2024 Medical Plan Comparison Table (Aetna, Cigna and Anthem)

Consumer Directed Health Plans (CDHP): Core and Core Plus

Benefit Features	CDHP Core Aetna: Choice POS II Network Cigna: Open Access Plus Network Anthem: Blue Cross/Blue Shield PPO Network				CDHP Core Plus Aetna: Choice POS II Network Cigna: Open Access Plus Network Anthem: Blue Cross/Blue Shield PPO Network			
	In-Network		Out-of-Network[1] (based on Maximum Allowable Amount)		In-Network		Out-of-Network[1] (based on Maximum Allowable Amount)	
Annual Deductible[2] Benefits Base Salary (BBS)[3]	**Individual**	**Family**	**Individual**	**Family**	**Individual**	**Family**	**Individual**	**Family**
< $200,000	$3,000	$6,000	$4,000	$8,000	$1,600	$3,200	$4,000	$8,000
$200k - $300k	$3,250	$6,500	$6,000	$12,000	$1,750	$3,500	$6,000	$12,000
> $300k	$3,500	$7,000	$10,000	$20,000	$2,000	$4,000	$10,000	$20,000
	If you are covering one or more dependents, the **family annual deductible must be met before the plan pays for costs for any individual,** excluding preventive care.				If you are covering one or more dependents, the **family annual deductible must be met before the plan pays for costs for any individual,** excluding preventive care.			
Coinsurance **What you pay after your deductible is met** (does not apply to preventive care)	You **pay 20%** after your deductible is met; The plan pays 80%		You **pay 40%** of the Allowable Amount (after deductible is met); The plan pays 60% of the Allowable Amount You are responsible for all amounts over the Allowable Amount (300% of Medicare fee schedule)		You **pay 15%** after your deductible is met; The plan pays 85%		You **pay 40%** of the Allowable Amount (after deductible is met); The plan pays 60% of the Allowable Amount You are responsible for all amounts over the Allowable Amount (300% of Medicare fee schedule)	
Annual Out-of-Pocket Maximum[2] (including deductible and coinsurance) **BBS[3]**	**Individual**	**Family**	**Individual**	**Family**	**Individual**	**Family**	**Individual**	**Family**
< $200,000	$4,500	$6,750	$6,000	$12,000	$3,000	$4,500	$6,000	$12,000
$200k - $300k	$6,000	$9,000	$9,000	$18,000	$4,000	$6,000	$9,000	$18,000
> $300k	$6,500	$13,000[4]	$11,000	$22,000	$6,000	$9,000	$11,000	$22,000
Health Savings Account (HSA) Contribution ***Note: UBS contributions and IRS limits on annual contributions to an HSA are the same for both the Core and Core Plus plans and are not tied to in-network or out-of-network care.**								
UBS Contributions for 2024[3b] BBS[3]	**Individual**		**Family**		**Individual**		**Family**	
< $100,000	$300[3a] seeding plus up to $400 in wellness contribution		$600[3a] seeding plus up to $800 in wellness incentives		$300[3a] seeding plus up to $400 in wellness contribution		$600[3a] seeding plus up to $800 in wellness incentives	
$100k - $300k	$200[3a] seeding plus up to $400 in wellness incentives		$400[3a] seeding plus up to $800 in wellness incentives		$200[3a] seeding plus up to $400 in wellness incentives		$400[3a] seeding plus up to $800 in wellness incentives	
> $300k	No seeding; Up to $400 in wellness contributions		No seeding; Up to $800 in wellness incentives		No seeding; Up to $400 in wellness incentives		No seeding; Up to $800 in wellness incentives	
Employee Contributions (same rules for Core and Core Plus)	• Annual Maximum for individual coverage: $4,150* • Annual Maximum for family coverage: $8,300* • Additional catch-up annual contributions: $1,000 per year at age 55 so the maximum is $5,150* for an individual and $9,300* for family coverage **Note: Under IRS rules, the annual maximum includes the combined amount of employee and UBS contributions. You are responsible for ensuring your compliance with IRS rules on Health Savings Accounts. Please be sure to read footnotes 3a and 3b at the end of this document as well as the Health Savings Account Highlights PDF on **www.ubs.com/usbenefits**.*							
Preventive Care – What the plan pays								
Routine Physical Exams (adult)	100%, no deductible (once per calendar year)		60% after deductible (once per calendar year)		100%, no deductible (once per calendar year)		60% after deductible (once per calendar year)	
Well Woman Care (routine gynecological care)	100%, no deductible (once per calendar year)		60% after deductible (once per calendar year)		100%, no deductible (once per calendar year)		60% after deductible (once per calendar year)	
Well-child Care (in accordance with American Academy of Pediatrics Guidelines)	100%, no deductible applies		60% after deductible		100%, no deductible		60% after deductible	
Immunizations	100%, no deductible applies		60% after deductible		100%, no deductible		60% after deductible	

