

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 H S A
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- Contributions, investment earnings, and funds withdrawn are tax-free where allowable by law.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: \$16,300	Self-only: \$7,500 Family: \$15,000	Self-only: +\$550 Family: +\$1,300

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

Guardian



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
*Please see benefit summary for a more detailed benefit description.		

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



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 Visit¹ 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.

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Cost Estimate for Dermatology - Specialist Visit

Total average cost in your area: \$75 - \$162

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Estimated Total Cost	Insurance Plan	Estimated Out-of-Pocket Cost
\$104	\$54	\$50
Member Average Cost		

There is 1 step for this service

Average Duration 1 Day

1

Office Visit - Specialist - Moderate to High Complexity

Smith, John, MD

Family Practice

CHARGE DOCTOR

Estimated Total Cost

\$104

Member Average Cost

Estimated Out-of-Pocket Cost

\$50

[MORE INFO](#)

Did you know?

You could pay an average of 36 percent less² for care by checking your costs on myuhc.com.

36%
less for care

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

UnitedHealthcare

Vision

Guardian

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
Frequency is once every 12 months for Exams, Lenses and Contact Lenses; Frames Every 24 Months	
Please see benefit summary for a more detailed benefit description	

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

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	✓		✓		
Pinkeye	✓	✓	✓		
Shortness of breath					✓
Sinus problems	✓	✓	✓		
Sore throat	✓	✓	✓		
Sprain	✓		✓	✓	

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

