

## 2021 Medical Plan Comparisons

	UHC HSA PPO <sup>1</sup>		UHC Traditional PPO <sup>1</sup>		Kaiser HMO (N. CA Only)	Kaiser HMO (HI only)
	In-Network	Out-of-Network	In-Network	Out-of-Network		
VMware HSA Contribution <sup>2</sup>	Individual: \$750 Family: \$1,500		N/A		N/A	N/A
Annual Deductible	Individual: \$1,500 Family: \$3,000		Individual: \$500 Family: \$1,500		None	None
Out-of-Pocket (OOP) Maximum <sup>3</sup>	Individual: 2,500 Family: \$5,000	Individual: \$6,000 Family: \$12,000	Individual: \$3,000 Family: \$9,000	Individual: \$6,900 Family: \$20,700	Individual: \$2,000 Family: \$4,000	Individual: \$2,500 Family: \$7,500
Employee Coinsurance	10% after deductible	30% after deductible	10% after deductible	30% after deductible	None	Applies to certain medical procedures only
Preventive Care (Annual Physicals, Well Care Exams)	100% covered, not subject to deductible	30% after deductible	100% covered, not subject to deductible	30% after deductible	100% covered, not subject to co-pay	100% covered, not subject to co-pay
Physician Visit	10% after deductible	30% after deductible	Primary Care: \$30/visit Specialist: \$45/visit	30% after deductible	Primary Care: \$20/visit Specialists: \$20/visit	\$15/visit
Lab and X-Ray	10% after deductible	30% after deductible	10% after deductible	30% after deductible	100% covered for most lab and x-ray services	\$10/visit; 20% coinsurance for complex imaging
Emergency Room <sup>5</sup>	10% after deductible	10% after deductible	\$100/visit, then 10%	\$100/visit, then 10%	\$150/visit	\$100/visit
Ambulance	10% after deductible	10% after deductible	10% after deductible	10% after deductible	\$50 per trip	20% coinsurance
Hospitalization	10% after deductible	30%, after deductible	10% after deductible	30% after deductible	\$250 per admission	10%
Chiropractic Care	10% after deductible	30% after deductible	\$45/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	\$45/visit	30% after deductible	\$15/visit; referral is required	
	Up to 20 visits/year		Up to 20 visits/year			

## 2021 Medical Plan Comparisons (continued)

	HSA		Traditional PPO <sup>1</sup>		Kaiser HMO (N. CA only)	Kaiser HMO (HI only)
	PPO <sup>1</sup> In-Network	Out-of-Network	In-Network	Out-of-Network		
<b>Massage</b>	10% after deductible	10% after deductible	10% after deductible	10% after deductible	N/A	N/A
	Up to 20 visits/year		Up to 20 visits/year			
<b>Speech Therapy<sup>5</sup></b>	10% after deductible	30% after deductible	\$45/visit	30% after deductible	\$20/visit	\$15/visit; short-term therapy only
<b>Infertility/Fertility Preservation</b>	10% after Deductible 3 Smart Cycles/ lifetime – includes donor tissue  Services through Progyny only for UHC members	Not covered	10% after Deductible 3 Smart Cycles/ lifetime – includes donor tissue  Services through Progyny only for UHC members	Not covered	50% coinsurance/ visit (does not include GIFT, ZIFT, or IVF) <sup>7</sup>	\$15/visit; 20% IVF (1 cycle/lifetime)
<b>Prescription Drugs (Rx) – CVS Caremark (UHC members)</b>						
<b>Retail (30-day supply)<sup>6</sup> Generic/ Brand/ Non Formulary</b>	10%/15%/20% after deductible	50% after deductible	10%/25%/40% after deductible	50% after deductible	\$15/\$35/\$35co-pay	\$10/\$35/\$35/\$200 co-pay
<b>Mail Order (90-day supply)<sup>6</sup> Generic/ Brand/ Non Formulary</b>	10%/15%/20% after deductible	Not covered	10%/25%/40% after deductible	Not covered	100-day supply \$30/\$70/\$70 co-pay	\$20/\$70/\$70 co-pay/Not covered

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

<sup>2</sup> All existing employees enroll in the HSA PPO as of January 1, 2021 will receive employer contributions of \$750/1,500 (Individual/Family). All new hires as of January 1, 2021 will receive employer contributions funded on a quarterly basis (divided by 4) based on coverage at end of each quarter if actively employed at end of each quarter. Interns are not eligible for VMware HSA contributions.

<sup>3</sup> Out-of-pocket maximum includes Prescription Rx for all plans.

<sup>4</sup> Reasonable, geographically adjusted median rates.

<sup>5</sup> Available to those with conditions of medical necessity.

<sup>6</sup> Deductible waived for preventive medications.

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