	Out of Network - 60% covered after deductible is met; audiometric exam and hearing aid evaluation test; limited to one exam every 36 months; subject to R&C limits	Out of Network - 60% covered after deductible is met; audiometric exam and hearing aid evaluation test; limited to one exam every 36 months; subject to R&C limits
<b>Hearing aids</b>	In Network - 80% covered; limited to \$750 paid benefit per ear every 36 months	In Network - 80% covered after deductible is met; limited to \$750 paid benefit per ear every 36 months
	Out of Network - 60% covered; limited to \$750 paid benefit per ear every 36 months; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; limited to \$750 paid benefit per ear every 36 months; subject to Reasonable and Customary limits

<b>Vision</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Routine vision exam</b>	In Network - Not covered	In Network - Not covered
	Out of Network - Not covered	Out of Network - Not covered
<b>Regular lenses and frames</b>	In Network - Not covered	In Network - Not covered
	Out of Network - Not covered	Out of Network - Not covered
<b>Contact lenses</b>	In Network - Not covered	In Network - Not covered
	Out of Network - Not covered	Out of Network - Not covered

<b>Dental</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Implants</b>	In Network - Not covered	In Network - Not covered
	Out of Network - Not covered	Out of Network - Not covered
<b>Accidental injury to teeth</b>	In Network - 80% covered after deductible is met; limited to treatment of natural teeth; services must be completed within the calendar year following the accident	In Network - 80% covered after deductible is met; limited to treatment of natural teeth; services must be completed within the calendar year following the accident
	Out of Network - 60% covered after deductible; limited to treatment of natural teeth; services must be completed within the calendar year following the accident; subj to R&C limits	Out of Network - 60% covered after deductible; limited to treatment of natural teeth; services must be completed within the calendar year following the accident; subj to R&C limits
<b>Surgical removal of tumors and cysts</b>	In Network - 80% covered after deductible is met; limitations apply; check with Plan for details	In Network - 80% covered after deductible is met; limitations apply; check with Plan for details
	Out of Network - 60% covered after deductible is met; limitations apply; check with Plan for details; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; limitations apply; check with Plan for details; subject to Reasonable and Customary limits

<b>Inpatient Services</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Inpatient Room and Board</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Hospital copay</b>	In Network - Not applicable	In Network - Not applicable
	Out of Network - Not applicable	Out of Network - Not applicable
<b>Hospital semi-private room</b>	In Network - 80% covered after plan deductible; preauthorization required	In Network - 80% covered after plan deductible; preauthorization required
	Out of Network - 60% covered after plan deductible; preauthorization required; subject to Reasonable and Customary limits	Out of Network - 60% covered after plan deductible; preauthorization required; subject to Reasonable and Customary limits
<b>Inpatient Care</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Inpatient lab and X-ray</b>	In Network - 80% covered; after deductible is met	In Network - 80% covered; after deductible is met
	Out of Network - 60% covered; after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered; after deductible is met; subject to Reasonable and Customary limits
<b>Inpatient physician and surgeon services</b>	In Network - 80% covered; Tier 1 Physicians - 85% covered; after plan deductible is met	In Network - 80% covered; Tier 1 Physicians - 85% covered; after plan deductible is met
	Out of Network - 60% covered; after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered; after deductible is met; subject to Reasonable and Customary limits
<b>Emergency Care</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Emergency room (not followed by admission)</b>	In Network - \$250 copay	In Network - 80% covered after deductible is met; preauthorization required upon admission
	Out of Network - \$250 copay; preauthorization required upon admission; subject to Reasonable and Customary limits	Out of Network - 80% covered after deductible is met; preauthorization required upon admission; subject to Reasonable and Customary limits
<b>Urgent care clinic visit</b>	In Network - \$50 copay	In Network - 80% covered after deductible is met
	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; subject to Reasonable and Customary limits
<b>Ambulance services</b>	80% covered after deductible is met; must be a true emergency	80% covered after deductible is met; must be a true emergency

<b>Prescription Drug Coverage</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>General</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Prescription drug vendor</b>	Caremark	Caremark
<b>Prescription drug Web site</b>	www.caremark.com	www.caremark.com
<b>Prescription drug member services phone number</b>	1-866-768-4254	1-866-768-4254
<b>Rx subject to overall medical deductible &amp; OOP</b>	No	Yes
<b>Rx subject to overall medical OOP max only (not medical deductible)</b>	Yes	Not applicable
<b>Annual prescription deductible</b>	In Network - Not applicable	In Network - Medical plan deductible applies
	Out of Network - Not applicable	Out of Network - Medical plan deductible applies
<b>Annual prescription out-of-pocket maximum</b>	In Network - Applies to medical plan out-of-pocket maximum	In Network - Applies to medical plan out-of-pocket maximum
	Out of Network - Applies to medical plan out-of-pocket maximum	Out of Network - Applies to medical plan out-of-pocket maximum