*The IRS has increased the required maximum annual deductible for high deductible health plans to $1,600 for self-only coverage and $3,200 for family coverage for Plan year 2024.

Benefit Features	CDHP Core Aetna: Choice POS II Network Cigna: Open Access Plus Network Anthem: Blue Cross/Blue Shield PPO Network		CDHP Core Plus Aetna: Choice POS II Network Cigna: Open Access Plus Network Anthem: Blue Cross/Blue Shield PPO Network	
	In-Network	Out-of-Network[1] (based on Maximum Allowable Amount)	In-Network	Out-of-Network[1] (based on Maximum Allowable Amount)
Physician Services – What the plan pays after the deductible is met				
Primary Care Physician (PCP) Office Visits	100% after your deductible is met	60% after deductible	100% after deductible	60% after deductible
Specialist Office Visits	80% after deductible	60% after deductible	85% after deductible	60% after deductible
Physical and Occupational Therapy	80% after deductible; Limited to 90 visits combined per calendar year	60% after deductible; Limited to 90 visits combined per calendar year	85% after deductible; Limited to 90 visits combined per calendar year	60% after deductible; Limited to 90 visits combined per calendar year
Speech Therapy	80% after deductible; Limited to 90 visits per calendar year	60% after deductible; Limited to 90 visits per calendar year	85% after deductible; Limited to 90 visits per calendar year	60% after deductible; Limited to 90 visits per calendar year
Outpatient Surgery	80% after deductible	60% after deductible	85% after deductible	60% after deductible
Chiropractic Care	80% after deductible; Limited to 20 visits per calendar year	60% after deductible; Limited to 20 visits per calendar year	85% after deductible; Limited to 20 visits per calendar year	60% after deductible; Limited to 20 visits per calendar year
Hospital Services (pre-certification may be required; confirm with carrier prior to service)				
Inpatient Hospital-Facility Services	80% after deductible; (limited to semi-private room rate)	60% after deductible (limited to semi-private room rate)	85% after deductible (limited to semi-private room rate)	60% after deductible
Inpatient Hospital – Professional Services (surgeon, radiologist, anesthesiologist, pathologist)	80% after deductible	60% after deductible	85% after deductible	60% after deductible
Laboratory and Radiology Services (pre-certification may be required; confirm with carrier prior to service)				
Physician's Office (performed and billed as part of physician office visit)	80% after deductible	60% after deductible	85% after deductible	60% after deductible
Independent or Outpatient Facility	80% after deductible	60% after deductible	85% after deductible	60% after deductible
Emergency Room / Urgent Care Facility (performed as part of emergency room or urgent care visit)	80% after deductible	60% after deductible	85% after deductible	60% after deductible
Inpatient Hospital (performed as part of a hospital stay)	80% after deductible	60% after deductible	85% after deductible	60% after deductible
Emergency and Urgent Care Services				
Urgent Care Facility	80% after deductible	60% after deductible	85% after deductible	60% after deductible
Ambulance	**Emergency:** 80% after deductible **Non-Emergency:** 60% after deductible	**Emergency:** 80% after deductible **Non-Emergency:** 60% after deductible	**Emergency:** 85% after deductible **Non-Emergency:** 60% after deductible	**Emergency:** 85% after deductible **Non-Emergency:** 60% after deductible
Emergency Room	**Emergency:** 80% after deductible **Non-Emergency:** 60% after deductible	**Emergency:** 80% after deductible **Non-Emergency:** 60% after deductible	**Emergency:** 85% after deductible **Non-Emergency:** 60% after deductible	**Emergency:** 85% after deductible **Non-Emergency:** 60% after deductible
Mental Health and Substance Abuse treatment				
Inpatient Services (pre-certification may be required)	80% after deductible	60% after deductible	85% after deductible	60% after deductible
Outpatient Services – Physician Office Visit	80% after deductible	60% after deductible	85% after deductible	60% after deductible
Outpatient Services – Facility	80% after deductible	60% after deductible	85% after deductible	60% after deductible

