



Analog Devices Inc.

2022 plan comparison

ADI Saver plan with HSA			ADI Flex Option plan		
Medical benefits	Network	Non-network	Medical benefits	Network	Non-network
Deductible Medical and Rx combined			Deductible Medical		
Employee	\$1,400	\$1,400	Employee	\$500	\$1,000
Family	\$2,800	\$2,800	Family	\$1,000	\$2,000
Out-of-pocket limit Medical and Rx combined			Out-of-pocket limit Medical and Rx combined		
Employee	\$2,000	\$2,000	Employee	\$3,000	\$6,000
Family	\$4,000	\$4,000	Family	\$6,000	\$12,000
Annual HSA contribution			Annual HSA contribution		
Employee		\$600	Employee		N/A
Employee + 1		\$1,200	Employee + 1		N/A
Employee + Children		\$1,200	Employee + Children		N/A
Family		\$1,200	Family		N/A
Covered services (amounts/percentages shown below are what you would pay)			Covered services (amounts/percentages shown below are what you would pay)		
Doctor and specialist visits and services			Doctor and specialist visits and services		
Primary care office visit	10% after deductible	30% after deductible	Primary care office visit	\$20 copay	50% after deductible
Special visit	10% after deductible	30% after deductible	Special visit	\$40 copay	50% after deductible
Non-preventive tests (X-ray, blood work, MRI, etc.)	10% after deductible	30% after deductible	Non-preventive tests (X-ray, blood work, MRI, etc.)	20% after deductible	50% after deductible
Medical benefit list			Medical benefit list		
Preventive care services			Preventive care services		
Office visit	\$0 copay	20%, deductible does not apply	Office visit	\$0 copay	50% after deductible
Well-child visit	\$0 copay	20%, deductible does not apply	Well-child visit	\$0 copay	50% after deductible
Screenings or immunizations	No charge (covered at 100%)	20%, deductible does not apply	Screenings or immunizations	No charge (covered at 100%)	50% after deductible
Urgent and emergency room (ER) services			Urgent and emergency room (ER) services		
Urgent care facility visit	10% after deductible	30% after deductible	Urgent care facility visit	\$20 copay	50% after deductible
ER visit	\$100 copay, then deductible, then 100%	\$100 copay, then deductible, then 100%	ER visit	\$150 copay	\$150 copay
Ambulance	10% after deductible	10% after deductible	Ambulance	20% after deductible	20% after deductible

continued

United
Healthcare

ADI Saver plan with HSA			ADI Flex Option plan		
Outpatient surgery services			Outpatient surgery services		
Physician/surgeon fee	10% after deductible	30% after deductible	Physician/surgeon fee	20% after deductible	50% after deductible
Facility fee (e.g., surgery center)	10% after deductible	30% after deductible	Facility fee (e.g., surgery center)	20% after deductible	50% after deductible
Hospital services			Hospital services		
Physician/surgeon fee	10% after deductible	30% after deductible	Physician/surgeon fee	20% after deductible	50% after deductible
Facility fee (e.g., surgery center)	10% after deductible	30% after deductible	Facility fee (e.g., surgery center)	20% after deductible	50% after deductible
Pregnancy services			Pregnancy services		
Prenatal and postnatal care	Prenatal – 10% (not subject to deductible) Postnatal care – 10% after deductible	30% after deductible	Prenatal and postnatal care	\$20 copay	50% after deductible
Delivery and inpatient services	10% after deductible	30% after deductible	Delivery and inpatient services	20% after deductible	50% after deductible
Mental health/Behavioral health			Mental health/Behavioral health		
Mental and behavioral health outpatient services	10% after deductible	30% after deductible	Mental and behavioral health outpatient services	\$20 office visit copay 20% after deductible for all other services	50% after deductible
Mental health/behavioral health inpatient services	10% after deductible	30% after deductible	Mental health/behavioral health inpatient services	20% after deductible	50% after deductible
Substance use disorder outpatient services	10% after deductible	30% after deductible	Substance use disorder outpatient services	\$20 office visit copay 20% after deductible for all other services	50% after deductible
Substance use disorder inpatient services	10% after deductible	30% after deductible	Substance use disorder inpatient services	20% after deductible	50% after deductible
Other coverage			Other coverage		
Chiropractic	10% after deductible	30% after deductible	Chiropractic	\$40 copay	50% after deductible
Durable medical equipment	10% after deductible	30% after deductible	Durable medical equipment	20% after deductible	50% after deductible
Rehabilitative services (e.g., physical, occupational and speech therapy)	10% after deductible	30% after deductible	Rehabilitative services (e.g., physical, occupational and speech therapy)	\$20 office visit copay 20% after deductible for all other services	50% after deductible
Acupuncture services	10% after deductible	30% after deductible	Acupuncture services	\$40 copay	50% after deductible
Hospice services	10% after deductible	30% after deductible	Hospice services	20% coinsurance	50% after deductible
Skilled nursing services	10% after deductible	30% after deductible	Skilled nursing services	20% coinsurance	50% after deductible
Dental and eye care services			Dental and eye care services		
Eye exam – One exam every calendar year	\$20 copay	20%, deductible does not apply	Eye exam – One exam every calendar year	\$20 copay	50% after deductible
Glasses	Not covered	Not covered	Glasses	Not covered	Not covered
Dental check-up	Not covered	Not covered	Dental check-up	Not covered	Not covered

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ADI Saver plan with HSA		ADI Flex Option plan	
Pharmacy coverage		Pharmacy coverage	
Retail (Preventive medications – \$0 copayment and not subject to deductible)		Retail (Preventive medications – \$0 copayment and not subject to deductible)	
Tier 1	\$10 copay after deductible	Tier 1	\$10 copay
Tier 2	\$35 copay after deductible	Tier 2	\$30 copay
Tier 3	\$50 copay after deductible	Tier 3	\$50 copay
Mail order		Mail order	
Tier 1	\$20 copay after deductible	Tier 1	\$20 copay
Tier 2	\$70 copay after deductible	Tier 2	\$60 copay
Tier 3	\$100 copay after deductible	Tier 3	\$100 copay
About the plan		About the plan	
Overview	With this plan, you can use any doctor, clinic, hospital or health care facility you want. You save money when you use the national network. You also have coverage if you use out-of-network providers.	Overview	You can use any doctor, clinic, hospital or health care facility in the national network, which saves you money. But you won't have any coverage if you go out of the network.