

2023 Medical Plan Options



UHC	Plus Plan			QHDHP Plan		
	SLUCare+SSM	In-Network	Out-of-Network	SLUCare+SSM	In-Network	Out-of-Network
Deductible				Non-Embedded: (One member can satisfy entire family deductible)		
Individual	\$500	\$1,200	\$3,600	\$1,750	\$2,500	\$5,000
Family	\$1,000	\$2,400	\$7,200	\$3,500	\$5,000	\$10,000
Coinsurance	15%	20%	40%	15%	20%	50%
Out-of-Pocket Maximum (includes medical deductibles and medical copays)				Non-Embedded: (One member can satisfy entire family OOP Max)		
Individual	\$2,700	\$3,300	\$9,900	\$3,000	\$5,000	\$10,000
Family	\$5,400	\$6,600	\$19,800	\$6,000	\$10,000	\$20,000
Physician Office Visits						
Primary Care	\$20 copay	20% after ded.	40% after ded.	0% after ded.	20% after ded.	50% after ded.
Specialist Care	\$40 copay			15% after ded.		
Preventive Care	100%	100%	100%	100%	100%	100%
Inpatient Hospital						
	10% after ded.	20% after ded.	40% after ded.	15% after ded.	20% after ded.	50% after ded.
Emergency Room						
	\$250 copay	\$250 copay	\$250 copay	15% after ded.	20% after ded.	20% after ded.
Urgent Care Center						
	\$60 copay	\$60 copay	40% after ded.	15% after ded.	20% after ded.	50% after ded.