

Company Name: Georgia Psychiatry & Sleep  
GA - 30080  
# of Eligibles: 16  
SIC Code: 8011

Broker: ANGUS MCRAE  
Broker Phone: (770) 300-0001

Agency: ANGUS MCRAE INSURANCE BROKERAGE  
SERVICES  
Agency Phone: N/A

UHC Sales Rep: Ember Ford  
UHC Sales Rep Phone: N/A

Effective Date: 04/01/2024  
Creation Date: 1/30/2024, 10:47:31 AM EST

Medical Plan Code - RX Plan Code	DGR5 - L31S		DGR2 - L31S		DGR4 - L31S		DGSE - L31S		DGSD - P39S	
UHC Rewards Level	Core Rewards		Core Rewards		Core Rewards		Core Rewards		Core Rewards	
Plan Name	Balanced w/Care Cash		Balanced w/Care Cash		Balanced w/Care Cash		Balanced w/Care Cash		Balanced w/Care Cash	
Package Code(s)	GA24A		GA24A		GA24A		GA24A		GA24A	
Product Type	CHOICE PLUS		CHOICE PLUS		CHOICE PLUS		CHOICE PLUS		CHOICE PLUS	
Metallic Level	Silver		Silver		Silver		Silver		Silver	
License Type	INS		INS		INS		INS		INS	
Platform	PRIME		PRIME		PRIME		PRIME		PRIME	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Deductible/Out of Pocket										
Individual/Family Deductible	\$5,500.00 / \$11,000.00	\$10,000.00 / \$20,000.00	\$5,000.00 / \$10,000.00	\$10,000.00 / \$20,000.00	\$5,000.00 / \$10,000.00	\$10,000.00 / \$20,000.00	\$4,500.00 / \$9,000.00	\$12,000.00 / \$24,000.00	\$4,000.00 / \$8,000.00	\$14,000.00 / \$28,000.00
Individual/Family Out of Pocket	\$9,000.00 / \$18,000.00	\$20,000.00 / \$40,000.00	\$9,450.00 / \$18,900.00	\$15,000.00 / \$30,000.00	\$9,450.00 / \$18,900.00	\$15,000.00 / \$30,000.00	\$9,450.00 / \$18,900.00	\$24,000.00 / \$48,000.00	\$9,450.00 / \$18,900.00	\$36,400.00 / \$72,800.00
Co-insurance (Plan Pays)										
Hospital Co-insurance	100%	70%	100%	70%	100%	70%	60%	60%	60%	60%
Visit to Provider Office										
Primary Care Visit Co-payment <sup>4</sup>	\$25.00	Does Not Apply	\$25.00	Does Not Apply	\$30.00	Does Not Apply	\$45.00	Does Not Apply	\$55.00	Does Not Apply
Specialist Visit Co-payment <sup>4</sup>	\$100.00	Does Not Apply	\$110.00	Does Not Apply	\$90.00	Does Not Apply	\$90.00	Does Not Apply	\$100.00	Does Not Apply
Referral Required	See Benefit Summary	Does Not Apply	See Benefit Summary	Does Not Apply	See Benefit Summary	Does Not Apply	See Benefit Summary	Does Not Apply	See Benefit Summary	Does Not Apply
PCP Required	No	Does Not Apply	No	Does Not Apply	No	Does Not Apply	No	Does Not Apply	No	Does Not Apply
Pharmacy RX										
RX Deductible	None		None		None		None		None	
tier1	\$10.00		\$10.00		\$10.00		\$10.00		\$5.00	
tier2	\$40.00		\$40.00		\$40.00		\$40.00		\$15.00	
tier3	\$150.00		\$150.00		\$150.00		\$150.00		20%	
tier4	\$300.00		\$300.00		\$300.00		\$300.00		25%	
Premium (4-Tier Composite Rating)										
Employee Only (4)	\$3,179.72		\$3,184.32		\$3,193.00		\$3,265.04		\$3,385.60	
Employee + Spouse (0)	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Employee + Child(ren) (0)	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00	
Family (1)	\$2,265.55		\$2,268.83		\$2,275.01		\$2,326.34		\$2,412.24	
Total Monthly Premium	5445.27		5453.15		5468.01		5591.38		5797.84	

<sup>2</sup>Embedded Deductible

<sup>4</sup>Refer to the benefit summary for the full PCP and Specialist cost share information

Employer groups should consult with their benefits and/or tax counsel regarding any potential tax implications if they choose to offer a Health Reimbursement Arrangement (HRA) on a medical plan with Care Cash.