

2019 Medical Plan Comparisons

	UHC HSA PPO ¹		UHC Traditional PPO ¹		Kaiser HMO (N. CA only)	Kaiser HMO (HI only)
	In-Network	Out-of-Network	In-Network	Out-of-Network		
VMware HSA Contribution²	Individual: \$750 Family: \$1,500		N/A		N/A	N/A
Annual Deductible	Individual: \$1,500 Family: \$3,000		Individual: \$500 Family: \$1,500		Individual: \$250 Family: \$500	None
Out-of-Pocket (OOP) Maximum³	Individual: \$2,500 Family: \$5,000	Individual: \$6,000 Family: \$12,000	Individual: \$2,350 Family: \$7,050	Individual: \$6,250 Family: \$18,750	Individual: \$1,500 Family: \$3,000	Individual: \$2,500 Family: \$7,500
Employee Coinsurance	10% after deductible	30% of UCR ⁴ , after deductible	10% after deductible	30% of UCR ⁴ , after deductible	10% after deductible	Applies to certain medical procedures only
Preventive Care (Annual Physicals, Well Care Exams)	100% covered, not subject to deductible	30% of UCR ⁴ , after deductible	100% covered, not subject to deductible	30% of UCR ⁴ , after deductible	100% covered, not subject to deductible	100% covered, not subject to co-pay
Physician Visit	10% after deductible	30% of UCR ⁴ , after deductible	Primary Care: \$20/visit Specialist: \$30/visit	30% of UCR ⁴ , after deductible	Primary Care: \$20/visit Specialists: \$30/visit	\$15/visit
Lab and X-Ray	10% after deductible	30% of UCR ⁴ , after deductible	10% after deductible	30% of UCR ⁴ , after deductible	10% after deductible	\$10/visit; 20% coinsurance for complex imaging
Emergency Room⁵	10% after deductible	10% after deductible	\$100/visit, then 10%	\$100/visit, then 10%	10% after deductible	\$100/visit
Ambulance	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	20% coinsurance
Hospitalization	10% after deductible	30% of UCR ⁴ , after deductible	10% after deductible	30% of UCR ⁴ , after deductible	10% after deductible	10%
Chiropractic Care	10% after deductible	30% after deductible	\$30/visit	30% after deductible	\$15 /visit; up to 30 visits/year	\$20/visit; up to a combined 30 visits/year
	Up to 20 visits/year		Up to 20 visits/year			
Acupuncture	10% after deductible	30% after deductible	\$30/visit	30% after deductible	\$20/visit; referral is required	\$20/visit; up to a combined 30 visits/year
	Up to 20 visits/year		Up to 20 visits/year			

2019 Medical Plan Comparisons (continued)

	HSA PPO ¹		Traditional PPO ¹		Kaiser HMO (N. CA only)	Kaiser HMO (HI only)
	In-Network	Out-of-Network	In-Network	Out-of-Network		
Massage	10% after deductible	10% after deductible	10% after deductible	10% after deductible	Not applicable	Not applicable
	Up to 20 visits/year		Up to 20 visits/year			
Speech Therapy⁵	10% after deductible	30% after deductible	\$30/visit	30% after deductible	\$20 after deductible	\$15/visit; short-term therapy only
Infertility/Fertility Preservation	10% after Deductible 2 Smart Cycles/ lifetime Services through Progyny only for UHC members	Not covered	10% after Deductible 2 Smart Cycles/ lifetime Services through Progyny only for UHC members	Not covered	50% coinsurance/ visit (does not include GIFT, ZIFT, or IVF) ⁷	\$15/visit; 20% IVF (1 cycle/lifetime)
Prescription Drugs (Rx) — CVS Caremark (UHC members)						
Retail (30-day supply)⁶ Generic/ Brand/ Non Formulary	10%/15%/20% after deductible	50% after deductible	10%/25%/40% after deductible	50% after deductible	\$10/\$20/\$20 co-pay	\$10/\$35/\$35/\$200 co-pay
Mail Order (90-day supply)⁶ Generic/ Brand/ Non Formulary	10%/15%/20% after deductible	Not covered	10%/25%/40% after deductible	Not covered	100-day supply \$20/\$40/\$40 co-pay	\$20/\$70/\$70 co-pay/Not covered

¹ Individual deductible and OOP maximum only apply to employees enrolled in employee only tier. Members in dependent tiers must satisfy the family deductible and OOP maximum.

² All existing employees enroll in the HSA PPO as of January 1, 2019 will receive employer contributions of \$750/1,500 (Individual/Family). All new hires as of January 1, 2019 will receive employer contributions funded on a quarterly basis (divided by 4) based on coverage at end of each quarter and must be actively employed at end of each quarter. Interns are not eligible for VMware HSA contributions.

³ Out-of-pocket maximum includes Prescription Rx for all plans.

⁴ Usual, customary and reasonable charges.

⁵ Available to those with conditions of medical necessity.

⁶ Deductible waived for preventive medications.

⁷ GIFT is a gamete intrafallopian transfer; ZIFT is a zygote intrafallopian transfer; IVF is in-vitro fertilization.