

## \*\*NEW\*\* 2021 SDAPP Member Plan Comparison

### Medical Plan Pricing

Tier	Anthem PPO Plan (Gold Essential)	Kaiser PPO Plan (Gold II)	UHC PPO (Gold Essential)	Anthem HSA High Plan (Silver Essential)	Kaiser HSA High Plan (Silver)	UHC HSA High Plan (Silver Essential)	Anthem HSA Low Plan (Bronze Essential)	Kaiser HSA Low Plan (Bronze)	UHC HSA Low Plan (Bronze Essential)	Anthem Safety Net Plan	Kaiser Safety Net Plan	UHC Safety Net Plan (Essential)
Employee Only	\$120.66	\$81.26	\$120.66	\$70.73	\$48.09	\$70.73	\$30.79	\$37.43	\$30.79	\$14.14	\$19.47	\$14.14
Employee and Spouse	\$253.38	\$170.66	\$253.38	\$148.53	\$100.99	\$148.53	\$64.65	\$78.61	\$64.65	\$29.71	\$40.90	\$29.71
Employee and Children	\$229.24	\$154.41	\$229.24	\$134.39	\$91.38	\$134.39	\$58.50	\$71.13	\$58.50	\$26.88	\$37.00	\$26.88
Family	\$386.10	\$260.06	\$386.10	\$226.33	\$153.90	\$226.33	\$98.52	\$119.79	\$98.52	\$45.27	\$62.32	\$45.27

### Medical Plan Details

Detail	Anthem PPO Plan (Gold Essential)	Kaiser PPO Plan (Gold II)	UHC PPO (Gold Essential)	Anthem HSA High Plan (Silver Essential)	Kaiser HSA High Plan (Silver)	UHC HSA High Plan (Silver Essential)	Anthem HSA Low Plan (Bronze Essential)	Kaiser HSA Low Plan (Bronze)	UHC HSA Low Plan (Bronze Essential)	Anthem Safety Net Plan	Kaiser Safety Net Plan	UHC Safety Net Plan (Essential)
Deductible (Individual)	\$1,000.00	\$1,000.00	\$1,000.00	\$1,750.00	\$1,750.00	\$1,750.00	\$2,750.00	\$2,750.00	\$2,750.00	\$6,450.00	\$6,450.00	\$6,450.00
Deductible (Family)	\$2,000.00	\$2,000.00	\$2,000.00	\$3,500.00	\$3,500.00	\$3,500.00	\$5,500.00	\$5,500.00	\$5,500.00	\$12,900.00	\$12,900.00	\$12,900.00
Out-of-Pocket Maximum (Individual)	\$3,000.00	\$3,000.00	\$3,000.00	\$3,500.00	\$3,500.00	\$3,500.00	\$5,500.00	\$5,500.00	\$5,500.00	\$6,450.00	\$6,450.00	\$6,450.00
Out-of-Pocket Maximum (Family)	\$6,000.00	\$6,000.00	\$6,000.00	\$7,000.00	\$7,000.00	\$7,000.00	\$11,000.00	\$11,000.00	\$11,000.00	\$12,900.00	\$12,900.00	\$12,900.00

## \*\*NEW\*\* 2021 SDAPP Member Plan Comparison

### Medical Plan Pricing

Tier	Anthem PPO Plan (Gold Essential)	Kaiser PPO Plan (Gold II)	UHC PPO (Gold Essential)	Anthem HSA High Plan (Silver Essential)	Kaiser HSA High Plan (Silver)	UHC HSA High Plan (Silver Essential)	Anthem HSA Low Plan (Bronze Essential)	Kaiser HSA Low Plan (Bronze)	UHC HSA Low Plan (Bronze Essential)	Anthem Safety Net Plan	Kaiser Safety Net Plan	UHC Safety Net Plan (Essential)
<b>Coinsurance</b>	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	30% Coinsurance	30% Coinsurance	30% Coinsurance	0% Coinsurance	0% Coinsurance	0% Coinsurance
<b>Primary care visit to treat an injury or illness</b>	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met
<b>Specialist visit</b>	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met
<b>Preventive care/screening/immunization</b>	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
<b>Emergency room services</b>	\$200 copay + 10% Coinsurance after deductible is met	\$200 copay + 10% Coinsurance after deductible is met	\$200 copay + 10% Coinsurance after deductible is met	\$200 copay + 20% Coinsurance	20% Coinsurance after deductible is met	\$200 copay + 20% Coinsurance	\$200 copay + 30% Coinsurance	30% Coinsurance after deductible is met	\$200 copay + 30% Coinsurance	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met
<b>Inpatient Hospital Care</b>	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met

## \*\*NEW\*\* 2021 SDAPP Member Plan Comparison

### Medical Plan Pricing

Tier	Anthem PPO Plan (Gold Essential)	Kaiser PPO Plan (Gold II)	UHC PPO (Gold Essential)	Anthem HSA High Plan (Silver Essential)	Kaiser HSA High Plan (Silver)	UHC HSA High Plan (Silver Essential)	Anthem HSA Low Plan (Bronze Essential)	Kaiser HSA Low Plan (Bronze)	UHC HSA Low Plan (Bronze Essential)	Anthem Safety Net Plan	Kaiser Safety Net Plan	UHC Safety Net Plan (Essential)	
Outpatient X-Ray	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met
Outpatient Lab and Pathology	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met
Outpatient Surgery	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met	0% Coinsurance after deductible is met
Generic drugs	10% Coinsurance to \$10 maximum	10% Coinsurance to \$10 maximum	10% Coinsurance to \$10 maximum	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	100% Covered	100% Covered	100% Covered	100% Covered
Preferred brand drugs	20% Coinsurance to a \$30 maximum	20% Coinsurance to a \$30 maximum	20% Coinsurance to a \$30 maximum	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	20% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	30% Coinsurance after deductible is met	100% Covered	100% Covered	100% Covered	100% Covered