MEDICAL BENEFIT PLAN SUMMARY

Applicable to Employees Represented Under ATU

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	$109.72	$139.34
Limited Family (2 person)	$226.94	$288.18
Family	$276.26	$350.80

Brief Summary of Out of Pocket Costs– Please refer to the Schedule of Benefits for More Details

Provision	Coverage	
Annual deductible	In-Network: $275 per Person/maximum of $825 per Family Unit. Out-of-Network: $600 per Person with no Family Unit maximum. * Exception: Ambulance or Emergency Room services paid at the in network rate even when provider is out of network.	
Co-insurance after deductible is met (Any Co-pay is additional)	In-Network: Plan generally pays 100% & Member pays 0% Out-of-Network: Plan generally pays 80% & Member pays 20%.	
	In Network	Out-of-Network
Office Visit Co-pay	$20 per visit or Exam	$25 per visit or Exam
ER Co-pay	$75 (waived if admitted within 24 hours)	(same as in network)
Chiropractic Co-pay	$20 per daily visit or exam	$25 per visit or Exam
Convenience Clinic Visit	No Cost to Member	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 80% of UCR charges following the Out-of-Network deductible. 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)	
Anthem's LiveHealth On-line Video Visits for Medical or Mental Health Visits	At no cost to member (no deductible or co-pay).	
Rx Drug Co-pays	Formulary Generics: $10 retail (30 day supply) / $20 mail order (90 day supply) Formulary Brand: $20 retail (30 day supply) / $40 mail order (90 day supply **Mail order required for Maintenance Drugs after first two retail fills.*	

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

1) ***Co-pay*** *if the claim is for a physician visit, Behavioral Health visit, ER, Chiropractic or Routine Eye Exam.*
2) ***Deductible*** *(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 for more information.