

# 2024 INDIVIDUAL PLANS **HEALTHY PREMIER & U HEALTH PLUS**

	HEALTHY PREMIER GOLD COPAY	U HEALTH PLUS GOLD	HEALTHY PREMIER GOLD STANDARD	U HEALTH PLUS GOLD STANDARD	HEALTHY PREMIER SILVER ELECT COPAY (OFF)	HEALTHY PREMIER SILVER COPAY	U HEALTH PLUS SILVER	HEALTHY PREMIER SILVER STANDARD	U HEALTH PLUS SILVER STANDARD	HEALTHY PREMIER BRONZE 3 COPAY	HEALTHY PREMIER EXPANDED BRONZE	U HEALTH PLUS BRONZE	HEALTHY PREMIER EXPANDED BRONZE STANDARD	HEALTHY PREMIER EXPANDED BRONZE STANDARD CHOICE	U HEALTH PLUS EXPANDED BRONZE STANDARD	HEALTHY PREMIER BRONZE HSA
<b>FEATURES</b>																
Annual Deductible (individual/family)	\$1,500/\$3,000	\$2,000/\$4,000	\$1,500/\$3,000	\$1,500/\$3,000	\$4,500/\$9,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,900/\$11,800	\$5,900/\$11,800	\$8,750/\$17,500	\$8,000/\$16,000	\$8,500/\$17,000	\$7,500/\$15,000	\$7,500/\$15,000	\$7,500/\$15,000	\$8,050/\$16,100
Prescription Drug Deductible (individual/family)	\$500/\$1,000	\$500/\$1,000	\$0/\$0	\$0/\$0	Included in Med	\$4,000/\$8,000	\$4,000/\$8,000	Included in Med	Included in Med	Included in Med	\$3,000/\$6,000	\$3,500/\$7,000	Included in Med	Included in Med	Included in Med	Included in Med
Annual Out-of-Pocket Maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000	\$8,700/\$17,400	\$8,700/\$17,400	\$8,500/\$17,000	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200	\$9,400/\$18,800	\$9,400/\$18,800	\$9,400/\$18,800	\$8,050/\$16,100
<b>BENEFITS</b>																
<b>Emergency and Urgent Care</b>																
Emergency Room	\$200 copay/visit AD	\$250 copay AD	25% Co AD	25% Co AD	\$500 copay AD	\$500 copay AD	\$500 copay AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
Urgent Care	\$25 copay/visit DW	\$0 copay DW	\$45 copay DW	\$45 copay DW	\$30 copay DW	\$30 copay DW	\$0 copay DW	\$60 copay DW	\$60 copay DW	\$50 copay/ first 3 visits then 40% Co AD	\$50 copay DW	\$0 copay DW	\$75 copay DW	\$75 copay DW	\$75 copay DW	0% Co AD
<b>Office Visits</b>																
Preventive Care Screening/Immunizations/Well-Child Visits/Family Planning	No Charge															
Primary Care	\$25 copay/visit DW	\$0 copay DW	\$30 copay DW	\$30 copay DW	\$30 copay DW	\$30 copay DW	\$0 copay DW	\$40 copay DW	\$40 copay DW	\$50 copay/ first 3 visits then 40% Co AD	\$50 copay DW	\$0 copay DW	\$50 copay DW	\$50 copay DW	\$50 copay DW	0% Co AD
Mental Health/Substance Abuse Services (3 visit copay limit applies to primary care/mental health/substance abuse combined)	\$25 copay/visit DW	\$0 copay DW	\$30 copay DW	\$30 copay DW	\$30 copay DW	\$30 copay DW	\$0 copay DW	\$40 copay DW	\$40 copay DW		\$50 copay DW	\$0 copay DW	\$50 copay DW	\$50 copay DW	\$50 copay DW	\$50 copay DW
Specialty Care	\$40 copay/visit DW	\$50 copay DW	\$60 copay DW	\$60 copay DW	\$75 copay DW	\$75 copay DW	\$80 copay DW	\$80 copay DW	\$80 copay DW	40% Co AD	\$80 copay AD	\$80 copay AD	\$100 copay DW	\$100 copay DW	\$100 copay DW	0% Co AD
Other Practitioner Care	\$40 copay/visit DW	\$50 copay DW	\$60 copay DW	\$60 copay DW	\$75 copay DW	\$75 copay DW	\$80 copay DW	\$80 copay DW	\$80 copay DW	40% Co AD	\$80 copay AD	\$80 copay AD	\$100 copay DW	\$100 copay DW	\$100 copay DW	0% Co AD
Habilitative Care (20 visit limit applies to PT/OT/ST combined)	20% Co AD	20% Co AD	\$30 copay DW	\$30 copay DW	40% Co AD	40% Co AD	40% Co AD	\$40 copay DW	\$40 copay DW	40% Co AD	50% Co AD	50% Co AD	\$50 copay DW	\$50 copay DW	\$50 copay DW	0% Co AD
Rehabilitative Care (20 visit limit applies to PT/OT/ST combined)	20% Co AD	20% Co AD	\$30 copay DW	\$30 copay DW	40% Co AD	40% Co AD	40% Co AD	\$40 copay DW	\$40 copay DW	40% Co AD	50% Co AD	50% Co AD	\$50 copay DW	\$50 copay DW	\$50 copay DW	0% Co AD
<b>Vision Services</b>																
Adult Annual Routine Vision Exam	No Charge on all 3 *Except for Pediatric Corrective Lenses - Healthy Premier Bronze HSA is 0% Co AD															
Pediatric Vision Exam																
Pediatric Corrective Lenses																

