

Rockwell Automation 2025 UnitedHealthcare Medical Plan Facts

	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Disclaimer	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
Cost Sharing		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Annual Deductible	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
Out-of-Pocket Maximum	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
Under Family coverage, does the Individual Out-of-Pocket Maximum apply (i.e., embedded)?	Yes	No
Lifetime Coverage Limit	In Network - Unlimited	In Network - Unlimited
	Out of Network - Unlimited	Out of Network - Unlimited
Coinsurance Percentage	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
Policies/Requirements		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Need to File Claims	In Network – No	In Network – No
	Out of Network – Yes	Out of Network – Yes

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

Preventive Care

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

	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Annual Physical Exam	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
Cancer Screenings	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
Cardiovascular Screenings	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
Well-woman exam (includes pap)	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
Mammogram	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
Allergy tests and treatments	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
Pediatric exams	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
Immunizations (child)	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

Outpatient Care		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Outpatient laboratory services	In Network - 85% covered at freestanding lab facilities; Cost based on place of service; if office visit, office visit copay applies; if outpatient facility, deductible then coinsurance applies	In Network - 85% covered at freestanding lab facilities; 80% covered after deductible is met
	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
Outpatient X-ray	In Network - 85% covered at freestanding facilities (facility charges only); Cost based on place of service; if office visit, office visit copay applies; if outpatient facility, deductible then coinsurance applies	In Network - 85% covered at freestanding facilities (facility charges only); 80% covered after deductible is met
	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
Outpatient surgery	In Network - 85% covered at freestanding facilities (facility charges only); 80% covered after deductible is met	In Network - 85% covered at freestanding facilities (facility charges only); 80% covered after deductible is met
	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
Outpatient physical therapy	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
Outpatient occupational therapy	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
Outpatient speech therapy	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

Family Planning/Maternity Care		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Office visit: Pre/postnatal	In Network – Tier 1 Physicians: \$20 copay; All Other In Network Physicians: \$35 copay	In Network - Tier 1 Physicians - 85% covered; 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
In-hospital delivery services	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
Newborn nursery services	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
Fertility services	In Network - Covered (pre-auth required). For information on In Network benefits for Infertility Treatment, contact UHC at 844-234-7924 or visit Maven at www.mavenclinic.com/login . Limited to \$25,000 lifetime max.	In Network - Covered (pre-auth required). For information on In Network benefits for Infertility Treatment, contact UHC at 844-234-7924 or visit Maven at www.mavenclinic.com/login . Limited to \$25,000 lifetime max.
	Out of Network - Not covered	Out of Network - Not covered
In vitro fertilization	In Network - Covered (pre-auth required). For information on In Network benefits for Infertility Treatment, contact UHC at 844-234-7924 or visit Maven at www.mavenclinic.com/login . Limited to \$25,000 lifetime max.	In Network - Covered (pre-auth required). For information on In Network benefits for Infertility Treatment, contact UHC at 844-234-7924 or visit Maven at www.mavenclinic.com/login . Limited to \$25,000 lifetime max.
	Out of Network - Not covered	Out of Network - Not covered
Artificial insemination	In Network - Covered (pre-auth required). For information on In Network benefits for Infertility Treatment, contact UHC at 844-234-7924 or visit Maven at www.mavenclinic.com/login . Limited to \$25,000 lifetime max.	In Network - Covered (pre-auth required). For information on In Network benefits for Infertility Treatment, contact UHC at 844-234-7924 or visit Maven at www.mavenclinic.com/login . Limited to \$25,000 lifetime max.
	Out of Network - Not covered	Out of Network - Not covered
Male vasectomy	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
Female tubal ligation	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

Hearing		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Hearing evaluations	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
Hearing aids	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

Vision

	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Routine vision exam	In Network - Not covered	In Network - Not covered
	Out of Network - Not covered	Out of Network - Not covered
Regular lenses and frames	In Network - Not covered	In Network - Not covered
	Out of Network - Not covered	Out of Network - Not covered
Contact lenses	In Network - Not covered	In Network - Not covered
	Out of Network - Not covered	Out of Network - Not covered

Dental

	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Implants	In Network - Not covered	In Network - Not covered
	Out of Network - Not covered	Out of Network - Not covered
Accidental injury to teeth	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
Surgical removal of tumors and cysts	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

Inpatient Services		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Inpatient Room and Board		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Hospital copay	In Network - Not applicable	In Network - Not applicable
	Out of Network - Not applicable	Out of Network - Not applicable
Hospital semi-private room	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
Inpatient Care		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Inpatient lab and X-ray	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
Inpatient physician and surgeon services	In Network - Tier 1 Physicians - 85% covered; 80% covered; after plan deductible is met	In Network - Tier 1 Physicians - 85% covered; 80% 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
Emergency Care		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Emergency room (not followed by admission)	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
Urgent care clinic visit	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
Ambulance services	80% covered after deductible is met; must be a true emergency; if out-of-network non-emergency, 60% covered	80% covered after deductible is met; must be a true emergency; if out-of-network non-emergency, 60% covered

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

Retail		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Retail generic	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; R&C
Retail formulary brand	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; R&C
Retail nonformulary brand	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; R&C

Mail Order		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Mail order generic	\$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
Mail order formulary brand	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
Mail order nonformulary brand	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
Other		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Oral contraceptives	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
Fertility drugs	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

Mental Health		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Mental Health: Combined with substance abuse	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
Mental Health: Outpatient coverage	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
Mental Health: Inpatient coverage	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
Substance Abuse		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Detox: Outpatient coverage	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
Detox: Inpatient coverage	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
Rehab: Outpatient coverage	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
Rehab: Inpatient coverage	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
Alternative Care		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Chiropractic	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
Acupuncture	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

Care Management Programs		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Asthma	No	No
Cancer	Yes	Yes
Chronic Obstructed Pulmonary Disease	No	No
Diabetes	No	No
Heart Disease	No	No
Hypertension	No	No
Prenatal	Yes	Yes
Smoking cessation program	No	No
Weight control	Yes	Yes
Other		
	BROAD ACCESS PLAN	BROAD ACCESS HSA PLAN
Noncustodial home health care	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
Hospice care	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
Prescribed care in noncustodial skilled nursing facility	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
Durable medical equipment	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