

Synopsys 2021 Medical Plan Comparison Chart

	Health Savings (HS) Basic		Health Savings (HS) Standard		Health Savings (HS) Premium		Kaiser Permanente Health Maintenance Organization (HMO) – California and Oregon
Plan Feature	Network Benefit	Non-Network Benefit	Network Benefit	Non-Network Benefit	Network Benefit	Non-Network Benefit	Network Benefit
Synopsys Health Fund Contribution*	None		Up to \$500 individual Health Savings Account contribution Up to \$1,000 family Health Savings Account contribution		Up to \$750 individual Health Savings Account contribution Up to \$1,500 family Health Savings Account contribution		None
Calendar Year Deductible**	Employee only: \$2,500 Family: \$5,000	Employee only: \$5,000 Family: \$10,000	Employee only: \$1,750 Family: \$3,500	Employee only: \$3,500 Family: \$7,000	Employee only: \$1,500 Family: \$3,000	Employee only: \$3,000 Family: \$6,000	None
Calendar Year Out-of-Pocket Maximum	Employee only: \$3,250 Family: \$6,500	Employee only: \$8,000 Family: \$16,000	Employee only: \$3,250 Family: \$6,500	Employee only: \$7,000 Family: \$14,000	Employee only: \$3,000 Family: \$6,000	Employee only: \$6,000 Family: \$12,000	Employee only: \$1,500 Family: \$3,000
Lifetime Maximum	Unlimited						
Coinsurance	Plan pays 80% of allowable charges and you pay 20%	Plan pays 60% of allowable charges and you pay 40%, plus any amount over the allowed amount	Plan pays 90% of allowable charges and you pay 10%	Plan pays 70% of allowable charges and you pay 30%, plus any amount over the allowed amount	Plan pays 90% of allowable charges and you pay 10%	Plan pays 70% of allowable charges and you pay 30%, plus any amount over the allowed amount	You pay copays (or coinsurance) when you use Kaiser doctors and facilities There is no coverage if you use providers outside of the Kaiser network
Preventive Care (Routine Physical Exams)	Plan pays 100% (Travel immunizations covered after deductible.)	Plan pays 60% after deductible	Plan pays 100% (Travel immunizations covered after deductible)	Plan pays 70% after deductible	Plan pays 100% (Travel immunizations covered after deductible)	Plan pays 70% after deductible	Plan pays 100%
Physician Office Visits	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	You pay \$30 for primary care and \$40 for specialty care visits

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Lab Tests and X-rays (not associated with preventive care)	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	CA: Plan pays 100% for most visits OR: You pay \$30 per visit
Emergency Room	Emergency: Plan pays 80% after deductible Nonemergency: Plan pays 60% after deductible		Emergency: Plan pays 90% after deductible Nonemergency: Plan pays 70% after deductible		Emergency: Plan pays 90% after deductible Nonemergency: Plan pays 70% after deductible		You pay \$125 per visit (waived if admitted, for OR only)
Urgent Care	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	You pay \$30 per visit
Hospitalization							You pay \$400 per admission
Maternity							Plan pays 100% for prenatal care You pay \$400 for hospitalization You pay \$30 for lab/X-ray visits (for OR only)
Chiropractic Care							You pay \$15 per visit
Mental Health and Substance Abuse							You pay \$30 per outpatient visit You pay \$400 per inpatient admission
Prescription Drugs – Retail (31-day supply)**	You pay after deductible**** Tier 1 — \$5 Tier 2 — 20%, \$50 max Tier 3 — 20%, \$75 max	You pay 60% after deductible	You pay after deductible**** Tier 1 — \$5 Tier 2 — 10%, \$50 max Tier 3 — 10%, \$75 max	You pay 70% after deductible	You pay after deductible**** Tier 1 — \$5 Tier 2 — 10%, \$50 max Tier 3 — 10%, \$75 max	You pay 70% after deductible	You pay \$10 generic/\$30 brand (up to a 30-day supply)

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Plan Feature	Network Benefit	Non-Network Benefit	Network Benefit	Non-Network Benefit	Network Benefit	Non-Network Benefit	Network Benefit
Prescription Drugs – Mail Order (90-day supply)	You pay after deductible**** Tier 1 – \$10 Tier 2 – 20%, \$100 max Tier 3 – 20%, \$150 max	Not available	You pay after deductible**** Tier 1 – \$10 Tier 2 – 10%, \$100 max Tier 3 – 10%, \$150 max	Not available	You pay after deductible**** Tier 1 – \$10 Tier 2 – 10%, \$100 max Tier 3 – 10%, \$150 max	Not available	You pay \$20 generic/\$60 brand (up to a 90-day supply for OR and up to a 100-day supply for CA)

* New hire contributions will be prorated based on the account activation date.

** HSA deductible applies to both network and non-network care.

*** A \$20 copay will apply to specialty drugs that fall within the UHC Specialty Drug Program for retail prescriptions up to 31 days.

**** Deductible waived for preventive care drugs.