



## Westchester County Health Plan

### *Summary of Benefits*

### 2024

PLAN FEATURES	PARTICIPATING PROVIDERS
<b>Deductible</b> (per calendar year)	Individual: None
	Family: None
<b>Out-of-Pocket Maximum</b> (per calendar year) Out-of-pocket limit does not apply to: Prescription drug out-of-pocket amounts. Once out-of-pocket limit is met, the remainder of covered charges are payable at 100% of allowed charges for the remainder of the calendar year.	Individual: \$6,615 per individual  Family: \$13,230 per family
<b>Network Copay</b>	<p><b>Retired Nurses:</b>            \$20 copay per provider per type of service. Copay limit: \$40 per covered person per event billed by the same provider.            \$35 Emergency Room.</p> <p><b>Active and Retired CSEA:</b>            \$25 copay per provider per type of service. Copay limit: \$50 per covered person per event billed by the same provider.            \$50 Emergency Room            \$50 Ambulatory Surgery            \$25 Chiropractic Therapy            \$25 Laboratory/Radiology Tests            \$15 Physical Therapy</p> <p><b>Retired Only CSEA Settlement Retirees:</b>            \$13 copay per provider per type of service. Copay limit: \$26 per covered person per event billed by the same provider.            \$35 Emergency Room.</p> <p><b>Active and Retired Non-Represented Mgmt., Police Officers, and Criminal Investigators:</b>            \$16 copay per provider per type of service. Copay limit: \$32 per covered person per event billed by the same provider.            \$35 Emergency Room.</p> <p><b>Active and Retired Teamsters with a date of hire prior to June 4, 2012, Active and Retired Correction Officers with a date of hire prior to July 9, 2012, Active and Retired Superior Correction Officers with a date of hire prior to October 29, 2012:</b>            \$20 copay per provider per type of service. Copay Limit:            \$40 per covered person per event billed by the same provider.            \$45 Emergency Room.</p> <p><b>Active and Retired Teamsters with a date of hire after June 4, 2012, Active and Retired Correction Officers with a date of hire after July 9, 2012, Active and Retired Superior Correction Officers with a date of hire after October 29, 2012:</b>            \$30 copay per provider per type of service. Copay Limit:            \$60 per covered person per event billed by the same provider            \$60 Emergency Room</p>



<b>Annual Maximum</b>	<b>See Out-of-Pocket Maximum</b>
<b>Primary Care Physician Selection</b>	<b>Not Required</b>
<b>Referral Requirements</b>	<b>Not Required</b>
<b>Routine Adult Physical Exams / Immunizations</b> (Age and frequency schedules apply)	Full Benefits
<b>Well Child Exams / Immunizations</b> (Age and frequency schedules apply)	Full Benefits
<b>Routine Gynecological Care Exams</b> Pelvic Exam, Cervical Cytology (including HPV)/Pap Smear (Limited to one screening per Calendar Year)	Full Benefits
<b>Routine Mammograms (age 18 or older)</b> (Frequency based on age and medical history)	Full Benefits
<b>Routine Prostate Cancer Screening</b>	Full Benefits
<b>Colorectal Cancer Screening</b>	Full Benefits
<b>Primary Care/Specialist Physician Visits</b>	Network copay applies per service type
<b>Allergy Services</b> (including testing, injections and serum)	Full Benefits
<b>Diagnostic Laboratory</b> (Benefit includes independent/free-standing laboratory, laboratory, machine testing and interpretation)	Network copay applies
<b>Diagnostic X-ray</b> (Outpatient hospital or other Outpatient facility)	Network copay applies
<b>Urgent Care</b>	Network copay applies
<b>Emergency Room</b>	Benefit copay applies
<b>Ambulance</b>	Full Benefits
(Limited to 365 days per spell of illness for inpatient services, then Major Medical Benefit applies. Pre-cert is required)	
<b>Inpatient Coverage</b>	Full Benefits
<b>Inpatient Maternity Coverage</b>	Full Benefits
<b>Outpatient Surgery</b>	Network copay applies
<b>Inpatient Psychiatric Care</b> (Limited to 365 days per spell of illness, then Major Medical Benefit applies. Pre-cert is required)	Full Benefits
<b>Outpatient Mental Health Care</b>	Network Copay applies
<b>Inpatient Detoxification</b>	Full Benefits
<b>Outpatient Alcohol/Substance Use Facility</b>	Network Copay applies
<b>Inpatient Alcohol/Substance Use Facility</b> (Limited to 365 days per spell of illness, then Major Medical Benefit applies. Pre-cert is required)	Full Benefits

<b>HER SERVICES</b>	<b>PARTICIPATING PROVIDERS</b>
<b>Skilled Nursing Facility</b> (Limited to 365 days per spell of illness based on medical necessity. Custodial care is not covered)	Full Benefits
<b>Home Health Care</b> (Limited to 365 days per spell of illness based on medical necessity. Custodial care is not covered)	Full Benefits
<b>Hospice Care</b>	Full Benefits
<b>Private Duty Nursing</b>	Full Benefits, after first 48 hours
<b>Physical Therapy</b> (Combined physical therapy/chiropractic care limit to 31 visits per calendar year)	Network copay applies



