MEDICAL BENEFIT PLAN SUMMARY

Applicable to Employees Represented Under IAFF Hired before 7/1/11 & Post 1/6/12 IAFF Retirees

To follow is a *brief* summary of current 2024 benefit. *Please refer to the Schedule of Benefits and/or Master Plan Document/Summary Plan Description for complete details. These documents, the Summary of Benefits and Coverage, and other benefit related information and links can be found at www.cityoflacrosse.org/hr/eebenefits.*

2024 Monthly Contribution Amount (subject to Council approval 11/13/23)

Plan Type	Monthly Rate if did 2023 Health Risk Assessment (12.6% of plan cost)	Monthly Rate if did not do 2023 Health Risk Assessment (16% of plan cost)
Single	\$73.18	\$92.94
Limited Family (2 person)	\$151.36	\$192.22
Family	\$184.26	\$233.98

Provision	Coverage	
Annual deductible	\$2,500 per Person/maximum of \$7,500 per Family Unit. (Deductible for in and out of network cross apply)	
Co-insurance after deductible is met (Any Co-pay is additional)	In-Network: Plan generally pays 90% & Member pays 10% with an annual maximum out of pocket to Member of \$600 per Person /\$1,800 per Family Unit. Once this maximum is met, the plan pays 100% (copay and fixed dollar or visit limits, when applicable, would still pertain). Out-of-Network: Plan generally pays 70% & Member pays 30%.	
Office Visit Co-pay ER Co-pay Chiropractic Co-pay Convenience Clinic Visit	In Network \$20 per visit or Exam \$75 (waived if admitted within 24 hours) \$20 per daily visit or exam No Cost to Member	Out-of-Network \$25 per visit or Exam (same as in network) \$25 per visit or Exam 20% co-insurance
Preventive Services as defined under the Patient Protection and Affordable Care Act (ACA)	In-Network: Plan pays 100% Out-of-Network: \$25 co-pay then Plan pays 70% of UCR Includes but is not limited to: Routine Physical Exam, Well baby exams up to age 2, Routine Gynecological Exam, Specific Immunizations, Routine Colonoscopy, Routine Mammogram, Routine Cholesterol or glucose screening (when not tied to a Diagnosis	
Covered Services at the Neighborhood Family Clinic	At no cost to member (no deductible, co-pay or co-insurance)	
Anthem's LiveHealth On-line Video Visits with Board- Certified Doctor, Psychiatrist or Licensed Therapist	At no cost to member (no deductible, co-pay or co-insurance).	
Rx Drug Co-pays	Formulary Generics: \$10 retail (30 day supply) / \$20 mail order (90 day supply) \$30 (90 day at retail) Formulary Brand: \$25 retail (30 day supply) / \$50 mail order (90 day supply) \$75 (90 day at retail) Specialty Medications: \$50 (30 day supply) *90 day mail order (2 copays) OR 90 day at retail (3 copays) required for Maintenance Drugs after first two 30 day retail fills.	

^{*}If there are any discrepancies between this and the MPD/SPD, the MPD/SPD prevails.

Note: When processing claims, the plan would apply cost sharing in the following order.

- 1) <u>Co-pay</u> if the claim is for a physician visit, Behavioral Health visit, ER, Chiropractic or Routine Eye Exam.
- 2) <u>Deductible</u> (unless individual or family max is met)
- 3) <u>10% Co-insurance</u> (unless individual or family max is met)

A list of Preventive Care services required to be covered at no cost under the ACA can be found at www.healthcare.gov/coverage/preventive-care-benefits/ or member can contact the PBA at 1-800-435-5694 for more information.