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(12) **United States Design Patent** (10) **Patent No.:** **US D863,327 S**  
**Pleva et al.** (45) **Date of Patent:** **\*\* Oct. 15, 2019**

(54) **DISPLAY SCREEN WITH GRAPHICAL USER INTERFACE**

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(\*\*) Term: **15 Years**

(21) Appl. No.: **29/562,185**

(22) Filed: **Apr. 22, 2016**

(51) **LOC (12) Cl.** ..... **14-04**

(52) **U.S. Cl.**  
USPC ..... **D14/486**

(58) **Field of Classification Search**  
USPC ..... D14/485-495  
CPC ..... G06F 3/0484; G06F 3/048; G06F 3/0481;  
G06F 3/04812; G06F 3/04815; G06F 3/04817; G06F 3/0482; G06F 3/0483  
See application file for complete search history.

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(57) **CLAIM**

The ornamental design for a display screen with graphical user interface, as shown and described.

**DESCRIPTION**

The FIGURE is a front elevational view of a display screen with graphical user interface showing our new design. The broken line showing the display screen forms no part of the claimed design. The broken lines showing portions of the graphical user interface form no part of the claimed design.

**1 Claim, 1 Drawing Sheet**

**Bronze HDHP**

UMR  High Deductible

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**Your Cost per pay period:**

**\$104.20**

Tier: Employee + Family

Allows for participation in a Health Savings Account.

In-Network Deductible is \$5,000 for employee only and \$10,000 for employee plus one or more.

Once the deductible is met, in-network services are paid at 80% by Air Methods, 40% by employee.

In-network out-of-pocket maximums (includes deductible) are \$6,000 employee only and \$12,000 for employee plus one or more.

Prescription coverage is subject to deductible.

YOUR ANNUAL COSTS <small>Explain this ①</small>	PREMIUM X 24 PAY PERIODS	ESTIMATED ANNUAL OUT-OF-POCKET SPENDING	YOUR ESTIMATED ANNUAL TOTAL COST	IN-NETWORK MAXIMUM COST
	\$2,501	\$0	\$2,501	\$6,000

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**Bronze HDHP**

Ultra  High Deductible

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Compare

**Your Cost per pay period:**

**\$104.20**

Tersemployee + Family

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Allow for participation in a Health Savings Account.

In-Network Deductible is \$5,000 for employee only and \$10,000 for employee plus one or more.

Once the deductible is met, in-network services are paid at 60% by Air Methods, 40% by employee.

In-Network out-of-pocket maximum (includes deductible) are \$8,450 employee only and \$13,100 for employee plus one or more.

Prescription coverage is subject to deductible.

YOUR ANNUAL COSTS <small>Explain this ⓘ</small>	PREMIUM X 24 PAY PERIODS	ESTIMATED ANNUAL OUT-OF-POCKET SPENDING	YOUR ESTIMATED ANNUAL TOTAL COST	IN-NETWORK MAXIMUM COST
	\$2,501	\$0	\$2,501	\$15,001

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