





2024 Hamilton County Medical Options – HIGHLIGHTS

*This document is a summary only. When a conflict exists, the information in the plan document will prevail. This document does not address out of network benefits.

Rev: 10/2023

Plan Name	UHC Choice Plus Blue \$3000	UHC Choice Plus Green \$1500	UHC Choice Plus Orange \$500	HRA Plan (through Navia)
Bi-Weekly Employee Payroll Contributions <i>*system rounding may cause amounts to vary slightly.</i>	Single - \$30.66 Double - \$61.29 Family - \$96.27 *Spousal Surcharge Rules Apply \$46.15/BiWeekly	Single - \$45.42 Double - \$90.80 Family - \$142.64 *Spousal Surcharge Rules Apply \$46.15/Biweekly	Single - \$155.67 Double - \$311.21 Family - \$488.85 *Spousal Surcharge Rules Apply \$46.15/Biweekly	Employee MUST be enrolled in OTHER group coverage to elect this option. Please see the full plan brochure in the online enrollment for more details. The HRA plan allows employees to submit eligible expenses for reimbursement. Eligible expenses include premiums for health insurance to the extent they exceed the payroll contributions for the Blue \$3000 Plan, as well as eligible co-payment, co-insurance and deductible expenses incurred during the plan year Maximum Reimbursement Amount: Single: \$5,000 Double: \$7,500 Family: \$10,000
Benefit Allowance First \$500 expenses under the plan covered, before moving to deductible.	\$500 Per Member	\$500 Per Member	N/A	
Annual Deductible (In-Network)	Single - \$3,000 Family - \$6,000	Single - \$1,500 Family - \$3,000	Single - \$500 Family - \$1,000	
Coinsurance after Deductible (In-Network)	Plan Pays 100%	Plan Pays 80%	Plan Pays 90%	
Out of Pocket Maximum (In-Network)	Individual: \$4,500 Family: \$9,000	Individual: \$3,000 Family: \$6,000	Individual: \$2,500 Family: \$5,000	
 FREE Access to All Available Services.				No access.
Office Visit (PCP/Specialist)	\$25 / \$40	\$20 / \$35	\$30 / \$45	
Preventive Care Services	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%	
Inpatient and Outpatient Services	Plan Pays 100% after deductible	Plan Pays 80% after deductible	Plan Pays 90% after deductible	
Prescription Drug Coverage Tier I /Tier II / Tier III /Tier IV *Certain Rx Available through Marathon Health for	FREE @ Marathon Health Preventive List - \$5 Tier I - \$15 Tier II - \$30 Tier III - \$50 Tier IV – 25% Max \$250 Mail Order: 90 days for 2x Co-Pay	FREE @ Marathon Health Preventive List - \$5 Tier I - \$15 Tier II - \$30 Tier III - \$50 Tier IV – 25% Max \$250 Mail Order: 90 days for 2x Co-Pay	FREE @ Marathon Health Preventive List - \$5 Tier I - \$15 Tier II - \$30 Tier III - \$50 Tier IV – 25% Max \$250 Mail Order: 90 days for 2x Co-Pay	N/A
Can I enroll in the Healthcare FSA? <i>Administered by Chard-Snyder</i>	Yes. Max \$3050 Annually	Yes. Max \$3050 Annually	Yes. Max \$3050 Annually	Yes – Cannot be reimbursed for the same expenses twice. You may want to consider vision and dental related expenses <u>only</u> for your healthcare FSA if enrolled in the HRA.