

UCOR Plan Summary - 2024

Pharmacy	Medical PPO		HSA CDHP		CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Formulary	Standard Opt Out		Advanced Control		Advanced Control	
Deductible	Integrated with Medical		Integrated with Medical		Integrated with Medical	
Out of Pocket Maximum	Integrated with Medical		Integrated with Medical		Integrated with Medical	
Retail Pharmacy						
Preferred Generic	20% after ded	20% after ded, plus 40% of any remaining charges	20% after ded	20% after ded, plus 50% of any remaining charges	30% after ded	30% after ded, plus 50% of any remaining charges
Preferred Brand	20% after ded	20% after ded, plus 40% of any remaining charges	20% after ded	20% after ded, plus 50% of any remaining charges	30% after ded	30% after ded, plus 50% of any remaining charges
<u>Non Preferred</u> Generic/Brand	20% after ded	20% after ded, plus 40% of any remaining charges	30% after ded	30% after ded, plus 50% of any remaining charges	45% after ded	45% after ded, plus 50% of any remaining charges
Mail Order Pharmacy						
Generic	20% after ded	Not covered	20% after ded	Not covered	30% after ded	Not covered
Preferred Brand	20% after ded	Not covered	20% after ded	Not covered	30% after ded	Not covered
<u>Non Preferred</u> Brand	20% after ded	Not covered	30% after ded	Not covered	45% after ded	Not covered
Specialty Medications						
Preferred	20% after ded up to \$400 max	Not covered	20% after ded	Not covered	30% after ded	Not covered
<u>Non Preferred</u> Brand	20% after ded up to \$400 max	Not covered	30% after ded	Not covered	45% after ded	Not covered