

Health Plan Comparison Table

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: These amounts are defined by the IRS. 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 \$75 fee or \$35 copay after deductible is met.	You pay \$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

Pre-certification requirements: Member or provider should contact UnitedHealthcare prior to a planned inpatient admission or within 48 hours of an emergency or maternity-related admission. If this does not occur and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, the patient is responsible for any non-covered costs.

Copayments are not subject to the deductible. You may also be responsible for a facility fee, clinic charge or similar fee/charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

¹ The two PPO plan options have an embedded deductible: any member covered under Family coverage may meet the individual deductible before ERIE begins to share costs via coinsurance (the whole family does not have to first meet the higher Family deductible). The CDHP has a non-embedded deductible: all coverage levels other than individual must meet the Family deductible before ERIE begins to share the cost via coinsurance.

² Both PPO plan options have embedded out-of-pocket (OOP) maximums: any member covered under Family coverage may meet the individual OOP maximum before ERIE begins paying 100% for all covered expenses for that individual (the whole family does not have to first meet the higher Family OOP maximum).

³ The CDHP option has a non-embedded out-of-pocket (OOP) maximum: all coverage levels other than individual must meet the Family OOP maximum before ERIE begins paying 100% for all covered expenses. The Family OOP maximum complies with the Affordable Care Act.