AD = After Deductible, Co AD = Coinsurance After Deductible, DW = Deductible Waived

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	HEALTHY PREMIER GOLD COPAY	U HEALTH PLUS GOLD	HEALTHY PREMIER GOLD STANDARD	U HEALTH PLUS GOLD STANDARD	HEALTHY PREMIER SILVER ELECT COPAY (OFF)	HEALTHY PREMIER SILVER COPAY	U HEALTH PLUS SILVER	HEALTHY PREMIER SILVER STANDARD	U HEALTH PLUS SILVER STANDARD	HEALTHY PREMIER BRONZE 3 COPAY	HEALTHY PREMIER EXPANDED BRONZE	U HEALTH PLUS BRONZE	HEALTHY PREMIER EXPANDED BRONZE STANDARD	HEALTHY PREMIER EXPANDED BRONZE STANDARD CHOICE	U HEALTH PLUS EXPANDED BRONZE STANDARD	HEALTHY PREMIER BRONZE HSA
<b>Prescription Drugs</b>																
Formulary Generic Drugs	\$15 copay DW	\$15 copay DW	\$15 copay DW	\$15 copay DW	\$25 copay DW	\$25 copay DW	\$25 copay DW	\$20 copay DW	\$20 copay DW	\$35 copay DW	\$30 copay DW	\$30 copay DW	\$25 copay DW	\$25 copay DW	\$25 copay DW	0% Co AD
Formulary Preferred Brand Drugs	\$30 copay DW	\$30 copay DW	\$30 copay DW	\$30 copay DW	\$40 copay DW	\$40 copay DW	\$40 copay DW	\$40 copay DW	\$40 copay DW	\$50 copay DW	\$50 copay DW	\$50 copay DW	\$50 copay AD	\$50 copay AD	\$50 copay AD	0% Co AD
Formulary Non Preferred Brand Drugs	50% Co AD	50% Co AD	\$60 copay DW	\$60 copay DW	50% Co AD	50% Co AD	50% Co AD	\$80 copay AD	\$80 copay AD	50% Co AD	50% Co AD	50% Co AD	\$100 copay AD	\$100 copay AD	\$100 copay AD	0% Co AD
Specialty Drugs	50% Co AD	50% Co AD	\$250 copay DW	\$250 copay DW	50% Co AD	50% Co AD	50% Co AD	\$350 copay AD	\$350 copay AD	50% Co AD	50% Co AD	50% Co AD	\$500 copay AD	\$500 copay AD	\$500 copay AD	0% Co AD
<b>Outpatient Hospital / Facility Services</b>																
Laboratory Services	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
Radiology Services	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
Specialized Scanning Services (CT, MRI, PET Scans)	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
Medical / Surgical Services	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
<b>Inpatient Hospital Services</b>																
Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
Hospice Care	20% Co AD	20% Co AD	25% Co AD	25% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
<b>Transportation Assistance</b>																
Emergency Transportation - Ambulance	\$250 copay/ trip AD	\$250 copay/ trip AD	25% Co AD	25% Co AD	\$250 copay/ trip AD	\$250 copay/ trip AD	\$250 copay/ trip AD	40% Co AD	40% Co AD	40% Co AD	40% Co AD	50% Co AD	50% Co AD	50% Co AD	50% Co AD	0% Co AD
Non-Emergency Medical and Non-Emergency Non-Medical Transportation to & from Medical Appointments	Not Covered															
<b>SUPPLEMENTAL BENEFITS</b>																
MD Live 24/7 Telehealth	No Charge (**Except Healthy Premier Bronze HSA is 0% Co AD)															
24-Hour Nurse Line	No Charge															
U Baby Care - Prenatal & Postnatal Care																
Tobacco Counseling, Smoking Cessation Program																

