Medical Benefits

DETAILS AT A GLANCE



Effective January 1, 2024, Woods Services is offering two competitive and comprehensive health care plans. Eligible employees have the option of enrolling in the medical plans shown below (full plan details available by contacting the Benefits Office).

Homestead Plan

Homestead/Aetna High Deductible Health Plan

BENEFIT DESCRIPTION		IN-NETWORK
PCP Designation/Referrals Required	No	No
Deductible (Individual/Family)	\$500/\$1,000*	\$3,000/\$6,000
Coinsurance	100%	100%
Medical Out-of-Pocket Maximum (Individual/Family)	\$1,500/\$3,000	\$6,750/\$13,500
Rx Out-of-Pocket Maximum (Individual/Family)	\$1,000/\$2,000	Integrated with Medical
Preventive Care Services	100%	100%
Primary Care Physician Office Visit	\$20 copay	100% after deductible
Retail Clinics	\$10 copay	100% after deductible
Specialist Office Visit	\$30 copay	100% after deductible
Physical/Speech/Occupational Therapy	\$20 copay	100% after deductible
Outpatient Lab/Pathology	\$20 copay	100% after deductible
Diagnostic Laboratory	\$20 copay	100% after deductible
Diagnostic X-Ray/Imaging	\$20 copay	100% after deductible
MRI/MRA, CT Scans/PET	\$50 copay	100% after deductible
Inpatient Hospital	\$200 copay after deductible	90% after deductible
Outpatient Surgery	\$100 copay after deductible	90% after deductible
Emergency Room (waived if admitted)	\$200 copay after deductible	100% after deductible
Urgent Care Center	\$30 copay	100% after deductible
Durable Medical Equipment	100%	100% after deductible
		OUT-OF-NETWORK
Deductible (Individual/Family)	N/A	\$5,000/\$10,000
Coinsurance	N/A	50%
Out-of-Pocket Maximum (Individual/Family)	N/A	\$10,000/\$20,000

^{*} Deductible applies to inpatient hospital stays, outpatient surgeries and emergency room visits

Note: if you have any family members enrolled, each family member must meet their own deductible and out-of-pocket maximum until the overall family deductible and out-of-pocket maximum is met.

