



Workforce Solutions, Inc.



UnitedHealthcare

Plan renewal options effective 1/1/2024

	BRONZE PLAN	SILVER PLAN	GOLD PLAN
Medical Plan Name	CY34 (Choice Direct HSA)	DJRW (Choice Direct HSA)	CY2U (Choice Direct)
Rx Plan Name	Rx Plan: C63-INT	Rx Plan: C63-INT	Rx Plan: C63
Product	Choice Insurance *	Choice Insurance *	Choice Insurance *
Option	Option 7	Option 8	Option 10
Plan Offering	Multiple Option	Multiple Option	Multiple Option
Multiple Option with:			
HRA or HSA	HSA	HSA	No
Benefits*	Network Single/Family	Network Single/Family	Network Single/Family
Office Copay (PCP/SPC)	PCP D&C, SPC D&C	PCP Ded+\$25, SPC Ded+\$50	PCP \$30/\$30, SPC \$60/\$60
Hospital Copays	OP Ded+90%/Ded+70%, IP D&C	OP Ded+100%/Ded+80%, IP Ded+100%	OP \$250/\$500, IP \$250/day x5
UC/ER	UC D&C, ER D&C	UC Ded+\$75, ER \$500 POD	UC \$75, ER \$350
Major Diagnostics	MD Ded+90%/Ded+70%	MD Ded+100%/Ded+80%	MD \$250/\$500
X-Ray and Lab	UC Ded+90%/Ded+70%, Lab Ded+90%/Ded+70%	UC Ded+100%/Ded+80%, Lab Ded+100%/Ded+80%	X-Ray \$0/80%, Lab \$0/80%
Other	N/A	N/A	N/A
Deductible	\$4,000/\$8,000 (Emb)	\$1,600/\$3,200 (Ded NonEmb/OOPM Emb)	N/A
Coinsurance	90%	100%	100%
Out-of-Pocket	\$7,400/\$14,800	\$7,400/\$14,800	\$8,950/\$17,900
Pharmacy	Med Ded, \$10/\$35/\$70/\$200, 2.5 MO (Ess PDL), Natl	Med Ded, \$10/\$35/\$70/\$200, 2.5 MO (Ess PDL), Natl	\$10/\$35/\$70/\$200, 2.5 MO (Ess PDL), Natl
	Out of Network Single/Family	Out of Network Single/Family	Out of Network Single/Family
Deductible	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A
Out of Pocket	N/A	N/A	N/A