*The IRS has increased the required maximum annual deductible for high deductible health plans to $1,600 for self-only coverage and $3,200 for family coverage for Plan year 2024.

Benefit Features	CDHP Core Aetna: Choice POS II Network Cigna: Open Access Plus Network Anthem: Blue Cross/Blue Shield PPO Network		CDHP Core Plus Aetna: Choice POS II Network Cigna: Open Access Plus Network Anthem: Blue Cross/Blue Shield PPO Network	
	In-Network	Out-of-Network[1] (based on Maximum Allowable Amount)	In-Network	Out-of-Network[1] (based on Maximum Allowable Amount)
Other Services (pre-certification may be required; confirm with carrier prior to service)				
Home Healthcare	80% after deductible	60% after deductible	85% after deductible	60% after ded80ctible
Skilled Nursing Facility	80% after deductible; Limited to 180 days per calendar year	60% after deductible; Limited to 180 days per calendar year	85% after deductible; Limited to 180 days per calendar year	60% after deductible; Limited to 180 days per calendar year
Infertility Services[5]	80% after deductible	60% after deductible	85% after deductible	60% after deductible
Travel and Lodging#	80% after deductible Coverage of travel for all covered Medical and Behavioral services for which access is limited because contracted providers are not available within the designated mile radius. Max: $5,000 per occurrence / $10,000 annual (maximum does not apply to Behavioral or Substance abuse covered services) Lodging and mileage reimbursements per current IRS guidelines	N/A	85% after deductible Coverage of travel for all covered Medical and Behavioral services for which access is limited because contracted providers are not available within the designated mile radius. Max: $5,000 per occurrence / $10,000 annual (maximum does not apply to Behavioral or Substance abuse covered services) Lodging and mileage reimbursements per current IRS guidelines	N/A
Prescription Drugs (Administered by CVS Caremark for Aetna, Cigna and Anthem)	**Retail (30-day Supply)**	**Mail Order or Maintenance Choice Program (90-day Supply)**	**Retail (30-day Supply)**	**Mail Order or Maintenance Choice Program (90-day Supply)**
Preventive Drugs on the Affordable Care Act (ACA) list	Plan pays 100%; deductible does not apply	Plan pays 100%; deductible does not apply	Plan pays 100%; deductible does not apply	Plan pays 100%; deductible does not apply
Preventive Drugs on your Drug Administrator's list	Deductible *does not* apply. See below for your co-pay or coinsurance depending on the Tier of the drug.	Deductible *does not* apply. See below for your co-pay or coinsurance depending on the Tier of the drug.	Deductible *does not* apply. See below for your co-pay or coinsurance depending on the Tier of the drug.	Deductible *does not* apply. See below for your co-pay or coinsurance depending on the Tier of the drug.
Tier 1/Generic Drugs ₮	$5 co-pay *after deductible* for non-preventive drugs[6]	$12.50 co-pay *after deductible* for non-preventive[6]	$5 co-pay *after deductible* for non-preventive[6]	$12.50 co-pay *after deductible* for non-preventive[6]
Tier 2/Preferred Brand Drugs ₮	25% coinsurance *after deductible* for non-preventive drugs[6](max $100 per fill/refill)	25% coinsurance *after deductible* for non-preventive drugs[6] (max $250 per fill/refill)	25% coinsurance *after deductible* for non-preventive drugs[6] (max $100 per fill/refill)	25% coinsurance *after deductible* for non-preventive drugs[6] (max $250 per fill/refill)
Tier 3/Non-Preferred Brand Name Drugs₮	45% coinsurance after deductible[6] (max $200 per fill/refill)	45% coinsurance after deductible[6] (max $500 per fill/refill)	45% coinsurance after deductible[6] (max $200 per fill/refill)	45% coinsurance after deductible[6] (max $500 per fill/refill)
₮ For details on prescription drug coverage, the various tiers of drugs, and carrier and ACA preventive care lists, see **www.ubs.com/usbenefits.**				
# Please contact your carrier (Aetna, Anthem or Cigna) for additional details, exclusions, limitations and the claim submission form and process. Additional support is available by contacting Alight Healthcare Navigation at +1 888 251-2500				

