

# 2023 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
<b>Provider Network</b> <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
<b>Dedicated Scripps Concierge Team</b>	Yes	Yes	No	No
<b>Health Savings Account (HSA) Qualcomm Seed</b>	N/A	\$1,000 Employee only \$2,000 Employee + Dependents	\$500 Employee only \$1,000 Employee + Dependents	\$500 Employee only \$1,000 Employee + Dependents
<b>Live+Well Wellbeing Incentive<sup>1</sup></b>	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
<b>Payroll Premium<sup>2</sup></b>	\$0	\$0	\$0	\$0
<b>In-Network Deductible</b>	\$350 per person, up to \$700 per family (does not include copays)	\$1,500 Employee only \$3,000 Employee & child(ren) \$3,450 Employee + Spouse/Domestic Partner +/- child(ren)	\$1,500 Employee only \$3,000 Employee & child(ren) \$3,450 Employee + Spouse/Domestic Partner +/- child(ren)	\$1,500 Employee only \$3,000 Employee & child(ren) \$3,450 Employee + Spouse/Domestic Partner +/- child(ren)
<b>In-Network Annual Out-of-Pocket Maximum<sup>3</sup></b>	\$2,500 per person, up to \$5,000 per family (includes copays)	\$2,250 Employee only \$3,750 Employee & child(ren) \$4,450 Employee + Spouse/Domestic Partner +/- child(ren)	\$2,250 Employee only \$3,750 Employee & child(ren) \$4,450 Employee + Spouse/Domestic Partner +/- child(ren)	\$2,250 Employee only \$3,750 Employee & child(ren) \$4,450 Employee + Spouse/Domestic Partner +/- child(ren)
<b>Out-of-Network Coverage<sup>4</sup></b>	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.
<b>Preventive Care</b>	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
<b>Video Visit</b>	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 – \$32 Teladoc, Doctors on Demand or Amwell (available 24/7) – \$49 Visits subject to deductible and coinsurance  <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 Visits 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
<b>Primary Care Office Visit<sup>5</sup></b>	\$30 copay (deductible does not apply)	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%
<b>Specialist Office Visit</b>	\$50 copay (deductible does not apply)	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%
<b>Urgent Care, ER &amp; all Other Services</b>	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%
<b>Employee Assistance Program (EAP) – Lyra</b>	Covered at 100% , up to 25 sessions per person per year	Covered at 100% , up to 25 sessions per person per year	Covered at 100% , up to 16 sessions per person per year	Covered at 100% , up to 16 sessions per person per year

For additional benefits information and perks that are unique to the Premier Plans, visit [www.qualcommpremierplans.com](http://www.qualcommpremierplans.com). To see a full comparison of the plans, visit [go/healthplancomparison](http://go/healthplancomparison).

<sup>1</sup> Live+Well Wellbeing Incentive – visit [go/wellbeingincentive](http://go/wellbeingincentive) for program details such as how to participate in the wellbeing activities, eligibility and incentive schedule.

<sup>2</sup> \$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.

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

<sup>4</sup> All benefits and coverage outlined in this comparison grid are for in-network services. For all Plans (except Kaiser), out-of-network mental health, independent midwives, and birthing centers are covered as in network. 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.

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