



2018 Salesforce Medical Benefit Comparison by Plan

| | Kaiser CA/OR | Aetna/UHC EPO | Aetna/UHC PPO | | Aetna/UHC HDHP Premium | | Aetna/UHC HDHP Standard | |
|-------------------------------|--|--|---|---|---|--|---|--|
| | In-Network | In-Network | In-Network | Out-of-Network* | In-Network | Out-of-Network* | In-Network | Out-of-Network* |
| Salesforce HSA Contribution | N/A | N/A | N/A | | \$750 individual \$1,500 family | | No contributions provided by Salesforce | |
| Deductible | None | \$200 individual \$400 family | \$500 individual \$1,500 family | \$1,000 individual \$3,000 family | \$1,500 individual \$3,000 family | \$3,000 individual \$6,000 family | \$1,750 individual \$3,500 family | \$3,500 individual \$7,000 family |
| Maximum out-of-pocket | \$1,500 individual \$3,000 family (Includes deductible and copays) | \$2,200 individual \$4,400 family (Includes deductible and copays) | \$2,500 individual \$4,500 family (Includes deductible, copays and coinsurance) | \$5,000 individual \$9,000 family (Includes deductible, copays and coinsurance) | \$3,000 individual \$6,000 family (Includes deductible, copays and coinsurance) | \$6,000 individual \$12,000 family (Includes deductible, copays and coinsurance) | \$3,000 individual \$6,000 family (Includes deductible, copays and coinsurance) | \$6,000 individual \$12,000 family (Includes deductible, copays and coinsurance) |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited | | Unlimited | | Unlimited | |
| At the Doctor's Office | | | | | | | | |
| Preventive Care Visit | You pay 0% Plan pays 100% | You pay 0% Plan pays 100% Deductible waived | You pay 0% Plan pays 100% Deductible waived | You pay 30% Plan pays 70% | You pay 0% Plan pays 100% Deductible waived | You pay 30% Plan pays 70% | You pay 0% Plan pays 100% Deductible waived | You pay 30% Plan pays 70% |
| Primary Care Physician | \$15 copay | \$15 copay Deductible waived | \$15 copay Deductible waived | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% |
| Specialist Office Visit | \$15 copay | \$15 copay Deductible waived | \$15 copay Deductible waived | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% |
| At the Hospital | | | | | | | | |
| Emergency Room | \$75 copay (waived if admitted) | \$75 copay (waived if admitted), deductible waived | \$75 copay (waived if admitted) Then you pay 10%, deductible waived Plan pays 90% | \$75 copay (waived if admitted) Then you pay 10%, deductible waived Plan pays 90% | You pay 10% Plan pays 90% | You pay 10% Plan pays 90% | You pay 10% Plan pays 90% | You pay 10% Plan pays 90% |

This comparison chart contains highlights of benefit options available to you. These are not complete descriptions of the benefits. If there is any conflict between this comparison chart and the official plan documents, the official plan documents will govern.

| | | | | | | | | |
|---|--|--|---------------------------------|------------------------------|--|------------------------------|--------------------------------|------------------------------|
| Inpatient Hospital | You pay 0% Plan pays 100% | You pay 0% Plan pays 100% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% |
| Other Medical Benefits | | | | | | | | |
| X-rays/Labs | You pay 0% Plan pays 100% | You pay 0% for labs; Plan pays 100% for labs \$15 copay for xrays Deductible waived | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% |
| Outpatient Physical/Occupational Therapy | \$15 copay | \$15 copay Deductible waived | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% |
| Mental Health and Chemical Dependency | | | | | | | | |
| | Kaiser CA/OR | Aetna/UHC EPO | Aetna/UHC PPO | | Aetna/UHC HDHP Premium | | Aetna/UHC HDHP Standard | |
| | In-Network | In-Network | In-Network | Out-of-Network* | In-Network | Out-of-Network* | In-Network | Out-of-Network* |
| Inpatient Mental Health | You pay 0% Plan pays 100% | You pay 0% Plan pays 100% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% |
| Inpatient Substance Abuse | You pay 0% Plan pays 100% for detox | You pay 0% Plan pays 100% for detox | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% |
| Outpatient Mental Health | \$15 copay individual | \$15 copay Deductible waived | \$15 copay Deductible waived | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% |
| Outpatient Substance Abuse | \$15 copay individual | \$15 copay detox or rehab Deductible waived | \$15 copay Deductible waived | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% | You pay 10% Plan pays 90% | You pay 30% Plan pays 70% |
| Prescription Drugs (Coverage for Aetna and UHC plans through CVS Caremark) | | | | | Deductible must be satisfied before pharmacy copays apply** | | | |
| Prescription Retail Generic | \$10 copay (100 day supply) | \$10 copay (30 day supply) | \$10 copay (30 day supply) | Not covered | \$10 copay (30 day supply) | Not covered | \$10 copay (30 day supply) | Not covered |
| Brand Formulary | \$25 copay (CA) \$20 copay (OR) (100 day supply) | \$25 copay (30 day supply) | \$25 copay (30 day supply) | Not covered | \$25 copay (30 day supply) | Not covered | \$25 copay (30 day supply) | Not covered |

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| | | | | | | | | |
|---|--|-------------------------------|-------------------------------|-------------|-------------------------------|-------------|-------------------------------|-------------|
| Brand Non-formulary | \$25 copay (CA) \$40 copay (OR) (100 day supply) | \$40 copay (30 day supply) | \$40 copay (30 day supply) | Not covered | \$40 copay (30 day supply) | Not covered | \$40 copay (30 day supply) | Not covered |
| Mail-Order Drug Program Generic | \$10 copay (CA) \$20 copay (OR) (100 day supply) | \$20 copay (90 day supply) | \$20 copay (90 day supply) | Not covered | \$20 copay (90 day supply) | Not covered | \$20 copay (90 day supply) | Not covered |
| Brand Formulary | \$25 copay (CA) \$40 copay (OR) (100 day supply) | \$50 copay (90 day supply) | \$50 copay (90 day supply) | Not covered | \$50 copay (90 day supply) | Not covered | \$50 copay (90 day supply) | Not covered |
| Brand Non-formulary | \$25 copay (CA) \$80 copay (OR) | \$80 copay (90 day supply) | \$80 copay (90 day supply) | Not covered | \$80 copay (90 day supply) | Not covered | \$80 copay (90 day supply) | Not covered |

*Out-of-network provider payments are based on reasonable and customary fees

**Deductible waived for certain drugs considered as Preventive. Please review the [CVS Caremark Preventive Drug List \[PDF\]](#) to see the listing of preventive drugs that apply.