

Active Employees

	CITY HEALTH PLAN (administered by United Healthcare)		
	In-Network Providers	Out-of-Network Providers*	Out-of-Area Providers*
DEDUCTIBLES			
Plan-year deductible	\$250 retiree only \$500 retiree + 1 \$750 retiree + 2 or more	\$250 retiree only \$500 retiree + 1 \$750 retiree + 2 or more	\$250 retiree only \$500 retiree + 1 \$750 retiree + 2 or more
Lifetime maximum	\$2,000,000 per covered person for any combination of In-Network, Out-of-Network and Out-of-Area options		
PREVENTIVE & GENERAL CARE			
Routine physical	85% covered after deductible	Not covered	85% covered after deductible
Immunizations & inoculations	100% covered no deductible	50% covered no deductible	100% covered no deductible
Gynecologic exam	85% covered after deductible	50% covered after deductible	85% covered after deductible
Well baby care	85% covered after deductible	50% covered after deductible	85% covered after deductible
PHYSICIAN CARE			
Office & home visits	85% covered after deductible	50% covered after deductible	85% covered after deductible
Hospital visits	85% covered after deductible	50% covered after deductible	85% covered after deductible
PRESCRIPTION DRUGS			
Pharmacy - generic drugs	\$5 co-pay 30 day supply	50% covered after \$5 co-pay; 30 day supply	\$5 co-pay 30 day supply
Pharmacy - brand-name drugs	\$20 co-pay 30 day supply	50% covered after \$20 co-pay; 30 day supply	\$20 co-pay 30 day supply
Pharmacy - non-formulary drugs	\$35 co-pay 30 day supply	50% covered after \$35 co-pay; 30 day supply	\$35 co-pay 30 day supply
Mail order - generic drugs	\$10 co-pay 90 day supply	Not covered	\$10 co-pay 90 day supply
Mail order - brand-name drugs	\$40 co-pay 90 day supply	Not covered	\$40 co-pay 90 day supply
Mail order - non-formulary drugs	\$70 co-pay 90 day supply	Not covered	\$70 co-pay 90 day supply
OUTPATIENT SERVICES			
Diagnostic x-ray & laboratory	85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification	85% covered after deductible; may require prior notification
EMERGENCY			
Hospital emergency room	85% covered after deductible; if non-emergency 50% after deductible	85% covered after deductible; if non-emergency 50% after deductible	85% covered after deductible; if non-emergency 50% after deductible
HOSPITALIZATION			
Inpatient	85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification	85% covered after deductible; may require prior notification
Outpatient	85% covered after deductible	50% covered after deductible	85% covered after deductible
SURGERY			
In hospital	85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification	85% covered after deductible; may require prior notification

This chart provides a summary of benefits; it is not a contract. For a more detailed description of benefits and exclusions for each plan, please review each plan's Evidence of Coverage, available on myhss.org.

*City Plan Benefits are based on Reasonable & Customary charges. In some cases, billed amounts may exceed Reasonable & Customary fees, resulting in higher out-of-pocket costs for you.

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REHABILITATIVE			
Physical/Occupational therapy	85% covered after deductible; 60 visits / year	50% covered after deductible; 60 visits / year	85% covered after deductible; 60 visits / year
Acupuncture	50% covered after deductible; \$1,000 / year	50% covered after deductible; \$1,000 / year	50% covered after deductible; \$1,000 / year
Chiropractic	50% covered after deductible; \$1,000 / year	50% covered after deductible; \$1,000 / year	50% covered after deductible; \$1,000 / year
PREGNANCY & MATERNITY			
Pre/post-natal physician care For hospital stay, see Hospitalization	85% covered after deductible; must enroll newborn within 30 days	50% covered after deductible; must enroll newborn within 30 days	85% covered after deductible; must enroll newborn within 30 days
INFERTILITY			
IVF, GIFT, ZIFT & Artificial Insemination	50% covered after deductible; limitations apply; prior notification required	50% covered after deductible; limitations apply; prior notification required	50% covered after deductible; limitations apply; prior notification required
TRANSGENDER			
Office visits & outpatient surgery	85% covered after deductible; prior notification required; \$75,000 lifetime max	50% covered after deductible; prior notification required; \$75,000 lifetime max	85% covered after deductible; prior notification required; \$75,000 lifetime max
DURABLE MEDICAL EQUIPMENT			
Home medical equipment	85% covered after deductible; rental not to exceed purchase price	50% covered after deductible; rental not to exceed purchase price	85% covered after deductible; rental not to exceed purchase price
Prosthetics/orthotics	85% covered after deductible; when medically necessary	50% covered after deductible; when medically necessary	85% covered after deductible; when medically necessary
Hearing aids	100% covered after deductible; 1 per ear every 36 months; \$2,500 max	100% covered after deductible; 1 per ear every 36 months; \$2,500 max	100% covered after deductible; 1 per ear every 36 months; \$2,500 max
MENTAL HEALTH			
Inpatient hospitalization	85% covered after deductible; up to 30 hospital days per year max; authorization required	50% covered after deductible; up to 30 hospital days per year max; authorization required	85% covered after deductible; up to 30 hospital days per year max; authorization required
Outpatient treatment	85% covered after deductible; up to 25 visits per year max; authorization required	50% covered after deductible; up to 25 visits per year max; authorization required	85% covered after deductible; up to 25 visits per year max; authorization required
SUBSTANCE ABUSE			
Inpatient	85% covered after deductible; 30 day detox / 60 day rehab; authorization required	50% covered after deductible; 30 day detox / 60 day rehab; authorization required	85% covered after deductible; 30 day detox / 60 day rehab; authorization required
Outpatient	85% covered after deductible; up to 25 visits per year max; auth. required	50% covered after deductible; up to 25 visits per year max; auth. required	85% covered after deductible; up to 25 visits per year max; auth. required
EXTENDED AND END-OF-LIFE CARE			
Skilled nursing facility	85% covered after deductible; 120 days per year; prior authorization required; custodial care not covered	50% covered after deductible; 120 days per year; prior authorization required; custodial care not covered	85% covered after deductible; 120 days per year; prior authorization required; custodial care not covered
Hospice	85% covered after deductible; \$10,000 max; prior notification required	50% covered after deductible; \$10,000 max; prior notification required	85% covered after deductible; \$10,000 max; prior notification required

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