

2023-2024 CERTIFIED STAFF

COMPARE YOUR UHC MEDICAL PLAN OPTIONS:

	SELF			Self & Spouse			Self & Child(ren)			Family		
Monthly Premium	Health Savings Plan	Base Plan	Buy-up Plan	Health Savings Plan	Base Plan	Buy-up Plan	Health Savings Plan	Base Plan	Buy-up Plan	Health Savings Plan	Base Plan	Buy-up Plan
You Pay:	\$0.00	\$0.00	\$85.00	\$593.10	\$648.90	\$890.00	\$410.40	\$446.40	\$653.00	\$1,003.50	\$1,093.50	\$1,458.00
Board Pays:	\$593.10	\$648.90	\$721.00	\$593.10	\$648.90	\$721.00	\$593.10	\$648.90	\$721.00	\$593.10	\$648.90	\$721.00
Board Deposits monthly to employee's HSA:	\$100.00			\$100.00			\$100.00			\$100.00		

Health Savings Plan H.S.A. 003

Base Health Plan 001

Buy-Up Health Plan 002

	Health Savings Plan H.S.A. 003		Base Health Plan 001		Buy-Up Health Plan 002	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Deductible	\$3,000.00 single \$6,000.00 emp/dep	\$6,000 single \$12,000.00 emp/dep	\$2,500.00 single \$7,500.00 emp/dep 3 or more	\$7,500.00 single \$15,000.00 emp/dep 3 or more	\$1,500.00 single \$4,500.00 emp/dep 3 or more	\$4,500.00 single \$13,500.00 emp/dep 3 or more
Maximum Out of Pocket (Medical and Pharmacy Combined)	\$6,750/single coverage \$13,500/emp & dep	\$13,500/single coverage \$27,000/emp & dep	\$5,000/single coverage \$10,000/emp & dep	\$15,000/single coverage \$30,000/emp & dep	\$3,000/single coverage \$6,000/emp & dep	\$9,000/single coverage \$18,000/emp & dep
Preventive Services	No Cost Share	50% after deductible 100% of Balance Billing	No Cost Share	50% after deductible 100% of Balance Billing	No cost Share	50% after deductible 100% of Balance Billing
Primary Care Office Visit	20% after deductible	50% after deductible 100% of Balance Billing	\$30.00 copay	50% after deductible 100% of Balance Billing	\$30.00 copay	50% after deductible 100% of Balance Billing
Specialist Office Visit	20% after deductible	50% after deductible 100% of Balance Billing	\$50.00 copay	50% after deductible 100% of Balance Billing	\$50.00 copay	50% after deductible 100% of Balance Billing
Urgent Care	20% after deductible	50% after deductible 100% of Balance Billing	30% after deductible	50% after deductible 100% of Balance Billing	20% after deductible	50% after deductible 100% of Balance Billing
Lab & X-ray	20% after deductible	50% after deductible 100% of Balance Billing	30% after deductible	50% after deductible 100% of Balance Billing	20% after deductible	50% after deductible 100% of Balance Billing
Out patient Visit	20% after deductible	50% after deductible 100% of Balance Billing	30% after deductible	50% after deductible 100% of Balance Billing	20% after deductible	50% after deductible 100% of Balance Billing
Inpatient Visit	20% after deductible	50% after deductible 100% of Balance Billing	30% after deductible	50% after deductible 100% of Balance Billing	20% after deductible	50% after deductible 100% of Balance Billing
Emergency Room	20% after deductible	50% after deductible 100% of Balance Billing	30% after deductible	50% after deductible 100% of Balance Billing	20% after deductible	50% after deductible 100% of Balance Billing
Prescription Drugs	Deductible applies before any copays. \$8/\$25/\$45 Mail Order \$20/\$75/\$135	50% after deductible (restrictions apply - see summary of benefits) Mail Order Not Covered	Retail \$15/\$45/\$75 Mail Order 37.50/\$135/\$225/**25% w \$400 Max	50% (min \$75.00)	\$15/\$45/\$75 Mail Order \$37.50/\$135/\$225/**25% w \$400 Max	50% (min \$75.00)

****Tier 4 medications are only available through Mail Order Specialty Pharmacy, Acredo, and dispenses at a 30 day supply.**