

# 2021 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: 10/2020

Plan Name	UHC Choice Plus Blue \$3000	UHC Choice Plus Green \$1500	UHC Choice Plus Orange \$500	HRA Plan (through Navia)
<b>Bi-Weekly Employee Payroll Contributions</b> <i>*system rounding may cause amounts to vary slightly.</i>	Single - \$25.93 Double - \$51.84 Family - \$81.44  *Spousal Surcharge Rules Apply \$46.15/BiWeekly	Single - \$38.42 Double - \$76.81 Family - \$120.65  *Spousal Surcharge Rules Apply \$46.15/Biweekly	Single - \$131.67 Double - \$263.24 Family - \$413.51  *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.
<b>Benefit Allowance</b> First \$500 expenses under the plan covered, before moving to deductible.	\$500 Per Member	\$500 Per Member	N/A	
<b>Annual Deductible</b> (In-Network)	Single - \$3,000 Family - \$6,000	Single - \$1,500 Family - \$3,000	Single - \$500 Family - \$1,000	
<b>Coinsurance after Deductible</b> (In-Network)	Plan Pays 100%	Plan Pays 80%	Plan Pays 90%	
<b>Out of Pocket Maximum</b> (In-Network)	Individual: \$4,500 Family: \$9,000	Individual: \$3,000 Family: \$6,000	Individual: \$2,500 Family: \$5,000	
 <b>OurHealth</b> <small>Well made simple.</small> <b>FREE</b> Access to All Available Services.	 <b>OurHealth</b> <small>Well made simple.</small>	 <b>OurHealth</b> <small>Well made simple.</small>	 <b>OurHealth</b> <small>Well made simple.</small>	No access.
<b>Office Visit</b> (PCP/Specialist)	\$25 / \$40	\$20 / \$35	\$30 / \$45	
<b>Preventive Care Services</b>	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%	
<b>Inpatient and Outpatient Services</b>	Plan Pays 100% after deductible	Plan Pays 80% after deductible	Plan Pays 90% after deductible	
<b>Prescription Drug Coverage</b> Tier I /Tier II / Tier III /Tier IV *Certain Rx Available through OurHealth	FREE @ <b>OurHealth</b>  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 @ <b>OurHealth</b>  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 @ <b>OurHealth</b>  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
<b>Can I enroll in the Healthcare FSA?</b>	Yes. Max \$2750 Annually	Yes. Max \$2750 Annually	Yes. Max \$2750 Annually	Yes – Cannot be reimbursed for the same expenses twice. You may want to consider vision and dental related expenses only for your healthcare FSA if enrolled in the HRA.