

2024 Medical and Prescription Drug Benefits

Each person's health care needs are different. That's why our medical plan offers multiple options so that you can choose the coverage level best-suited to your personal situation.

BENEFIT	UHC PLUS PLAN			UHC QHDHP		
	SLUCARE and SSM	In-Network	Out-of-Network	SLUCARE and SSM	In-Network	Out-of-Network
Annual/Calendar Year Deductible (Individual/Family)	\$500/\$1,000	\$1,200/\$2,400	\$3,600/\$7,200	\$1,750/\$3,500	\$2,500/\$5,000	\$5,000/\$10,000
Out-of-Pocket Maximum (Individual/Family)	\$2,700/\$5,400	\$3,300/\$6,600	\$9,900/\$19,800	\$3,000/\$6,000	\$5,000/\$9,100	\$10,000/\$20,000
Coinsurance	15%	20%	40%	15%	20%	50%
Physician Services						
Doctor's Office Visit	\$20 Copay	20% After Ded	40% After Ded	0% After Ded	20% After Ded	50% After Ded
Specialist Office Visit	\$40 Copay			15% After Ded		
Preventive Care	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
Hospital Services						
Inpatient	15% After Ded	20% After Ded	40% After Ded	15% After Ded	20% After Ded	50% After Ded
Outpatient						
Emergency Care	\$250 Copay	\$250 Copay	\$250 Copay	15% After Ded	20% After Ded	20% After Ded
Urgent Care	\$60 Copay	\$60 Copay	40% After Ded	15% After Ded	20% After Ded	50% After Ded
Health Savings Account SLU Contribution	\$0			\$400 Single/\$800 Family		
PRESCRIPTION DRUGS*	PLUS PLAN		QHDHP			
	Express Scripts Retail (34-day Supply)	Express Scripts Mail Order (90-day Supply)	Express Scripts Retail (34-day Supply)	Express Scripts Mail Order (90-day Supply)		
Prescription Drug Costs						
Tier 1	\$10	\$25	Medical Deductible, Then 10% Coinsurance*			
Tier 2	25% Coinsurance \$30 Min-\$50 Max	25% Coinsurance \$75 Min-\$125 Max	Medical Deductible, Then 10% Coinsurance*			
Tier 3	50% Coinsurance \$50 Min-\$100 Max	50% Coinsurance \$125 Min-\$250 Max	Medical Deductible, Then 25% Coinsurance*			
Tier 4	20% Coinsurance To \$200	N/A	Medical Deductible, Then 10% Coinsurance*			
Preventive Medications	Prices According To Tier			Covered 100%, No Deductible		
Out-of-Pocket Maximum (Includes Rx Copays & Coinsurance)						
Single	\$1,500			Combined With Medical		
Family	\$3,000			Combined With Medical		

NOTE: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary, and Reasonable charges apply for all out-of-network benefits.

*In-Network Pharmacy benefits only applies to the Medical Tier 2 deductible and out-of-pocket maximum limit, not Medical Tier 1.