

**City of Alexandria**

**FY 2014 - Health Insurance Plans (July 1, 2013 – June 30, 2014)**

Covered Benefits	Kaiser DHMO	UnitedHealthcare Choice (HMO)	UnitedHealthcare Choice Plus (PPO)	
			In-Network	Out-of-Network
<b>Deductible</b>	\$400 Individual \$800 Family*	\$400 Individual \$800 Family*	\$400 Individual \$800 Family*	\$800 Individual \$1600 Family
<b>Out-of-Pocket Maximum</b>	\$2200 Individual \$6400 Family	\$2200 Individual \$6400 Family	\$2800 Individual \$8600 Family	\$2800 Individual \$8600 family
<b>Primary Care Office Visit for Illness</b>	\$15 Copay \$0 Copay for Children under age 5	\$15 Copayment	\$15 Copayment	80% coinsurance
<b>Specialist Office Visit for Illness</b>	\$25 Copay	\$25 Copayment	\$25 Copayment	80% Coinsurance
<b>X-ray, Lab, and Diagnostics (Outpatient)</b>	\$0 Copay	100%	100%	80% Coinsurance
<b>X-ray, Lab, and Major Diagnostics (CT, PET, MRI, MRA and Nuclear Medicine (Outpatient))</b>	\$75 Copay	\$100 Copayment per service	\$100 Copayment per service	80% Coinsurance
<b>Inpatient Hospitalization</b>	\$500 Copay	\$500 Copayment per admit	\$500 Copayment per admit	80% Coinsurance
<b>Emergency Room Copay</b>	\$150 Copay**	\$150 Copayment per visit**	\$150 Copayment per visit**	\$150 Copayment per visit**
<b>Urgent Care Copay</b>	\$25 Copay	\$25 Copayment	\$25 Copayment	80% Coinsurance
<b>Mental Health and Substance Abuse Services-Inpatient/Intermediate</b>	\$500 Copay	\$500 Copayment per admit	\$500 Copayment per admit	\$500 Copayment per admit, 80% Coinsurance
<b>Mental Health and Substance Abuse Services-Outpatient</b>	\$15 Copay Individual \$7 Copay Group	\$15 Copayment	\$15 Copayment	80% Coinsurance
<b>Pregnancy/Maternity Services</b>	\$15 Initial visit, then \$0 copay	Depending upon where the Covered Service is provided, benefits will be the same as those stated under each Covered Service category	Depending upon where the Covered Service is provided, benefits will be the same as those stated under each Covered Service category	Depending upon where the Covered Service is provided, benefits will be the same as those stated under each Covered Service category, 80% Coinsurance
<b>Preventive Care</b>				
<b>Well Child Care</b>	Covered in full	Covered in full	Covered in full	80% Coinsurance
<b>Adult Physical Exam</b>	Covered in full	Covered in full	Covered in full	80% Coinsurance
<b>Routine GYN Visit</b>	Covered in full	Covered in full	Covered in full	80% Coinsurance
<b>Mammogram</b>	Covered in full	Covered in full	Covered in full	80% Coinsurance
<b>Cancer Screening (Pap Test, Prostate)</b>	Covered in full	Covered in full	Covered in full	80% Coinsurance

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Covered Benefits	Kaiser DHMO	UnitedHealthcare Choice (HMO)	UnitedHealthcare Choice Plus (PPO)	
			In-Network	Out-of-Network
<b>Prescription Drug Coverage<sup>1</sup></b>				
<b>Generic</b>	\$15 Medical Center, \$25 Participating Community Pharmacy	Tier 1 <sup>2</sup> - \$15 Copayment	Tier 1- \$15 Copayment	80% Coinsurance
<b>Preferred Brand</b>	\$30 Medical Center \$40 Participating Community Pharmacy	Tier 2 - \$30 Copayment	Tier 2- \$30 Copayment	80% Coinsurance
<b>Non-Preferred</b>	\$50 Medical Center \$55 Participating Community Pharmacy	Tier 3 - \$50 Copayment	Tier 3- \$50 Copayment	80% Coinsurance
<b>Mail Order</b>	Generic: \$13 Preferred: \$23 Non-Preferred: \$38	Mandatory mail order after 3 <sup>rd</sup> fill at retail	Mandatory mail order after 3 <sup>rd</sup> fill at retail	Mandatory mail order after 3 <sup>rd</sup> fill at retail

\* Includes Employee + 1

\*\*Waived if admitted

<sup>1</sup> If you choose a non-preferred brand name drug (Tier 3) instead of the generic equivalent, you will pay the highest copay plus the difference in cost between the non-preferred brand name and the generic. If a generic version is not available, you will only pay the copay. Also, if your prescription is written for a brand name and DAW (dispense as written) is noted on the prescription, you will only pay the copay.

<sup>2</sup> Prescription Drug tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is the amount you will pay when you fill a prescription. Tier 1 medications are your lowest-cost options. If the medication prescribed is in Tier 2 or 3, please check with your physician to see if there is a Tier 1 alternative.

Please note that generic drugs can be placed in Tier 1, Tier 2 or Tier 3.

**Tier 1 - Your lowest-cost medications**

**Tier 2 - Your mid-range cost medications**

**Tier 3 - Your highest cost medications**

While increasing use of generics is one way to lower pharmacy costs, not all generics represent the best value. In fact, there are many instances where a generic can be more expensive than a brand and/or other alternative.

When a new generic launches (just following the brand's patent expiration), the first generic manufacturer typically has six months of little to no competition from other generics in the marketplace, known as an exclusivity period. In some cases, pharmaceutical manufacturers will price the generic at a premium to the brand in order to take advantage of pharmacy dispensing practices that automatically favor generics, regardless of cost.