<b>Chiropractic Care</b>	Network copay applies
(Combined physical therapy/chiropractic care limit of 31 visits per calendar year)	
<b>Outpatient Occupational Therapy</b>	Full Benefits
<b>Freestanding Facility &amp; Physician Office Occupational Therapy</b>	Network copay applies per service type
<b>Durable Medical Equipment</b>	Full Benefits
<b>Diabetic Supplies/Equipment/Education</b>	Full Benefits
<b>Hearing Aid/Exam</b>	Full Benefits -maximum of \$150 in any 36 month period
<b>FAMILY PLANNING</b>	<b>PARTICIPATING PROVIDERS</b>
<b>Infertility Treatment</b> (Diagnosis and treatment of the underlying medical condition)	Plan Benefit is based on the type of service performed and the place of service where it is rendered.
<b>Voluntary Sterilization</b> (Including tubal ligation and vasectomy)	Plan Benefit is based on the type of service performed and the place of service where it is rendered.

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<p>When certain Major Medical services are received from a provider who does not participate in the UnitedHealthcare Choice Plus/ POMCO Select network, covered charges are subject to a calendar year deductible of \$300 per person up to a family maximum of \$900. (Exception: CSEA Settlement Retirees calendar year deductible is \$225 per person up to a family maximum of \$600) After this deductible is met, the Plan pays covered Major Medical services at 80% until the covered person's calendar year percentage co-payment limit of \$1500 is reached. (Exception: CSEA Settlement Retirees percentage co-payment limit per calendar year is \$900) After this limit is reached benefits are payable at 100% of allowable fees for the remainder of the calendar year.</p> <p>Note: Deductibles and percentage co-payment limits do not apply to services rendered by a network provider.</p>



RETAIL PHARMACY – PRESCRIPTION DRUG BENEFITS	
<b>Retail</b>  <b>**Mandatory Preferred Drug Step Therapy Program.</b>	<p><b>Retired Nurses:</b>  Generic: \$0  Preferred: \$25  Non-Preferred: \$50  4<sup>th</sup> Tier: \$50</p> <p><b>Active and Retired CSEA:</b>  Generic: \$0  Preferred: \$30  Non-Preferred: \$60  4<sup>th</sup> Tier: \$50</p> <p><b>Retired Only CSEA Settlement Retirees:</b>  Generic: \$4  Preferred: \$8  Non-Preferred: \$15</p> <p><b>Active and Retired Teamsters with a date of hire prior to June 4, 2012, Active and Retired Correction Officers with a date of hire prior to July 9, 2012, Active and Retired Superior Correction Officers with a date of hire prior to October 29, 2012:</b>  Generic: \$0  Preferred: \$20  Non-Preferred: \$40</p> <p><b>Active and Retired Non-Represented Mgmt., Police Officers, and Criminal Investigators:</b>  Generic: \$5  Preferred: \$10  Non-Preferred: \$25</p> <p><b>**Active and Retired Teamsters with a date of hire after June 4, 2012 or who became Teamsters after June 4, 2012, Active and Retired Correction Officers with a date of hire after July 9, 2012 or who became a Correction Officer after July 9, 2012, Active and Retired Superior Correction Officers with a date of hire after October 29, 2012:</b>  Generic: \$5  Preferred: \$30  Non-Preferred: \$60</p>
<b>Out-of-Pocket Maximum</b> (per calendar year) <i>Combined Retail &amp; Mail Order</i>	Individual: \$2,835 Family: \$5,670



## MAIL ORDER PHARMACY - PRESCRIPTION DRUG BENEFITS

### Mail Order

\*Mandatory Mail order for maintenance medications after 2<sup>nd</sup> refill at retail pharmacy.

#### \*Active and Retired CSEA and Retired Nurses:

Generic: \$0  
Preferred: \$50  
Non-Preferred: \$100  
4<sup>th</sup> Tier: \$100

#### \*Retired Only CSEA Settlement Retirees:

Generic: \$8  
Preferred: \$16  
Non-Preferred: \$30

#### \*Active and Retired Teamsters with a date of hire prior to June 4, 2012:

Generic: \$0  
Preferred: \$40  
Non-Preferred: \$80

#### \*Active and Retired Teamsters with a hire date after June 4, 2012 or who became Teamsters after June 4, 2012:

Generic: \$10  
Preferred: \$60  
Non-Preferred: \$120

#### Active and Retired Non-Represented Mgmt., Police Officers, and Criminal Investigators:

Generic: \$5  
Preferred: \$10  
Non-Preferred: \$25

#### \*Active and Retired Correction Officers with a date of hire prior to July 9, 2012 or who became or Correction Officer after July 9, 2012, Active and Retired Superior Correction Officers with a date of hire prior to October 29, 2012:

Generic: \$0  
Preferred: \$20  
Non-Preferred: \$40

#### \*Active and Retired Correction Officers with a date of hire after July 9, 2012, Active and Retired Superior Correction Officers with a date of hire after October 29, 2012:

Generic: \$5  
Preferred: \$30  
Non-Preferred: \$60

All benefits described in this summary are subject to the exclusions and limitations described more fully herein including, but not limited to, the Plan Administrator's determination that: care and treatment is Medically Necessary; that charges are Usual and Reasonable; that services, supplies and care are not Experimental and/or investigational. The meanings of these capitalized terms are in the Defined Terms section of the plan document.