

# Medical

We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## United HealthCare EPO

This plan gives you the freedom to seek care from the provider of your choice in the network. Benefits are **not** payable if you choose a provider outside of the UHC Choice network. The calendar-year deductible must be met before certain services are covered.

## United HealthCare HSA EPO

Like the EPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. Benefits are **not** payable if you choose a provider outside of the UHC Choice network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year.

## The HSA

The HDHP comes with a type of savings account called a health savings account, or HSA. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- In addition, we will contribute to your HSA. Below are the monthly amounts that are deposited every 6 months into your account.

Employer Monthly Contribution	2025
Employee Only	\$150.00
Employee + Spouse	\$225.00
Employee + Child(ren)	\$200.00
Employee + Family	\$250.00



- Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2025
Employee Only	\$4,300
Family (employee + 1 or more)	\$8,550
Catch-up (age 55+)	\$1,000

- You can utilize your HSA funds tax-free to pay for current qualified health care expenses, or save them for the future, also tax-free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

### Important Notes:

- You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969.
- For a complete list of qualified health care expenses, refer to IRS Publication 502.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.
- In order to receive the employer contribution, regardless of if you are contributing into the account, you will need to setup your own individual Health Savings Account with HSA Bank. You can set up an account with HSA Bank by clicking on the following link. [https://secure.hsabank.com/group\\_enrollment/enrollment.aspx?id=756003089](https://secure.hsabank.com/group_enrollment/enrollment.aspx?id=756003089)

# Medical (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	UHC EPO	UHC EPO HSA
	In-Network Only (Choice)	In-Network Only (Choice)
Deductible (per calendar year)		
Individual / Family	\$2,500 / \$7,500	\$6,000 / \$12,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$5,500 / \$14,700	\$6,000 / \$12,000
Health Reimbursement Arrangement (HRA) (100% City Funded)		
HRA Contribution– Administered through FFGA	N/A	Reimbursement up to \$3,000 Individual and \$6,000 Family. (Must be out of pocket the first \$3,000 of deductible to be eligible for reimbursement.)
HSA Contribution (Funded every 6 months)- Administered through FFGA	N/A	EE: \$1,800, Employee + Spouse: \$2,700, Employee + Child(ren): \$2,400, Employee + Family: \$3,000
Covered Services		
Office Visits (physician/specialist)	\$35 Copay (\$0 Copay for children) / \$70 Copay	Ded. / 0%
Routine Preventive Care	Covered 100%	Covered 100%
Outpatient Diagnostic (lab/X-ray)	Ded. / 30%	Ded. / 0%
Complex Imaging	Ded. / 30%	Ded. / 0%
Emergency Room	\$500 Copay + 30%	Ded. / 0%
Urgent Care Facility	\$75 Copay	Ded. / 0%
Inpatient Hospital Stay	Ded. / 30%	Ded. / 0%
Outpatient Surgery	Ded. / 30%	Ded. / 0%
Prescription Drugs (Tiers)		
Retail Pharmacy (30-day supply)	\$10 / \$35 / \$60	Ded. / 0%
Mail Order (90-day supply)	\$25 / \$87.50 / \$150	

# EPO Medical Contributions (Per Pay Period)

Base Salary up to \$50,000					
Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$607.36	\$50.00	\$23.08	\$557.36	\$257.24
Employee + Spouse	\$1,487.21	\$464.93	\$214.58	\$1,022.29	\$471.82
Employee + Child(ren)	\$1,341.58	\$392.11	\$180.97	\$949.47	\$438.22
Family	\$1,987.21	\$714.93	\$329.97	\$1,272.29	\$587.21

Base Salary up to \$50,001- \$75,000					
Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$607.36	\$50.00	\$23.08	\$557.36	\$257.24
Employee + Spouse	\$1,487.21	\$557.91	\$257.50	\$929.30	\$428.91
Employee + Child(ren)	\$1,341.58	\$470.53	\$217.17	\$871.05	\$402.02
Family	\$1,987.21	\$857.91	\$395.96	\$1,129.30	\$521.22

Base Salary up to \$75,001—\$100,000					
Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$607.36	\$50.00	\$23.08	\$557.36	\$257.24
Employee + Spouse	\$1,487.21	\$650.90	\$300.41	\$836.32	\$385.99
Employee + Child(ren)	\$1,341.58	\$548.95	\$253.36	\$792.63	\$365.83
Family	\$1,987.21	\$1,000.90	\$461.95	\$986.32	\$455.22

Base Salary up to \$100,001+					
Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$607.36	\$50.00	\$23.08	\$557.36	\$257.24
Employee + Spouse	\$1,487.21	\$697.39	\$321.87	\$789.82	\$364.53
Employee + Child(ren)	\$1,341.58	\$588.17	\$271.46	\$753.42	\$347.73
Family	\$1,987.21	\$1,072.39	\$494.95	\$914.82	\$422.23

# HSA Medical Contributions (Per Pay Period)

## Base Salary up to \$50,000

Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$460.63	\$0.00	\$0.00	\$460.63	\$212.60
Employee + Spouse	\$1,127.91	\$333.64	\$153.99	\$794.27	\$366.59
Employee + Child(ren)	\$1,017.47	\$278.42	\$128.50	\$739.05	\$341.10
Family	\$1,507.13	\$523.25	\$241.50	983.88	\$454.10

## Base Salary up to \$50,001- \$75,000

Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$460.63	\$0.00	\$0.00	\$460.63	\$212.60
Employee + Spouse	\$1,127.91	\$400.37	\$184.79	\$727.54	\$335.79
Employee + Child(ren)	\$1,017.47	\$334.10	\$154.20	\$683.37	\$315.40
Family	\$1,507.13	\$627.90	\$289.80	\$879.23	\$405.80

## Base Salary up to \$75,001—\$100,000

Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$460.63	\$0.00	\$0.00	\$460.63	\$212.60
Employee + Spouse	\$1,127.91	\$467.10	\$215.58	\$660.81	\$304.99
Employee + Child(ren)	\$1,017.47	\$389.79	\$179.90	\$627.68	\$289.70
Family	\$1,507.13	\$732.55	\$338.10	\$774.58	\$357.50

## Base Salary up to \$100,001+

Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$460.63	\$0.00	\$0.00	\$460.63	\$212.60
Employee + Spouse	\$1,127.91	\$500.46	\$230.98	\$627.45	\$289.59
Employee + Child(ren)	\$1,017.47	\$417.63	\$192.75	\$599.84	\$276.85
Family	\$1,507.13	\$784.88	\$362.25	\$722.26	\$333.35