AD = After Deductible, Co AD = Coinsurance After Deductible, DW = Deductible Waived

# 2024 INDIVIDUAL PLANS **HEALTHY PREMIER & U HEALTH PLUS**

## Cost Sharing Reduction (CSR) Plans

Plans available through Marketplace Only	HEALTHY PREMIER SILVER COPAY 73% CSR	HEALTHY PREMIER SILVER COPAY 87% CSR	HEALTHY PREMIER SILVER COPAY 94% CSR	U HEALTH PLUS SILVER 73% CSR	U HEALTH PLUS SILVER 87% CSR	U HEALTH PLUS SILVER 94% CSR	HEALTHY PREMIER SILVER STANDARD 73% CSR	HEALTHY PREMIER SILVER STANDARD 87% CSR	HEALTHY PREMIER SILVER STANDARD 94% CSR	U HEALTH PLUS SILVER STANDARD 73% CSR	U HEALTH PLUS SILVER STANDARD 87% CSR	U HEALTH PLUS SILVER STANDARD 94% CSR
<b>FEATURES</b>												
Annual Deductible (individual/family)	\$4,000/\$8,000	\$500/\$1,000	\$0/\$0	\$4,000/\$8,000	\$500/\$1,000	\$0/\$0	\$5,700/\$11,400	\$700/\$1,400	\$0/\$0	\$5,700/\$11,400	\$700/\$1,400	\$0
Prescription Drug Deductible (individual/family)	\$2,000/\$4,000	\$150/\$300	\$0/\$0	\$2,000/\$4,000	\$150/\$300	\$0/\$0	Included in Med	Included in Med	\$0/\$0	Included in Med	Included in Med	\$0/\$0
Annual Out-of-Pocket Maximum (individual/family)	\$7,550/\$15,100	\$3,000/\$6,000	\$1,600/\$3,200	\$7,550/\$15,100	\$3,000/\$6,000	\$1,600/\$3,200	\$7,200/\$14,400	\$3,000/\$6,000	\$1,800/\$3,600	\$7,200/\$14,400	\$3,000/\$6,000	\$1,800/\$3,600
<b>BENEFITS</b>												
<b>Emergency and Urgent Care</b>												
Emergency Room	\$250 copay AD	\$250 copay AD	\$100 copay AD	\$250 copay AD	\$250 copay AD	\$100 copay AD	40% Co AD	30% Co AD	25% Co	40% Co AD	30% Co AD	25% coinsurance
Urgent Care	\$30 copay DW	\$10 copay DW	\$10 copay DW	\$0 copay DW	\$0 copay DW	\$0 copay DW	\$60 copay DW	\$30 copay DW	\$5 copay DW	\$60 copay DW	\$30 copay	\$5 copay
<b>Office Visits</b>												
Preventive Care Screening/ Immunizations/ Well-Child Visits/Family Planning	No Charge											
Primary Care	\$30 copay DW	\$10 copay DW	\$10 copay DW	\$0 copay DW	\$0 copay DW	\$0 copay DW	\$40 copay DW	\$20 copay DW	No Charge	\$40 copay DW	\$20 copay DW	No Charge
Mental Health/Substance Abuse Services	\$30 copay DW	\$10 copay DW	\$10 copay DW	\$0 copay DW	\$0 copay DW	\$0 copay DW	\$40 copay DW	\$20 copay DW	No Charge	\$40 copay DW	\$20 copay DW	No Charge
Specialty Care	\$60 copay DW	\$30 copay DW	\$20 copay DW	\$80 copay DW	\$50 copay DW	\$30 copay DW	\$80 copay DW	\$40 copay DW	\$10 copay DW	\$80 copay DW	\$40 copay DW	\$10 copay DW
Other Practitioner Care	\$60 copay DW	\$30 copay DW	\$20 copay DW	\$80 copay DW	\$50 copay DW	\$30 copay DW	\$80 copay DW	\$40 copay DW	No Charge	\$80 copay DW	\$40 copay DW	No Charge
Habilitative Care (20 visit limit applies to PT/OT/ST combined)	40% Co AD	25% Co AD	10% Co AD	40% Co AD	25% Co AD	10% Co AD	\$40 copay DW	\$20 copay DW	No Charge	\$40 copay DW	\$20 copay DW	No Charge
Rehabilitative Care (20 visit limit applies to PT/OT/ST combined)	40% Co AD	25% Co AD	10% Co AD	40% Co AD	25% Co AD	10% Co AD	\$40 copay DW	\$20 copay DW	No Charge	\$40 copay DW	\$20 copay DW	No Charge
<b>Vision Services</b>												
Adult Annual Routine Vision Exam	No Charge											
Pediatric Vision Exam & Corrective Lenses	No Charge											

