# City of Woodstock, GA HDHP Benefits Summary



## **Medical Benefits Effective 1/1/2024**

| Covered Services                                     | UHC Choice Plus<br>Providers | Non-Network Providers |
|--|------------------------------|-----------------------|
| Calendar Year Medical and                            |                              |                       |
| Pharmacy Deductible                                  |                              |                       |
| Employee   | \$1,500                      | \$6,000               |
| Employee+Spouse or Child                             | \$3,000                      |                       |
| Family   | \$3,000                      | \$18,000              |
| Calendar Year Medical and                            |                              |                       |
| Pharmacy Maximum Out-of-Pocket                       |                              |                       |
| Expense  |                              |                       |
| Employee   | \$2,250                      | \$14,000              |
| Employee+Spouse or Child                             | \$4,500                      | 440.000               |
| Family   | \$4,500                      | \$42,000              |
| Office Visits  | 10% after deductible         | 60% after deductible  |
| Preventive/Routine Exams &                           | 100%; deductible waived      | 60% after deductible  |
| Immunizations  | <i>,</i>                     |                       |
| Urgent Care Visit                                    | 10% after deductible         | 60% after deductible  |
| Emergency Room                                       | 10% after deductible         |                       |
| Ambulance  | 10% after deductible         | 60% after deductible  |
| Lab/X-ray  | 10% after deductible         | 60% after deductible  |
| Complex Imaging (MRI/CT/PET)                         | 10% after deductible         | 60% after deductible  |
| Outpatient Hospital Services                         | 10% after deductible         | 60% after deductible  |
| Inpatient Hospital Services                          | 10% after deductible         | 60% after deductiblle |
| Therapies (medical necessity review after 25 visits) | 10% after deductible         | 60% after deductible  |
|  | Prescription Drug Benefit    |                       |

#### **First Choice**

Per Prescription (30-day supply)

| Generics Tier 1        | 10% after deductible |
|------------------------|----------------------|
| Brand Tier 2           | 10% after deductible |
| Preferred Brand Tier 3 | 10% after deductible |
| Specialty Tier 4       | 10% after deductible |

#### **Non-First Choice**

Per Prescription (30-day supply)

| Generics Tier 1        | 10% after deductible |
|------------------------|----------------------|
| Brand Tier 2           | 10% after deductible |
| Preferred Brand Tier 3 | 10% after deductible |
| Specialty Tier 4       | 10% after deductible |

### **Retail 90 Rx Pharmacy Option**

Per Prescription (90-day supply)

Generic Tier 1

Brand Tier 2

Preferred Brand Tier 3

10% after deductible10% after deductible10% after deductible

Formulary Southern Scripts Core

This is a summary of benefits and not a guarantee. Benefit payments are subject to all plan provisions and eligibility requirements at the time services are rendered. The plan document and summary plan description are the official sources of information. In the event of a discrepancy, the plan document and summary plan description will prevail.

