

Retired Employees Not Eligible for Medicare

CITY HEALTH PLAN PPO administered by UnitedHealthcare	In-Network Providers
DEDUCTIBLES	
Plan year deductible	\$250 retiree only \$500 retiree + 1 \$750 retiree + 2 or more Plan year out-of-pocket maximum \$3,750/person
PREVENTIVE & GENERAL CARE	
Routine physical	100% covered no deductible
Immunizations and inoculations	100% covered no deductible
Routine gynecologic wellness exam	100% covered no deductible
Routine pre/post-partum care	85% covered after deductible
PHYSICIAN & OTHER PROVIDER CARE	
Office and home visits	85% covered after deductible
Hospital visits	85% covered after deductible
PRESCRIPTION DRUGS	
Pharmacy: generic drugs	\$5 co-pay 30-day supply
Pharmacy: brand-name drugs	\$20 co-pay 30-day supply
Pharmacy: non-formulary drugs	\$45 co-pay 30-day supply
Mail order: generic drugs	\$10 co-pay 90-day supply
Mail order: brand-name drugs	\$40 co-pay 90-day supply
Mail order: non-formulary drugs	\$90 co-pay 90-day supply
Specialty drugs	Same as all above
OUTPATIENT SERVICES	
Diagnostic x-ray and laboratory	85% covered after deductible
EMERGENCY	
Hospital emergency room	85% covered after deductible; if non-emergency 50% after deductible
Urgent care facility	85% covered after deductible
HOSPITAL/SURGERY	
Inpatient	85% covered after deductible; prior notification
Outpatient	85% covered after deductible

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 www.myhss.org.

Out-of-Network Providers*	Out-of-Area Providers*
\$250 retiree only \$500 retiree + 1 \$750 retiree + 2 or more Plan year out-of-pocket maximum \$7,500/person	\$250 retiree only \$500 retiree + 1 \$750 retiree + 2 or more Plan year out-of-pocket maximum \$3,750/person
Not covered	100% covered no deductible
50% covered no deductible	100% covered no deductible
50% covered after deductible	100% covered no deductible
50% covered after deductible	85% covered after deductible
50% covered after deductible	85% covered after deductible
50% covered after deductible	85% covered after deductible
50% covered after \$5 co-pay; 30-day supply	\$5 co-pay 30-day supply
50% covered after \$20 co-pay; 30-day supply	\$20 co-pay 30-day supply
50% covered after \$45 co-pay; 30-day supply	\$45 co-pay 30-day supply
Not covered	\$10 co-pay 90-day supply
Not covered	\$40 co-pay 90-day supply
Not covered	\$90 co-pay 90-day supply
Same as all above	Same as all above
50% covered after deductible; prior notification	85% covered after deductible
85% covered after deductible; if non-emergency 50% after deductible	85% covered after deductible; if non-emergency 50% after deductible
50% covered after deductible	85% covered after deductible
50% covered after deductible; prior notification	85% covered after deductible; prior notification
50% covered after deductible	85% covered after deductible

Note: Out-of-pocket maximum does not include premium contributions or annual deductible.

*In some cases, billed amounts may exceed reasonable and customary fees, resulting in higher out-of-pocket costs.

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CITY HEALTH PLAN PPO administered by UnitedHealthcare	In-Network Providers
REHABILITATIVE	
Physical/Occupational therapy	85% covered after deductible; 60 visits/year
Acupuncture	50% covered after deductible; \$1,000/year
Chiropractic	50% covered after deductible; \$1,000/year
TRANSGENDER	
Office visits and outpatient surgery	85% covered after deductible; prior notification required; \$75,000 lifetime maximum
DURABLE MEDICAL EQUIPMENT	
Home medical equipment	85% covered after deductible; notification required
Prosthetics/orthotics	85% covered after deductible; when medically necessary; notification required
Hearing evaluation and aids	100% covered after deductible; 1 per ear every 36 months; \$2,500 max
MENTAL HEALTH	
Inpatient hospitalization	85% covered after deductible; notification required
Outpatient treatment	85% covered after deductible; notification required
CHEMICAL DEPENDENCY	
Inpatient detox	85% covered after deductible; notification required
Residential rehabilitation	85% covered after deductible; authorization required
EXTENDED & END-OF-LIFE CARE	
Skilled nursing facility	85% covered after deductible; 120 days per year; prior authorization required; custodial care not covered
Hospice	85% covered after deductible; authorization required
OUTSIDE SERVICE AREA	
Care access and limitations	Coverage worldwide. In-network and out-of-network percentages and co-pays apply.

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Out-of-Network Providers*	Out-of-Area Providers*
50% covered after deductible; 60 visits/year	85% covered after deductible; 60 visits/year
50% covered after deductible; \$1,000/year	50% covered after deductible; \$1,000/year
50% covered after deductible; \$1,000/year	50% covered after deductible; \$1,000/year
50% covered after deductible; prior notification required; \$75,000 lifetime maximum	85% covered after deductible; prior notification required; \$75,000 lifetime maximum
50% covered after deductible; notification required	85% covered after deductible; notification required
50% covered after deductible; when medically necessary; notification required	85% covered after deductible; when medically necessary; notification required
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
50% covered after deductible; notification required	85% covered after deductible; notification required
50% covered after deductible; notification required	85% covered after deductible; notification required
50% covered after deductible; notification required	85% covered after deductible; notification required
50% covered after deductible; authorization required	85% covered after deductible; authorization required
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
50% covered after deductible; authorization required	85% covered after deductible; authorization required
Coverage worldwide. In-network and out-of-network percentages and co-pays apply.	Coverage worldwide. Out-of-area coverage percentages and co-pays apply.

*In some cases, billed amounts may exceed reasonable and customary fees, resulting in higher out-of-pocket costs.