

Your medical coverage is designed to help promote good health and protect you and your family from major financial hardships in the event of illness or injury. Anthem of Kentucky is your health insurance carrier.

Each health plan offered has unique features. You have the option to choose a medical plan that fits your needs and your budget by balancing the cost of premiums, deductibles, maximum out-of-pocket amounts, coinsurance, and copays. Generally, if you choose a plan with a higher deductible and maximum out-of-pocket, your monthly premium will be lower. Consider your family's overall typical or expected health plan utilization to choose the plan that is right for you. See medical summary below.

LFUCG Health Plan Comparisons January 1 - December 31, 2023



| Anthem In-Network Plan Design | Traditional Plans | | Health Savings Account Eligible | |
|---|--|--|--|--|
| | PPO 1 | PPO 2 | HSA 1 | HSA 2 |
| Calendar Year Annual Deductible | \$500 Individual \$1,000 Family | \$2,000 Individual \$4,000 Family | \$3,000 Individual \$6,000 Family | \$3,000 Individual \$6,000 Family |
| Coinsurance (Plan / Member) | 80% / 20% | 80% / 20% | 100% / 0% | 80% / 20% |
| Medical Maximum Out-of-Pocket (includes deductible, medical copays and coinsurance) | \$1,500 Individual \$3,000 Family | \$4,500 Individual \$9,000 Family | \$3,000 Individual \$6,000 Family | \$5,250 Individual \$10,500 Family |
| Rx Maximum Out-of-Pocket | \$2,000 Individual \$4,000 Family | \$2,000 Individual \$4,000 Family | Included in Med Max Out-of-Pocket | Included in Med Max Out-of-Pocket |
| Covered Services | Member Cost Share | | | |
| Samuel Brown Wellness Center | \$0 Copay | \$0 Copay | \$0 Copay | \$0 Copay |
| Primary Care Office Visit | \$15 Copay ¹ | \$30 Copay ¹ | Deductible + 0% | Deductible + 20% |
| Specialist Office Visit | \$30 Copay ¹ | \$60 Copay ¹ | Deductible + 0% | Deductible + 20% |
| Preventive Care | Covered in full | Covered in full | Covered in full | Covered in full |
| Urgent Care | \$60 Copay ¹ | \$100 Copay ¹ | Deductible + 0% | Deductible + 20% |
| Emergency Room | Deductible + 20% | Deductible + 20% | Deductible + 0% | Deductible + 20% |
| Inpatient Facility Services | Deductible + 20% | Deductible + 20% | Deductible + 0% | Deductible + 20% |
| Outpatient Services | Deductible + 20% | Deductible + 20% | Deductible + 0% | Deductible + 20% |
| Rx Drug Copay | \$10 / \$30 / \$60 ² 25% (\$100 max Rx) | \$10 / \$30 / \$60 ² 25% (\$100 max Rx) | Deductible + 0% | Deductible + 20% |
| City Pharmacy Rx Drug Copay | \$3 / \$15 / \$30 ² 25% (\$50 max Rx) ³ | \$3 / \$15 / \$30 ² 25% (\$50 max Rx) ³ | Deductible + 0% | Deductible + 20% |
| Annual LFUCG HSA Contribution | N/A | N/A | \$500 Indiv. ⁴ \$1,000 ES/EC/F | \$1,000 Indiv. ⁴ \$1,000 ES/EC/F |

NOTE: Dependents covered to age 26.

¹ Medical copayments accumulate toward the Medical maximum out-of-pocket.

² Rx copayments go toward the Pharmacy maximum out-of-pocket which accumulates separately from the Medical maximum out-of-pocket.

³ Some Specialty medications (Tier 4) may not be available at the City Pharmacy.

⁴ LFUCG contributions will be deposited half in January and half in July.