

# 2022 Medical Plan Comparisons

	UHC HSA PPO <sup>1</sup>		UHC Traditional PPO <sup>1</sup>		Kaiser HMO California	Kaiser HMO Hawaii
	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>4</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%

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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	\$20/visit; up to a combined 30 visits/year
	Up to 20 visits/year		Up to 20 visits/year			
Massage	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			
Speech Therapy <sup>4</sup>	10% after deductible	30% after deductible	\$45/visit	30% after deductible	\$20/visit	\$15/visit; short-term therapy only
Infertility/Fertility Preservation	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 (1 cycle/ lifetime)	\$15/visit; 20% IVF (1 cycle/lifetime)
Prescription Drugs (Rx) – CVS Caremark (UHC members)						
Retail (30-day supply) <sup>5</sup> Generic/Brand/ Non-Formulary	10%/15%/20% after deductible	50% after deductible	10%/25%/40% after deductible	50% after deductible	\$15/\$35/\$35 co-pay	\$10/\$35/\$35/\$200 co-pay
Mail Order (90-day supply) <sup>5</sup> Generic/ Brand/ Non-Formulary	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

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1. 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.
2. All existing employees enrolling in the HSA PPO as of January 1, 2022, will receive the VMware Annual HSA Contribution of \$750/1,500 (Individual/Family). All new hires as of January 1, 2022, will receive the employer contributions funded on a per period basis (divided by 24).
3. Out-of-pocket maximum includes Prescription Rx for all plans.
4. Available to those with conditions of medical necessity.
5. Deductible waived for preventive medications.