Your Benefits at a Glance

	HMO Plan	Health Reimbursement Account Open Access Plus Plan		Health Savings Account Open Access Plus Plan	
Benefits	**In-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
City contribution	N/A	$1,000 – Employee $2,000 – Family		$1,000 – Employee $2,000 – Family *The City will contribute $500 at the beginning of the Plan Year. You accrue the remainder during the remaining pay periods of the year.*	
Lifetime maximum	Unlimited	Unlimited		Unlimited	
Annual deductible	$500/Individual $1,000/Family *Deductible applies for inpatient hospital services, outpatient hospital facility services and Advanced Radiology Imaging services*	$2,000/Individual[1] $4,000/Family	$2,000/Individual[1] $4,000/Family	$2,000/Individual[1] $4,000/Family	$2,000/Individual[1] $4,000/Family
Out-of-pocket maximum	N/A	$3,000/Individual[2] $6,000/Family	$5,000/Individual[2] $10,000/Family	$3,000/Individual[2] $6,000/Family	$5,000/Individual[2] $10,000/Family
PCP Office Visit	$25 co-pay	10% coinsurance*	30% coinsurance**	10% coinsurance*	30% coinsurance**
Specialist Office Visit	$40 co-pay	10% coinsurance*	30% coinsurance**	10% coinsurance*	30% coinsurance**
Routine Preventive Exam **Well Woman Exam**	$0	No charge	30% coinsurance** $500 maximum per contract year	No charge	30% coinsurance** $500 maximum per contract year
Urgent care	$75 co-pay *(Waived if admitted)*	10% coinsurance*	10% coinsurance* *(unless not a true emergency, then 30%**)*	10% coinsurance*	10% coinsurance* *(unless not a true emergency, then 30%**)*
Emergency room	$200 co-pay *(Waived if admitted)*	10% coinsurance*	10% coinsurance* *(unless not a true emergency, then 30%**)*	10% coinsurance*	10% coinsurance* *(unless not a true emergency, then 30%**)*
Inpatient and outpatient hospital	No charge after plan deductible	10% coinsurance*	30% coinsurance** **Precertification required for inpatient**	10% coinsurance*	30% coinsurance** **Precertification required for inpatient**
Inpatient mental health and substance abuse	No charge after plan deductible	10% coinsurance*	30% coinsurance* **Precertification required**	10% coinsurance*	30% coinsurance* **Precertification required**
Outpatient mental health	$0	10% coinsurance*	30% coinsurance**	10% coinsurance*	30% coinsurance**
Outpatient substance abuse	$0				

	HMO Plan	Health Reimbursement Account Open Access Plus Plan		Health Savings Account Open Access Plus Plan	
Benefits	**In-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Prescription Drugs – Retail* **					
Generic	$15 co-pay	$15 co-pay	40%**	30%*	40%**
Brand	$40 co-pay	$40 co-pay	40%**	35%*	40%**
Non-preferred brand	$60 co-pay	$60 co-pay	40%**	40%*	40%**
Prescription Drugs – Mail Order* **					
Generic	$30 co-pay	$30 co-pay	In-network only	30%	In-network only
Brand	$80 co-pay	$80 co-pay	In-network only	35%	In-network only
Non-preferred brand	$120 co-pay	$120 co-pay	In-network only	40%	In-network only

[1] All family members contribute towards the family deductible. An individual cannot file a claim for covered services until the total family deductible has been satisfied.

[2] All family members contribute towards the family out-of-pocket maximum. Once the out-of-pocket maximum has been satisfied, benefits are covered at 100%.

* Services are subject to contract year deductible.

** Out-of-network services are subject to the contract year deductible and maximum reimbursable charge limitations. Providers may bill you for the difference between their billed charge and the maximum reimbursable charge as determined by the plan.

*** HRA pharmacy charges do not count toward satisfying your deductible or out-of-pocket maximum. There is no separate out-of-pocket maximum for pharmacy charges and **HRA funds cannot be used to pay for pharmacy charges.**

Note: HRA fund can be used to cover expenses covered under the HRA Open Access Plus medical plan only. HSA funds can be used to cover all IRS section 213D expenses.