

MEDICAL PLAN SUMMARY - **HIGH DEDUCTIBLE HEALTH PLAN**

Available to IAFF Local #127 Employees hired before 7/1/11 & Post 1/6/12 Retirees

To follow is a *brief* summary of current 2026 benefit. *Please refer to the Schedule of Benefits and/or Master Plan Document/Summary Plan Description for complete details* www.cityoflacrosse.org/hr/cebenefts.

2026 Monthly Contribution Amount

| Plan Type | Monthly Rate if did 2025 Health Risk Assessment (5% of plan cost) | Monthly Rate if did not do 2025 Health Risk Assessment (16% of plan cost) |
|---------------------------|---|---|
| Single | \$93.90 | \$119.24 |
| Limited Family (2 person) | \$194.22 | \$246.64 |
| Family | \$236.44 | \$300.26 |

| Provision | Coverage | | | | | | | | | | | | | | | | |
|---|--|-------------------|-----------------------|------------------------|------------------------|---|----------------------|------------------------------|------------------------------|---------------------|----------|----------------------|----------|----------------------------|------------------|--------------------------|---------------|
| Annual deductible <i>*With exception of preventive services, all medical claim & Rx drug costs will go to your deductible</i> | In-Network: \$3,500 per Person / maximum of \$7,000 per Family Unit. Out-of-Network: \$7,000 per Person with no Family Unit maximum. *Exception: Ambulance or Emergency Room services paid at the in-network rate even when provider is out-of-network. | | | | | | | | | | | | | | | | |
| Co-insurance after deductible is met | In-Network: Plan pays 90% Out-of-Network: Plan generally pays 70% & Member pays 30% of UCR charges | | | | | | | | | | | | | | | | |
| Maximum Out of Pocket (MOOP) | In-Network: \$7,000 per Person / \$14,000 per Family Unit. Out-of-Network: \$14,000 per Person / \$28,000 per Family Unit. | | | | | | | | | | | | | | | | |
| Co-Pays Office Visit Co-pay ER Co-pay Chiropractic Co-pay Inpatient Co-pay Outpatient Co-pay Convenience Clinic (Express Care) Anthem's LiveHealth On-line | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">In-Network</td> <td style="width: 50%; border: none;">Out-of-Network</td> </tr> <tr> <td style="border: none;">\$20 per visit or exam</td> <td style="border: none;">\$40 per visit or exam</td> </tr> <tr> <td style="border: none;">\$75 (waived if admitted within 24 hours)</td> <td style="border: none;">(same as in network)</td> </tr> <tr> <td style="border: none;">\$20 per daily visit or exam</td> <td style="border: none;">\$40 per daily visit or exam</td> </tr> <tr> <td style="border: none;">\$150 per admission</td> <td style="border: none;">No Copay</td> </tr> <tr> <td style="border: none;">\$150 per occurrence</td> <td style="border: none;">No Copay</td> </tr> <tr> <td style="border: none;">No copay if deductible met</td> <td style="border: none;">20% co-insurance</td> </tr> <tr> <td style="border: none;">No cost – plan pays 100%</td> <td style="border: none;">Not available</td> </tr> </table> | In-Network | Out-of-Network | \$20 per visit or exam | \$40 per visit or exam | \$75 (waived if admitted within 24 hours) | (same as in network) | \$20 per daily visit or exam | \$40 per daily visit or exam | \$150 per admission | No Copay | \$150 per occurrence | No Copay | No copay if deductible met | 20% co-insurance | No cost – plan pays 100% | Not available |
| In-Network | Out-of-Network | | | | | | | | | | | | | | | | |
| \$20 per visit or exam | \$40 per visit or exam | | | | | | | | | | | | | | | | |
| \$75 (waived if admitted within 24 hours) | (same as in network) | | | | | | | | | | | | | | | | |
| \$20 per daily visit or exam | \$40 per daily visit or exam | | | | | | | | | | | | | | | | |
| \$150 per admission | No Copay | | | | | | | | | | | | | | | | |
| \$150 per occurrence | No Copay | | | | | | | | | | | | | | | | |
| No copay if deductible met | 20% co-insurance | | | | | | | | | | | | | | | | |
| No cost – plan pays 100% | Not available | | | | | | | | | | | | | | | | |
| Neighborhood Family Clinic | \$20 per visit - Must be paid by member to NFC at time of service <i>Co-pay & claim do not apply to Deductible</i> | | | | | | | | | | | | | | | | |
| Preventive Services as defined under the Patient Protection and Affordable Care Act (ACA) | In-Network: Plan pays 100% Out-of-Network: \$40 co-pay then Plan pays 70% of UCR charges following the Out-of-Network deductible. Includes but is not limited to: Routine Physical Exam, Well baby exams up to age 2, Routine Gynecological Exam, Specific Immunizations, Routine Colonoscopy, Routine Mammogram, Routine Cholesterol or glucose screening (when not tied to a Diagnosis) | | | | | | | | | | | | | | | | |
| Rx Drug Co-pays Apply AFTER deductible is met *Using ServeYou Rx Select Formulary found at www.ServeYouRx.com | Copays below apply AFTER the deductible is met: Generic Tier 1: \$0 Brand Tier 2: \$20 retail (30 day) / \$40 mail order (90 day) \$60 (90 day at retail) Tier 3: \$50 retail (30 day) / \$100 mail order (90 day) \$150 (90 day at retail) *90 day mail order (2 copays) OR 90 day at retail (3 copays) required for Maintenance Drugs after first two 30 day retail fills. | | | | | | | | | | | | | | | | |

**If there are any discrepancies between this and the MPD/SPD, the MPD/SPD prevails.*

Note: The plan would apply cost sharing in the following order.

- 1) **Co-pay** if applicable to such service.
- 2) **Deductible** – All medical & Rx drug claims will go towards deductible until the individual or family max is met.
- 3) **Co-insurance** – Not applicable in-network. Applies to out-of-network claims unless individual or family max is met)