

2023-2024 SUPPORT STAFF

COMPARE YOUR UHC MEDICAL PLAN OPTIONS:

Per Pay Premium	SELF			Self & Spouse			Self & Child(ren)			Family		
	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:	\$32.40	\$32.40	\$78.55	\$328.95	\$356.85	\$481.05	\$237.60	\$255.60	\$362.55	\$534.15	\$579.15	\$765.05
Board Pays:	\$264.15	\$292.05	\$324.45	\$264.15	\$292.05	\$324.45	\$264.15	\$292.05	\$324.45	\$264.15	\$292.05	\$324.45

Per Pay Summer Premium: (In addition to above amounts)

You Pay:	\$10.80	\$10.80	\$26.18	\$109.65	\$118.95	\$160.35	\$79.20	\$85.20	\$120.85	\$178.05	\$193.05	\$255.02
Board Pays:	\$88.05	\$97.35	\$108.15	\$88.05	\$97.35	\$108.15	\$88.05	\$97.35	\$108.15	\$88.05	\$97.35	\$108.15
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 100% of Balance Billing 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.