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<b>Prescription Drugs</b>												
Formulary Generic Drugs	\$25 copay DW	\$15 copay DW	\$10 copay DW	\$25 copay DW	\$15 copay DW	\$10 copay DW	\$20 copay DW	\$10 copay DW	No Charge	\$20 copay DW	\$10 copay DW	No Charge
Formulary Preferred Brand Drugs	\$40 copay DW	\$30 copay DW	\$25 copay DW	\$40 copay DW	\$30 copay DW	\$25 copay DW	\$40 copay DW	\$20 copay DW	\$15 copay DW	\$40 copay DW	\$20 copay DW	\$15 copay DW
Formulary Non Preferred Brand Drugs	50% Co AD	50% Co AD	50% Co AD	50% Co AD	50% Co AD	50% Co AD	\$80 copay AD	\$60 copay AD	\$50 copay DW	\$80 copay AD	\$60 copay AD	\$50 copay DW
Specialty Drugs	50% Co AD	50% Co AD	50% Co AD	50% Co AD	50% Co AD	50% Co AD	\$350 copay AD	\$250 copay AD	\$150 copay DW	\$350 copay AD	\$250 copay AD	\$150 copay DW
<b>Outpatient Hospital / Facility Services</b>												
Laboratory Services	40% Co AD	25% Co AD	10% Co AD	40% Co AD	25% Co AD	10% Co AD	40% Co AD	30% Co AD	25% Co AD	40% Co AD	30% Co AD	25% Co AD
Radiology Services	40% Co AD	25% Co AD	10% Co AD	40% Co AD	25% Co AD	10% Co AD	40% Co AD	30% Co AD	25% Co AD	40% Co AD	30% Co AD	25% Co AD
Specialized Scanning Services (CT, MRI, PET Scans)	40% Co AD	25% Co AD	10% Co AD	40% Co AD	25% Co AD	10% Co AD	40% Co AD	30% Co AD	25% Co AD	40% Co AD	30% Co AD	25% Co AD
Medical / Surgical Services	40% Co AD	25% Co AD	10% Co AD	40% Co AD	25% Co AD	10% Co AD	40% Co AD	30% Co AD	25% Co AD	40% Co AD	30% Co AD	25% Co AD
<b>Inpatient Hospital Services</b>												
Medical/ Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Care	40% Co AD	25% Co AD	10% Co AD	40% Co AD	25% Co AD	10% Co AD	40% Co AD	30% Co AD	25% Co AD	40% Co AD	30% Co AD	25% Co AD
Hospice Care	40% Co AD	25% Co AD	10% Co AD	40% Co AD	25% Co AD	10% Co AD	40% Co AD	30% Co AD	25% Co AD	40% Co AD	30% Co AD	25% Co AD
<b>Transportation Assistance</b>												
Emergency Transportation - Ambulance	\$250 copay/trip AD	\$250 copay/trip AD	\$250 copay/trip AD	\$250 copay/trip AD	\$250 copay/trip AD	\$250 copay/trip AD	40% Co AD	30% Co AD	25% Co AD	40% Co AD	30% Co AD	25% Co AD
Non-Emergency Medical and Non-Emergency Non-Medical Transportation to & from Medical Appointments	Not Covered											
<b>SUPPLEMENTAL BENEFITS</b>												
MD Live 24/7 Telehealth	No Charge											
24-Hour Nurse Line												
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