PLEASE SEE IMPORTANT FOOTNOTES AT THE END OF THIS DOCUMENT.

Important Footnotes to Medical Plan Comparison Table

1. When using an out-of-network provider, you are responsible for all amounts over the plan's Maximum Allowable Amount. This is in addition to any deductible, coinsurance and copayment amounts. Amounts over the plan's Maximum Allowable Amount do not count towards your out-of-pocket maximum.

2. Annual Deductibles and Out-of-Pocket Maximums do not cross-accumulate between in-network and out-of-network benefits. That means out-of-network provider costs apply only to the out-of-network deductible and out-of-network maximum, while any in-network costs apply only to the in-network deductible and out-of-pocket maximum. In accordance with IRS guidelines that apply to Consumer Directed Health Plans – the annual deductible under the medical plan applies to prescription drugs. Prescription drug expenses also apply to the medical plan's out-of-pocket maximum.

3. **Benefits Base Salary:** For purposes of the plan, Benefits Base Salary (BBS) is defined as your gross cash-eligible earnings prior to any pre-tax deductions, as determined by the plan administrator in its sole discretion. Generally, eligible earnings are your salary, the cash portion of your discretionary annual bonus and commissions (as applicable). Eligible earnings do not include, without limitation, the following:
   - Any non-cash compensation (including, but not limited to, restricted stock and any awards under UBS deferred compensation plans, whether or not paid in cash);
   - Any non-recurring compensation (including, but not limited to, the amounts realized on the exercise of stock options, employee transition bonus payments/Employee Forgivable Loans, and prizes and awards); and
   - Payments from the UBS PartnerPlus Plan and UBS Deferred Award Program.

   Your BBS is determined as of August 31 of the prior calendar year (for employees who terminate employment prior to such August 31 date, BBS is as of the date employment ended).

3a. These automatic contributions to employee HSAs from UBS are called Annual Core contributions. Please see the Health Savings Account Highlights PDF on the **www.ubs.com/usbenefits** website for details.

3b. UBS contributions are contingent upon your being employed by UBS on the date the contributions are made to the account. Please make sure you review the types of contributions and details in the Health Savings Account Highlights PDF on the **www.ubs.com/usbenefits** website. In addition, to receive UBS contributions, you must be enrolled in a UBS Core or Core Plus medical plan option and have an HSA through the UBS offering via Benefits Express at UMB Bank.

4. According to the Affordable Care Act guidelines, if a family member meets an individual annual out-of-pocket maximum of $9,450, the plan will begin paying 100% of that individual's eligible covered expenses for the rest of the plan year.

5. Coverage is provided for artificial insemination and IVF, intracytoplasmic sperm injection, GIFT and ZIFT up to a lifetime maximum of $35,000 in-network or $15,000 lifetime maximum out-of-network, which will be calculated from January 1, 2017 forward.

6. Deductible does not apply to medications on the CVS Caremark Preventive Drug List (as applicable). More information can be found in the Preventive and Preferred Drug Lists table on **www.ubs.com/usbenefits**.