

## Benefits Snapshot

Plan Name	Choice Plus CV-7F
Deductible	\$5,500 / \$11,000
Co-Insurance	20%
Out-of-Pocket Max	\$8,600 / \$17,200
PCP Office Visit	First 4 visits, \$45 copay, after 4 visits 20% coinsurance
Specialist Visit	First 4 visits, \$80 copay, after 4 visits 20% coinsurance
Emergency Room	20% coinsurance after deductible
Urgent Care	First 4 visits, \$50 copay, after 4 visits 20% coinsurance
MRI / PET / CT Scans	20% coinsurance after deductible
Inpatient Hospital Stay	20% coinsurance after deductible
RX Pharmacy	\$10 / \$40 / \$125 / \$300

Plan Name	Choice Plus CV-8E
Deductible	\$4,000 / \$8,000
Co-Insurance	20%
Out-of-Pocket Max	\$6,000 / \$12,000
PCP Office Visit	\$15 copay per visit
Specialist Visit	\$100 copay per visit
Emergency Room	20% coinsurance after deductible
Urgent Care	\$50 copay per visit
MRI / PET / CT Scans	20% coinsurance after deductible
Inpatient Hospital Stay	20% coinsurance after deductible
RX Pharmacy	\$10 / \$40 / \$125 / \$300

Plan Name	Core DH-VS HSA
Deductible	\$3,200 / \$6,400
Co-Insurance	0%
Out-of-Pocket Max	\$3,750 / \$7,500
PCP Office Visit	\$20 copay per visit after deductible
Specialist Visit	\$50 copay per visit after deductible
Emergency Room	\$250 copay per visit after deductible
Urgent Care	\$50 copay per visit after deductible
MRI / PET / CT Scans	0% coinsurance after deductible
Inpatient Hospital Stay	0% coinsurance after deductible
RX Pharmacy	\$10 / \$40 / \$125 / \$300 after deductible



An HSA allows eligible employees to make pretax deductions from their paycheck into an employee-owned savings account for eligible medical, dental, and vision expenses.

- Contributions, investment earnings, and funds withdrawn are tax-free where allowable by law.
- Employees enrolled in a high-deductible health plan (HDHP) are eligible.
- Unused balances roll over into the next year.

	2024	2023	Change
HSA contribution limit (employer + employee)	Self-only: \$4,150 Family: \$8,300	Self-only: \$3,850 Family: \$7,750	Self-only: +\$300 Family: +\$550
HSA catch-up contributions (age 55 or older)	\$1,000	\$1,000	No change (set by statute)
HDHP minimum deductibles	Self-only: \$1,600 Family: \$3,200	Self-only: \$1,500 Family: \$3,000	Self-only: +\$100 Family: +\$200
HDHP maximum out-of-pocket amounts (deductibles, co-payments and other)	Self-only: \$8,050 Family: \$16,900	Self-only: \$7,500 Family: \$15,000	Self-only: +\$550 Family: +\$1,900

- An HSA allows triple tax savings:**
- Tax-free contributions
  - Tax-free earnings in cash or investment accounts
  - Tax-free withdrawal when used to pay for medical expenses

### Dental



Benefit	Plan Coverage (In-Network Benefits)	Plan Coverage (Out-of-Network Benefits)
Calendar Year Maximum (Class I, II, III)	\$2,000	\$2,000
Calendar Year Deductible	\$50 per Member or \$150 per Family	\$50 per Member or \$150 per Family
Preventive & Diagnostic	100%	100%
Basic Restorative Care	80%	80%
Major Restorative Care	50%	50%
Orthodontia (Coverage for Eligible Children Only up to age 19)	50% / \$1,000 lifetime maximum/ up to age 19	50% / \$1,000 lifetime maximum/ up to age 19

Dental Plan	Per Pay Period Cost
Employee	\$8.30
Employee + Spouse	\$16.84
Employee + Child(ren)	\$23.33
Family	\$34.19

### Vision



Benefit	Member Responsibility
Examination Copay	\$10 Copay; every 12 months
Contact fitting and evaluation	Up to \$60 copay
Lenses (Single, Bifocal, Trifocal)	\$10 Copay
Contact Lenses	\$150 allowance every 12 months contact lenses can be chosen instead of glasses
Frames	\$150 allowance every 24 months 20% off amount over allowance

Vision Plan	Per Pay Period Cost
Employee	\$2.70
Employee + Spouse	\$4.55
Employee + Child(ren)	\$4.65
Family	\$7.35

### Quick Care Options

	PCP	Virtual Visits	Convenience Care	Urgent Care	Emergency Room
Care from the doctor who knows you best	✓				
See a doctor whenever, wherever		✓			
Basic conditions that aren't life-threatening			✓		
Serious conditions that aren't life-threatening				✓	
Life- and limb-threatening emergencies					✓
Hours	Varies by location	24/7	Varies by location	may be open nights/weekends	24/7
How to Connect	Contact your PCP	myuhc.com/virtualvisits	myuhc.com*	myuhc.com	myuhc.com

\*Indicates the recommended place for care for the following common conditions:

Broken bone				✓	✓
Chest pain					✓
Cough	✓	✓	✓		
Fever	✓	✓	✓		
Muscle strain	✓		✓		
Pinkieys	✓	✓	✓		
Shortness of breath					✓
Sinus problems	✓	✓	✓		
Sore throat	✓	✓	✓		
Sprain	✓		✓	✓	



### Find and compare costs.

Compare costs for providers and services in your network, including doctors, behavioral health resources, hospitals, office visits, labs, convenience and urgent care clinics and more. For minor health concerns, you can register for a Virtual Visit<sup>1</sup> and pay \$50 or less to talk to a doctor on your phone or computer.



### Get personalized estimates.

Before your visit, you can generate an out-of-pocket estimate based on your specific health plan status.

### Did you know?

You could pay an average of 36 percent less<sup>2</sup> for care by checking your costs on myuhc.com.



It's all in one easy-to-use search tool!



## CALCULATING YOUR MONTHLY PREMIUM FOR UHC

### For Internal Staff

- Choose your medical plan
- Find the age you will be on January 1, 2024
- If you are adding dependents, find the premium for each dependent based on the age they will be on January 1, 2024
  - Add your premium up for all employee/dependents you are enrolling
  - Take that total premium X 12 and then divide this by 26 to see what your per pay period deduction will be

**Example (Choice Plus CV-7F plan – employee 25, spouse 30 and two dependents under age 15)**

- Employee premium per month - \$200.00
- Spouse premium per month - \$589.05
- Dependent 1 premium per month - \$397.03
- Dependent 2 premium per month - \$397.03
- Total monthly premium - \$1,583.11 X 12 = \$18,997.32 divided by 26 (pay periods) = \$730.67

### For Travelers

- Choose your medical plan
- Find the age you will be on January 1, 2024
- If you are adding dependents, find the premium for each dependent based on the age they will be on January 1, 2024
  - Add your premium up for all employee/dependents you are enrolling
  - Take that total premium X 12 and then divide this by 52 to see what your per pay period deduction will be

**Example (Choice Plus CV-7F plan – employee 25, spouse 30 and two dependents under age 15)**

- Employee premium per month - \$200.00
- Spouse premium per month - \$589.05
- Dependent 1 premium per month - \$397.03
- Dependent 2 premium per month - \$397.03
- Total monthly premium - \$1,583.11 X 12 = \$18,997.32 divided by 52 (pay periods) = \$365.33

