

UHC MEDICAL INSURANCE

Services	UHC NAVIGATE BCXO HMO	UHC AE3K HSA PPO	UHC BCZS EPO	BASE PLAN UHC BCYB PPO
Physician Visit Specialist Visit	\$25 Copay \$75 Copay	100% after deductible 100% after deductible	\$30 Copay \$60 Copay	\$20 Copay \$40 Copay
PCP Required/Referral	Yes	No	No	No
PCP Visit < age 19	\$0	100% after deductible	\$0	\$0
Designated Specialist Visit	\$75 Copay	100% after deductible	\$30 Copay	\$20 Copay
Member Coinsurance (in out)	80% 0%	100% 70%	100% 0%	80% 50%
Urgent Care	\$100 Copay	100% after deductible	\$75 Copay	\$75 Copay
Deductible - Individual - Family	\$1,000 \$2,000	\$3,000 \$6,000	\$3,000 \$6,000	\$250 \$500
Hospitalization	80% After Deductible	100% after deductible	100% After Deductible	80% After Deductible
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Emergency Room	\$500 Copay	100% after deductible	\$300 Copay	80% after \$250 Copay
Out-of-Pocket Max - Individual - Family	(Includes Deductible) \$6,600 \$13,200	(Includes Deductible) \$4,000 \$8,000	(Includes Deductible) \$4,500 \$9,000	(Includes Deductible) \$3,000 \$6,000
Prescription Drugs - Generic - Preferred - Non-Preferred	\$10 copay \$35 copay \$85 copay	\$10 copay after deductible \$35 copay after deductible \$85 copay after deductible	\$10 copay \$35 copay \$85 copay	\$10 copay \$35 copay \$85 copay

AE3K HSA- if employee only coverage is selected the City will contribute \$300.00 per month into the HSA for eligible participants. If dependent coverage is selected the full \$1,000.00 will be applied toward the cost of premium and no contribution will be made to the HSA.

Any employee covering dependents will get the full \$1,000 towards their premiums as well. The rates below already have the \$1,000 deducted from them.

YOUR MEDICAL COST

EMPLOYEE SEMI-MONTHLY PAYROLL DEDUCTIONS (EFFECTIVE OCTOBER 1, 2022)				
Semi-Monthly Cost	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
UHC BCXO HMO	\$0.00	\$53.78	\$53.78	\$330.68
UHC AE3K HSA PPO	\$0.00	\$162.27	\$162.27	\$493.41
UHC BCZS EPO	\$0.00	\$197.02	\$197.02	\$545.54
BASE PLAN UHC BYCB	\$0.00	\$298.62	\$298.62	\$697.94

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.