

Sabre Systems, Inc 2024 Medical Plan Comparison Chart

Medical Plans provided by United Healthcare.

In-Network Benefits	Low Deductible	Mid Deductible	High Deductible
Deductible			
Single	\$100	\$250	\$2,500
Family	\$200	\$500	\$5,000
Coinsurance			
(Paid by UHC)	90%	80%	80%
Out of Pocket Maximum			
Single	\$3,500	\$4,000	\$4,500
Family	\$7,000	\$8,000	\$9,000
Employee Out of Pocket Expenses			
Preventative Care	0%	0%	0%
Primary Office Visit	\$15 Copay	\$25 Copay	20%*
Specialist Office Visit	\$30 Copay	\$45 Copay	20%*
Virtual Visits (Telehealth)	0%	0%	0%
Urgent Care	\$25 Copay	\$25 Copay	20%*
Lab, X-Ray, & Diagnostic	\$15 Copay	\$25 Copay	20%*
Major Diagnostic (CT, MRI)	10%*	20%*	20%*
Physical/OCC/Speech Therapy	\$15 Copay	\$25 Copay	20%*
Outpatient Surgery	10%*	20%*	20%*
Inpatient Hospitalization	10%*	20%*	20%*
Emergency Room	\$200 Copay	\$200 Copay	20%*
Mental Health Care Inpatient	10%*	20%*	20%*
Mental Health Care Outpatient	\$15 Copay	\$25 Copay	20%*
Prescription Drugs (30 days)			
Generic Brand	\$10 Copay	\$10 Copay	\$10 Copay*
Preferred Brand	\$35 Copay	\$35 Copay	\$35 Copay*
Non-Preferred Brand	\$70 Copay	\$70 Copay	\$70 Copay*
Mail Order (90 days)	2.5x	2.5x	2.5x*

*After Deductible is met.

This chart is for comparison purposes only. For specific details please refer to your SPDs.