<b>Retail</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Retail generic</b>	In Network - \$10 copay; \$5 for Rx's for diabetes, hyperlipidemia, hypertension; \$0 - aspirin, folic acid, iron, fluoride, smoking cessation drugs if accompanied by Rx for recommended uses; 30 day supply	In Network - 80% after deductible; waived for designated preventive meds, see site for details; 100% for aspirin, folic acid, iron, fluoride, smoking cessation Rx's if accompanied by Rx for recommended uses; 30 days
	Out of Network - \$10 copay; \$5 for Rx's for diabetes, hyperlipidemia, hypertension; \$0 for aspirin, folic acid, iron, fluoride, smoking cessation drugs if accompanied by Rx for recommended uses; 30 day supply; R&C	Out of Network - 60% after deductible; waived for designated preventive meds, see site for details; 100% aspirin, folic acid, iron, fluoride, smoking cessation Rx's if accompanied by Rx for recommended uses; 30 day supply
<b>Retail formulary brand</b>	In Network - 80% (\$100 max); 90% (\$50 max) diabetes, hyperlipidemia, or hypertension Rx's; \$0 aspirin, folic acid, iron, fluoride, smoking cessation drugs if accompanied by Rx for recommended uses; 30 day supply	In Network - 80% after deductible; waived for designated preventive meds, see site for details; 100% for aspirin, folic acid, iron, fluoride, smoking cessation Rx's if accompanied by Rx for recommended uses; 30 day supply
	Out of Network - 80% (\$100 max); 90% (\$50 max) diabetes, hyperlipidemia, or hypertension Rx's; \$0 aspirin, folic acid, iron, fluoride, smoking cessation Rx's if accompanied by Rx for recommended uses; 30 day supply; R&C	Out of Network - 60% after deductible; waived for designated preventive meds, see site for details; 100% aspirin, folic acid, iron, fluoride, smoking cessation Rx's if accompanied by Rx for recommended uses; 30 day supply
<b>Retail nonformulary brand</b>	In Network - 60% (\$120 max); 80% (\$60 max) diabetes, hyperlipidemia, or hypertension Rx's; \$0 aspirin, folic acid, iron, fluoride, smoking cessation drugs if accompanied by Rx for recommended uses; 30 day supply	In Network - 80% after deductible; waived for designated preventive meds, see site for details; 100% for aspirin, folic acid, iron, fluoride, smoking cessation Rx's if accompanied by Rx for recommended uses; 30 day supply
	Out of Network - 60% (\$120 max); 80% (\$60 max) diabetes, hyperlipidemia, or hypertension Rx's; \$0 aspirin, folic acid, iron, fluoride, smoking cessation Rx's if accompanied by Rx for recommended uses; 30 day supply; R&C	Out of Network - 60% after deductible; waived for designated preventive meds, see site for details; 100% aspirin, folic acid, iron, fluoride, smoking cessation Rx's if accompanied by Rx for recommended uses; 30 day supply

<b>Mail Order</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Mail order generic</b>	\$20 copay; \$10 for Rx's that treat diabetes, hyperlipidemia, or hypertension; \$0 for aspirin, folic acid, iron, fluoride, smoking cessation drugs if accompanied by Rx for recommended use; 90 day supply	80% after deductible; waived for designated preventive meds, see site for details; 100% for aspirin, folic acid, iron, fluoride, smoking cessation drugs if accompanied by Rx for recommended; 90 day supply
<b>Mail order formulary brand</b>	80% (\$200 max); 90% (\$100 max) for Rx's that treat diabetes, hyperlipidemia, or hypertension; \$0 for aspirin, folic acid, iron, fluoride, smoking cessation drugs if accompanied by Rx; 90 day supply	80% after deductible; waived for designated preventive meds, see site for details; 100% for aspirin, folic acid, iron, fluoride, smoking cessation drugs if accompanied by Rx for recommended; 90 day supply
<b>Mail order nonformulary brand</b>	60% (\$240 max); 80% (\$120 max) for Rx's that treat diabetes, hyperlipidemia, or hypertension; \$0 for aspirin, folic acid, iron, fluoride, smoking cessation drugs; 90 day supply	80% after deductible; waived for designated preventive meds, see site for details; 100% for aspirin, folic acid, iron, fluoride, smoking cessation drugs if accompanied by Rx for recommended; 90 day supply
<b>Other</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Oral contraceptives</b>	In Network - Retail and mail order available	In Network - Retail and mail order available
	Out of Network - Retail available only	Out of Network - Retail available only
<b>Fertility drugs</b>	In Network - Covered; applicable prescription drug copay applies; \$10,000 lifetime maximum	In Network - Covered; applicable prescription cost applies; \$10,000 lifetime maximum
	Out of Network - Not covered	Out of Network - Not covered

