

Health Plan Comparison

Before you choose a health plan option for the upcoming year, consider your options. The choice that you made in the past may not be right for you today.

ERIE's three health plan options—Consumer-Directed Health Plan (CDHP), Health2 and Health1—offer you a choice of contribution levels, deductibles and tax-advantaged strategies for paying out-of-pocket medical expenses. The access to coverage is the same; the differences are your contributions and how you pay for out-of-pocket expenses.

Claims Administrator: UnitedHealthcare

Website: myuhc.com

Pre-Member Website: whyuhc.com/erieinsurance

Phone: 1-888-651-7322 (Available 24/7)

	CDHP	HEALTH2	HEALTH1
Your contribution per paycheck:	Lowest	Moderate	Highest
Your deductible:	Highest	Moderate	Lowest
Before your deductible is reached, you pay:	100% of prescription and medical expenses Enroll in the HSA and use ERIE's contribution of \$750 or \$1,500 to help offset out-of-pocket expenses.	Copays for office visits and certain services, and prescriptions 100% of medical expenses Enroll in Health Care FSA and pay for out-of-pocket expenses with pre-tax dollars.	Copays for office visits and certain services, and prescriptions 100% of medical expenses Enroll in Health Care FSA and pay for out-of-pocket expenses with pre-tax dollars.
After your deductible is reached:	Plan pays 80% You pay 20% of eligible costs	Plan pays 80% You pay 20% of eligible costs	Plan pays 90% You pay 10% of eligible costs

Annual Deductible

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
Individual	\$2,000 ^[1]	\$4,000	\$500 ^[1]	\$1,000	\$250 ^[1]	\$500
Family	\$4,000	\$8,000	\$1,000	\$2,000	\$500	\$1,000
ERIE HSA Contribution	\$750/individual or \$1,500/family	\$750/individual or \$1,500/family	N/A	N/A	N/A	N/A

Annual Deductible: The amount you pay out of pocket until the plan begins to pay a portion of covered expenses. For CDHP, the deductible includes both medical and prescription drug expenses. Health1 and Health2 have only medical deductibles.

PPO Plans' Annual Out-of-Pocket Maximum—Medical only

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
Individual	N/A	N/A	\$2,500 ^[2]	\$4,000	\$1,000 ^[2]	\$2,000
Family	N/A	N/A	\$4,000	\$6,000	\$2,000	\$4,000

PPO Plans' Annual Out-of-Pocket Maximum—Medical only: Once you pay this amount out of pocket (through your deductible, coinsurance or copayments) for medical expenses, the plan pays further eligible expenses at 100% for the rest of the calendar year.

PPO Plans' Annual Out-of-Pocket-Maximum—Prescription Drugs only

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
Individual	N/A	N/A	\$4,100 ^[2]	N/A	\$5,600 ^[2]	N/A
Family	N/A	N/A	\$9,200	N/A	\$11,200	N/A

PPO Plans' Annual Out-of-Pocket-Maximum—Prescription Drugs only: Once you pay this amount out of pocket (through in-network prescription drug copayments and coinsurance), the plan pays further eligible prescription expenses at 100% for the rest of the calendar year.

CDHP Annual Out-of-Pocket Maximum—Medical and Prescription Drugs

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
Individual	\$3,750	\$7,500	N/A	N/A	N/A	N/A
Family	\$7,500 ^[3]	\$15,000	N/A	N/A	N/A	N/A

CDHP Annual Out-of-Pocket Maximum—Medical and Prescription Drugs: Once you pay this amount out of pocket, the plan pays further eligible expenses at 100% for the rest of the calendar year.

Diagnostic Services, Durable Medical Equipment, Orthotics & Prosthetics, Home Health Care & Hospice, In- & Outpatient Hospital Expenses, Maternity, Inpatient Mental Health & Substance Abuse Rehab or Detox, Other Therapy Services, Medical/Surgical Expenses

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
	Plan: 80% You: 20%	Plan: 60% You: 40%	Plan: 80% You: 20%	Plan: 60% You: 40%	Plan: 90% You: 10%	Plan: 70% You: 30%

Occupational & Speech Therapy, Spinal Manipulation — Combined In- & Out-of-Network Limit: 25 visits/calendar year

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
	Plan: 80% You: 20%	Plan: 60% You: 40%	Plan: 80% You: 20%	Plan: 60% You: 40%	Plan: 90% You: 10%	Plan: 70% You: 30%

Physical Therapy — Combined In- & Out-of-Network Limit: 35 visits/calendar year

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
	Plan: 80% You: 20%	Plan: 60% You: 40%	Plan: 80% You: 20%	Plan: 60% You: 40%	Plan: 90% You: 10%	Plan: 70% You: 30%

Preventive Care — Adult & Pediatric Physical Exams and Adult & Pediatric Immunizations, per preventive schedule

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
	100%, no deductible	60%	100%, no deductible	60%	100%, no deductible	70%

Physician Office Visits, Outpatient Mental Health & Substance Abuse

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
	80%	60%	100% after \$20 copay	60%	100% after \$20 copay	70%

Specialist Office Visit

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
	80%	60%	100% after \$35 copay	60%	100% after \$35 copay	70%

Urgent Care Center & Retail Clinic Visit

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
	80%	60%	100% after \$40 copay	60%	100% after \$40 copay	70%

Teladoc General Medicine

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
	You pay a \$45 fee or \$10 copay after deductible is met.	You pay a \$45 fee or \$10 copay after deductible is met.	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay	100% after \$10 copay

Teladoc Dermatology

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
	You pay a \$75 fee or \$35 copay after deductible is met.	You pay a \$75 fee or \$35 copay after deductible is met.	100% after \$35 copay	100% after \$35 copay	100% after \$35 copay	100% after \$35 copay

Emergency Room Services

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
	80%, network deductible applies	80%, network deductible applies	100% after \$100 copay (waived if admitted)	100% after \$100 copay (waived if admitted)	100% after \$100 copay (waived if admitted)	100% after \$100 copay (waived if admitted)

Ambulance

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
	80%, network deductible applies	80%, network deductible applies	80%, network deductible applies	80%, network deductible applies	90%, network deductible applies	90%, network deductible applies

Hearing Aid Exam & Hearing Aids

BENEFITS	CDHP IN-NETWORK	CDHP OUT-OF-NETWORK	HEALTH2 IN-NETWORK	HEALTH2 OUT-OF-NETWORK	HEALTH1 IN-NETWORK	HEALTH1 OUT-OF-NETWORK
	Limit: \$3,000 max. per ear (including fitting and testing) every 3 years	Limit: \$3,000 max. per ear (including fitting and testing) every 3 years	Limit: \$3,000 max. per ear (including fitting and testing) every 3 years	Limit: \$3,000 max. per ear (including fitting and testing) every 3 years	Limit: \$3,000 max. per ear (including fitting and testing) every 3 years	Limit: \$3,000 max. per ear (including fitting and testing) every 3 years
	100%, deductible applies	100%, deductible applies	100%, deductible does not apply	100%, deductible does not apply	100%, deductible does not apply	100%, deductible does not apply