



2024 medical plans at a glance

Highlights for both plans

- You don't need to choose a primary care physician (PCP), but it's still good to have one
- No referrals needed to visit any provider in our network

Plan network name	Choice HMO Network	HDHP Network
Deductible		
Individual	No deductible	\$1,600
Family	No deductible	\$3,200
Coinsurance (plan pays)	100%	80% after deductible
Medical out-of-pocket maximum (includes covered medical expenses only)		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Global out-of-pocket maximum (includes covered medical and prescriptions drugs)		
Individual	\$9,450	\$3,000
Family	\$18,900	\$6,000
Preventive care		
Adult	\$0 copay	100% covered
Well visits	\$0 copay	100% covered
Routine mammograms	\$0 copay	100% covered
Colorectal cancer screenings	\$0 copay	100% covered
Medical services		
PCP visits (in person, virtual or telehealth)	\$20 copay per visit	20% coinsurance after deductible has been met
Specialist visits (in person, virtual or telehealth)	\$40 copay per visit	20% coinsurance after deductible has been met
Allergy injections	\$0 copay	20% coinsurance after deductible has been met
Urgent care	\$25 copay per visit	20% coinsurance after deductible has been met
Convenience care clinics	\$25 copay per visit	20% coinsurance after deductible has been met
Emergency room visit	\$100 copay per visit, waived if admitted	20% coinsurance after deductible has been met
Ambulance	\$0 copay	20% coinsurance after deductible has been met
Inpatient hospital	\$250 copay per admission, covered at 100% after copay	20% coinsurance after deductible has been met
Outpatient hospital	\$0 copay	20% coinsurance after deductible has been met
Maternity		
Inpatient	\$250 copay per admission, covered at 100% after copay	20% coinsurance after deductible has been met
Outpatient	\$40 copay, first visit only	20% coinsurance after deductible has been met
Mental health/substance use		
Inpatient	\$250 copay per admission, covered at 100% after copay	20% coinsurance after deductible has been met
Outpatient	\$20 copay per visit	20% coinsurance after deductible has been met
Other services		
Diagnostic lab	\$0 copay	20% coinsurance after deductible has been met
Diagnostic X-ray	\$0 copay	20% coinsurance after deductible has been met
Complex imaging (MRI, MRA, CT)	\$0 copay	20% coinsurance after deductible has been met
Outpatient surgery	\$0 copay	20% coinsurance after deductible has been met
Skilled nursing facility	\$0 copay	20% coinsurance after deductible has been met
Home health care	\$0 copay	20% coinsurance after deductible has been met
Durable medical equipment	\$0 copay	20% coinsurance after deductible has been met
Diabetic supplies	Pharmacy cost-sharing applies	20% coinsurance after deductible has been met
Infertility	Not covered	Not covered
Hospice (inpatient or outpatient)	\$0 copay	20% coinsurance after deductible has been met

This information does not replace your official health plan documents. Please see your official health plan documents for all coverage details, including limitations and exclusions.

For more coverage details for each of these plans, please visit whyuhcflorida.com or call 1-877-614-0581, TTY 711