<b>Mental Health</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Mental Health: Combined with substance abuse</b>	In Network - No; covered under medical plan	In Network - No; covered under medical plan
	Out of Network - No; covered under medical plan	Out of Network - No; covered under medical plan
<b>Mental Health: Outpatient coverage</b>	In Network - \$35 copay	In Network - 80% covered after deductible is met
	Out of Network - 60% covered after deductible is met; subject to R&C limits	Out of Network - 60% covered after deductible is met; subject to R&C limits
<b>Mental Health: Inpatient coverage</b>	In Network - 80% covered after deductible is met; preauthorization required	In Network - 80% covered after deductible is met; preauthorization required
	Out of Network - 60% covered after deductible is met; preauthorization required; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; preauthorization required; subject to Reasonable and Customary limits
<b>Substance Abuse</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Detox: Outpatient coverage</b>	In Network - \$35 copay	In Network - 80% covered after deductible is met
	Out of Network - 60% covered after deductible is met; subject to R&C limits	Out of Network - 60% covered after deductible is met; subject to R&C limits
<b>Detox: Inpatient coverage</b>	In Network - 80% covered after deductible is met; preauthorization required	In Network - 80% covered after deductible is met; preauthorization required
	Out of Network - 60% covered after deductible is met; subject to R&C limits	Out of Network - 60% covered after deductible is met; subject to R&C limits
<b>Rehab: Outpatient coverage</b>	In Network - \$35 copay	In Network - 80% covered after deductible is met
	Out of Network - 60% covered after deductible is met; subject to R&C limits	Out of Network - 60% covered after deductible is met; subject to R&C limits
<b>Rehab: Inpatient coverage</b>	In Network - 80% covered after deductible is met; preauthorization required	In Network - 80% covered after deductible is met; preauthorization required
	Out of Network - 60% covered after deductible is met; subject to R&C limits	Out of Network - 60% covered after deductible is met; subject to R&C limits
<b>Alternative Care</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Chiropractic</b>	In Network - \$35 copay; limited to 25 visits per year; combined in and out-of-network	In Network - 80% covered after deductible is met; limited to 25 visits per year
	Out of Network - 60% covered after deductible is met; limited to 25 visits per year; combined in and out-of-network; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; limited to 25 visits per year; combined in and out-of-network; subject to Reasonable and Customary limits
<b>Acupuncture</b>	In Network - \$35 copay; needle therapy for pain and nausea only	In Network - 80% covered after deductible is met; needle therapy for pain and nausea only
	Out of Network - 60% covered after deductible is met; needle therapy for pain and nausea only; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; needle therapy for pain and nausea only; subject to Reasonable and Customary limits

<b>Care Management Programs</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Asthma</b>	No	No
<b>Cancer</b>	Yes	Yes
<b>Chronic Obstructed Pulmonary Disease</b>	No	No
<b>Diabetes</b>	No	No
<b>Heart Disease</b>	No	No
<b>Hypertension</b>	No	No
<b>Prenatal</b>	No	No
<b>Smoking cessation program</b>	No	No
<b>Weight control</b>	Yes	Yes
<b>Other</b>		
	<b>BROAD ACCESS PLAN</b>	<b>BROAD ACCESS HSA PLAN</b>
<b>Noncustodial home health care</b>	In Network - 100% covered; limited to 120 visits per year; combined in and out-of-network; preauthorization required	In Network - 80% covered after deductible is met; limited to 120 visits per year; combined in and out-of-network; preauthorization required
	Out of Network - 60% covered after deductible is met; limited to 120 visits per year; combined in and out-of-network; preauthorization required; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; limited to 120 visits per year; combined in and out-of-network; preauthorization required; subject to Reasonable and Customary limits
<b>Hospice care</b>	In Network - 100% covered; preauthorization required	In Network - 80% covered after deductible is met; preauthorization required
	Out of Network - 60% covered after deductible is met; preauthorization required; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; preauthorization required; subject to Reasonable and Customary limits
<b>Prescribed care in noncustodial skilled nursing facility</b>	In Network - 80% covered after deductible is met; limited to 90 days per year; combined in and out-of-network; preauthorization required	In Network - 80% covered after deductible is met; limited to 90 days per year; combined in and out-of-network; preauthorization required
	Out of Network - 60% covered after deductible is met; limited to 90 days per year; combined in and out-of-network; preauthorization required; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; limited to 90 days per year; combined in and out-of-network; preauthorization required; subject to Reasonable and Customary limits
<b>Durable medical equipment</b>	In Network - 80% covered after deductible is met; check with Plan for preauthorization requirements	In Network - 80% covered after deductible is met; check with Plan for preauthorization requirements
	Out of Network - 60% covered after deductible is met; check with Plan for preauthorization requirements; subject to Reasonable and Customary limits	Out of Network - 60% covered after deductible is met; check with Plan for preauthorization requirements; subject to Reasonable and Customary limits