

# City of Woodstock, GA

## Premium Benefit Summary



A UnitedHealthcare Company

### Medical Benefits Effective 1/1/2024

Covered Services	Choice Plus Providers	Non-Network Providers
<b>Calendar Year Deductible</b>		
Employee	\$1,000	\$6,000
Employee+Spouse or Child	\$2,000	\$12,000
Family	\$3,000	\$18,000
<b>Maximum Out-of-Pocket Expense</b>		
<b>*Medical and Pharmacy Combined</b>		
Per Calendar Year		
Employee	\$1,500	\$14,000
Employee+Spouse or Child	\$3,000	\$28,000
Family	\$4,500	\$42,000
Premium PCP Office Visits	100% after \$15 co-pay	60% after deductible
Non Premium PCP Office Visits	100% after \$25 co-pay	60% after deductible
Premium Specialist Office Visits	100% after \$25 co-pay	60% after deductible
Non Premium Specialist Office Visits	100% after \$35 co-pay	60% after deductible
Physician Office Services	100% deductible waived	60% after deductible
Urgent Care Visit	100% after \$35 co-pay	60% after deductible
Emergency Room	100% after \$250 co-pay	
Ambulance	90% after deductible	60% after deductible
Outpatient Hospital Lab/X-ray	100% deductible waived	60% after deductible
Complex Imaging (MRI/CT/PET)	\$400 co-pay, then 90% after deductible	60% after deductible
Outpatient Hospital Services	\$250 co-pay, then 90% after deductible	60% after deductible
Inpatient Hospital Services	\$250 co-pay per admission then 90% after deductible	60% after deductible
Therapies (medical necessity review after 25 visits)	\$35 co-pay, 90% after deductible	60% after deductible
Preventive/Routine Exams & Preventive Routine Immunizations	100%; deductible waived	60% after deductible

### Prescription Drug Benefits

#### First Choice

Co-Pay Per Prescription (30-day supply)

Generics Tier 1	\$15
Brand Tier 2	\$30
Preferred Brand Tier 3	\$60
Specialty Tier 4	25% up to \$200 Maximum

**Non-First Choice**

Co-Pay Per Prescription (30-day supply)

Generics Tier 1	\$25
Brand Tier 2	\$40
Preferred Brand Tier 3	\$70
Specialty Tier 4	25% up to \$250 Maximum

**Retail 90 Rx Pharmacy Option**

Co-Pay Per Prescription (90-day supply)

Generic Tier 1	\$25
Brand Tier 2	\$60
Preferred Brand Tier 3	\$120

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.*



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