

2024 Plan Design

CITY OF RACINE

Plan Design

1/1/2023 PLAN DESIGNS

Medical	HDHP Plan	
	In-Network	Out-of-Network
Deductible - Single	\$3,000	\$6,000
Deductible - Family	\$6,000	\$12,000
<i>Individual Embedded Deductible</i>	Yes	Yes
Max OOP - Single	\$4,000	\$8,000
Max OOP - Family	\$8,000	\$16,000
<i>Individual Embedded Max OOP</i>	Yes	Yes
Coinsurance % (EE pays)	0%	20%
Primary Care Visit	\$30 Copay after Ded	Ded. & Coins.
Specialist Visit	\$60 Copay after Ded	Ded. & Coins.
ER Visit	\$200 Copay after In-Network Ded.	
Urgent Care Visit	\$75 Copay after Ded	Ded. & Coins.
Inpatient Hospital	Ded. & Coins.	Ded. & Coins.
Outpatient Hospital	Ded. & Coins.	Ded. & Coins.
Pharmacy		
Tier 1	\$10 Copay after Ded	
Tier 2	\$35 Copay after Ded	
Tier 3	\$50 Copay after Ded	
Tier 4	\$150 Copay after Ded	

1/1/2024 PLAN DESIGNS

	HDHP Plan	
	In-Network	Out-of-Network
	\$3,200	\$6,400
	\$6,400	\$12,800
	Yes	Yes
	\$4,000	\$8,000
	\$8,000	\$16,000
	Yes	Yes
	0%	20%
	\$30 Copay after Ded	Ded. & Coins.
	\$60 Copay after Ded	Ded. & Coins.
	\$200 Copay after In-Network Ded.	
	\$75 Copay after Ded	Ded. & Coins.
	Ded. & Coins.	Ded. & Coins.
	Ded. & Coins.	Ded. & Coins.
	\$10 Copay after Ded	
	\$35 Copay after Ded	
	\$50 Copay after Ded	
	\$150 Copay after Ded	