

2021 Medical Plan
Tampa Firefighters' and Police Officers' Employees' Health Plan

United Health Care	NHP POS Access HDHP with HRA	Choice Plus POS HDHP with HRA	HDHP with HRA
	IN NETWORK (NHP Access)	IN NETWORK (Choice Plus)	OUT OF NETWORK
Calendar Year Deductible Single/Family	Individual deductible \$2,000/4,000	Individual deductible \$2,000/4,000	Family deductible* \$4,000/8,000
Health Reimbursement Account (HRA)	Wellness Incentive: PHA, Tobacco Free and Online Program	Wellness Incentive: PHA, Tobacco Free and Online Program	
Member	Up to \$1,000	Up to \$1,000	See in-network for details
Spouse or Domestic Partner	Up to \$1,000	Up to \$1,000	See in-network for details
Coinsurance	10%	10%	30%
Calendar Year Out-of-Pocket Max (1) Single/Family	\$4,000/8,000	\$4,000/8,000	\$8,000/16,000
Outpatient Services (illness or injury)			
Primary Care Physician Office Visit	\$10 assign/select required	\$30	30% after deductible
Pediatrician Visits (PCP)	3 Visits \$0, \$10 after that	\$30	30% after deductible
<i>Premium Care Physician Designation</i>	\$10 PCP / \$50 Specialist	\$30	N/A
Specialist Office Visit (referrals not required)	\$50	\$50	30% after deductible
Virtual Visit	\$0	\$15	Not Covered
Urgent Care	\$50	\$50	30% after deductible
Diagnostic Lab and X-Ray (MRI, CAT & PET)	10% after deductible 10% after deductible	10% after deductible 10% after deductible	30% after deductible 30% after deductible
Preventive Care			
Routine Well Baby Care/Well Child Care	Covered at 100%	Covered at 100%	Covered at 100%
Routine Wellness Exam - Adult	Covered at 100%	Covered at 100%	Covered at 100%
Inpatient Hospital	10% after deductible	10% after deductible	30% after deductible
Outpatient Surgery	10% after deductible	10% after deductible	30% after deductible
Emergency Care			
Ambulance	10% after deductible	10% after deductible	10% after deductible
Emergency room care	\$300	\$300	\$300
Other Services			
Durable Medical Equipment	10% after deductible	10% after deductible	30% after deductible
Physical; Speech & Occupational Rehab (20 visits)	\$50	\$50	30% after deductible
Chiropractor (20 visit)	\$50	\$50	30% after deductible
Skilled Nursing/In-Patient Rehabilitation (60 days)	10% after deductible	10% after deductible	30% after deductible
Mental Health & Substance Abuse			
Office Visit - Outpatient	\$10	\$30	30% after deductible
Inpatient Services	10% after deductible	10% after deductible	30% after deductible

(1) What is included: Deductible, copays, coinsurance are included in the out of pocket maximum. Penalties for not obtaining Pre-Certification, premiums, balance billing and services that are not covered under the plan are not included in the Out of Pocket maximum.

United Health Care (Optum RX)	NHP POS Access HDHP with HRA	Choice Plus POS HDHP with HRA	HDHP with HRA
	IN NETWORK	IN NETWORK	OUT OF NETWORK (1)
Prescriptions - Retail (30 days)	Deductible waived	Deductible waived	Deductible waived
Tier 1 - Lowest Cost	\$15	\$30	\$30
Tier 2 - Mid-Range Cost	\$50	\$60	\$60
Tier 3 - Higher Cost	\$90	\$90	\$90
Tier 4 - Highest Cost	25%	25%	25%
Prescriptions - Mail Order (90 days)	After Deductible	After Deductible	After Deductible
Tier 1 - Lowest Cost	\$30	\$60	Not Available
Tier 2 - Mid-Range Cost	\$100	\$120	Not Available
Tier 3 - Higher Cost	\$180	\$180	Not Available
Tier 4 - Highest Cost	25%	25%	Not Available

(1) The copay and percentages for out of network pharmacies is based on Reasonable and Customary (R&C). If the cost is more than the R&C, you will pay the difference plus the copayment or percentage on the R&C allowed amount.