

## PPO-1 Plan

The Preferred Provider Organization (PPO-1) plan offers employees freedom to obtain services from in-network or out-of-network providers. Participants in this plan pay a coinsurance, or a percentage of the charges, with a higher level of benefits for services provided by in-network providers. This plan has a \$500 individual in-network deductible and a \$750 individual out-of-network deductible. The plan offers a “wrap” network through the Cofinity Network including in-network coverage in Larimer, Weld, Adams, and Boulder counties. However, not all facilities and/or services are available as in-network. Questions on the Cofinity Network should be addressed to UCHHealth Plan Administrators at 970-224-4600.

Benefit Description	In-Network You Pay	Out-of-Network You Pay
Plan Year Deductible	Single: \$500, Family: \$1,500	Single: \$750, Family: \$2,250
Plan Year Out-of-Pocket (OOP) Maximums	Medical: Individual \$2,000 Family \$4,000 Mental Health/Substance Abuse: Individual \$1,200 Family \$2,400	Medical: Individual \$5,000 Family \$10,000 Mental Health/Substance Abuse: Individual \$1,200 Family \$2,400
Lifetime Maximum	No lifetime maximum	
Office Visit PCP/Specialist	25% per visit	50% per visit
Preventive Care Well Exam to age 2; Well Exam over age 2; Mammograms and routine prostate exam	Nothing; covered at 100%	50%; Plan pays 100% up to \$300 50%; Plan pays 100% up to \$200  50%; Plan pays 100% up to \$100
Maternity	25% per visit	50% per visit
Laboratory, X-Ray and Diagnostic	25% per visit	50% per visit
MRI/PET/CAT scan	25% per visit	50% per visit
Emergency Care	25% per visit	50% per visit
Ambulance	25% per visit	50% per visit
Urgent Care	25% per visit	50% per visit
Inpatient Services	25% per visit	50% per visit
Outpatient Services	25% per visit	50% per visit
Physical, Occupational and Speech Therapy	25% per visit, 30 sessions/plan year maximum per acute care	50% per visit, 30 sessions/plan year maximum per acute care
Body Organ Transplant	25%	50%
Home Health Care	100% coverage	

Durable Medical Equipment	25%	50%
Breast Pumps and Supplies	100% for rental or purchase; limit 1 per birth within 60 days of date of birth	Subject to deductible then 50%
Hospice Care	100% coverage, 180 day maximum	
Non-surgical treatment of chronic foot conditions, including orthotics	25%	50%