

2021 Qualcomm Health Plan Options

	Qualcomm Premier Plan (PPO)	Qualcomm Premier Plan (QDHP)	United Healthcare (QDHP)	Kaiser Permanente (QDHP)
	Preferred Provider Organization	Qualified Deductible Health Plan	Qualified Deductible Health Plan	Qualified Deductible Health Plan
Provider Network <i>Qualcomm Health Center is considered in-network for all options</i>	Scripps Health, <i>plus</i> other select local providers, including Rady Children's hospital, specialist care and select providers <i>plus</i> United Healthcare national network for dependents who reside outside of San Diego. UHC network is utilized for chiropractic, acupuncture, physical therapy, occupational therapy, speech therapy and mental health.		United Healthcare National Network	Kaiser Permanente California Network
Dedicated Scripps Concierge Team	Yes	Yes	No	No
Health Savings Account (HSA) Qualcomm Seed	N/A	\$1,000 Employee only \$2,000 Employee + Dependents	\$500 Employee only \$1,000 Employee + Dependents	\$500 Employee only \$1,000 Employee + Dependents
Wellbeing Incentive¹	Up to \$1,150 Employee Up to \$1,000 Spouse/ Domestic Partner	Up to \$1,150 Employee Up to \$1,000 Spouse/ Domestic Partner	Up to \$1,150 Employee Up to \$1,000 Spouse/ Domestic Partner	Up to \$1,150 Employee Up to \$1,000 Spouse/ Domestic Partner
Payroll Premium²	\$0	\$0	\$0	\$0
In-Network Deductible	\$350 per person, up to \$700 per family (does not include copays)	\$1,500 Employee only \$2,800 Employee & children \$3,450 Employee + Spouse/Domestic Partner +/- child(ren)	\$1,500 Employee only \$2,800 Employee & children \$3,450 Employee + Spouse/Domestic Partner +/- child(ren)	\$1,500 Employee only \$2,800 Employee & children \$3,450 E Employee + Spouse/Domestic Partner +/- child(ren)
In-Network Annual Out-of-Pocket Maximum³	\$2,500 per person, up to \$5,000 per family (includes copays)	\$2,250 Employee only \$3,750 Employee & children \$4,450 Employee + Spouse/Domestic Partner +/- child(ren)	\$2,250 Employee only \$3,750 Employee & children \$4,450 Employee + Spouse/Domestic Partner +/- child(ren)	\$2,250 Employee only \$3,750 Employee & children \$4,450 Employee + Spouse/Domestic Partner +/- child(ren)
Out-of-Network Coverage⁴	Yes, but out-of-network providers will result in a higher cost to you	Yes, but out-of-network providers will result in a higher cost to you	Yes, but out-of-network providers will result in a higher cost to you	No, except in the case of a bona fide emergency.
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Video Visit	Scripps HealthExpress Teladoc, Doctors on Demand or Amwell (available 24/7) Visits subject to \$10 copay <i>Regular contracted office visit fees will apply for virtual visits with a primary or specialty care provider.</i>	Scripps HealthExpress – \$31 Teladoc, Doctors on Demand or Amwell (available 24/7) – \$49 Visits subject to deductible and co-insurance <i>Regular contracted office visit fees will apply for virtual visits with a primary or specialty care provider.</i>	Teladoc, Doctors on Demand or Amwell (available 24/7) \$49– subject to deductible and coinsurance	Phone visit: fees may range from \$20 to \$85 depending on call duration Video visit: fees may range from \$20 to \$130 depending on length of visit Subject to deductible and coinsurance
Primary Care Office Visit⁵	\$30 copay (deductible does not apply)	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%
Specialist Office Visit	\$50 copay (deductible does not apply)	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%
Urgent Care, ER & all Other Services	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%

For additional benefits information and perks that are unique to the Premier Plans, visit www.qualcommpremierplans.com

¹Wellbeing incentive – visit go/Qliving for program details such as, how to participate in the wellbeing activities, eligibility and incentive schedule.

² \$100 bi-weekly working spouse/domestic partner charge is applied for spouses/domestic partners who opt out of their employer's plan to have primary coverage by Qualcomm. Doesn't apply if Qualcomm's plan is secondary. Imputed income is applied for domestic partner and domestic partner child(ren) coverage.

³In-network and out-of-network cost-share amounts both count towards in-network and out-of-network deductibles and out-of-pocket maximums.

⁴All benefits and coverage outlined in this comparison grid are for in-network services. To learn more about benefits and coverage for out-of-network services please see a full comparison of the plans on the Qualcomm HR benefits portal.

⁵PPO office visit and prescription copays and coinsurance do not count towards deductible, however they do count towards your out-of-pocket maximum.

To see a full comparison of the plans, visit [Qualcomm HR benefits portal](#).