

WOODS
Medical Plan

Effective July 1, 2026

	Homestead
	PHCS
	(no referrals required)
Medical In Network Benefits:	
Individual/Family Deductible (Hospital/ER)*	\$500/\$1,000
Out of Pocket Maximum (individual/family)	\$1,500/\$3,000
Lifetime Maximum	Unlimited
Preventative Services	100%
Primary Care Physician (PCP)	\$20 copay
Mental Health Care Visit (Office or Outpatient Setting)	\$20 copay
Specialist Office Visits	\$30 copay
Teladoc	\$0 copay
Hospitalization (Inpatient/Outpatient)	\$200 copay after deductible
Emergency Room (waived if admitted)	\$200 copay after deductible
Retail Clinics	\$10 copay
Urgent Care	\$30 copay
Medical Center at Woods	\$0 copay
Physical/Speech/Occupational Therapy	\$20 copay
Outpatient Lab/Pathology	\$20 copay
Diagnostic X-Ray	\$20 copay
MRI/MRA, CT Scans/PET (Complex Imaging)	\$50 copay
Outpatient Surgery	\$100 copay after deductible
Durable Medical Equipment	100%
Medical Out of Network Benefits:	
Individual/Family Deductible	N/A
Coinsurance	N/A
Out of Pocket Maximum (individual/family)	N/A
Lifetime Maximum	Unlimited
Prescription Drug Benefits	US-Rx Care/Script Sourcing***
Generic	\$5 Copay
Preferred Brand**	20% Coinsurance (\$25 minimum/\$50 maximum)
Non-Preferred Brand**	30% Coinsurance (\$55 minimum/\$80 maximum)
Oral Contraceptives	Included
Mail Order (Up to a 90-day supply)	Included: 2 copays for 3 months
Deductible	N/A
Out of Pocket Maximum (individual/family)	\$1,000/\$2,000
	Biweekly
Total Premiums:	Deduction
Employee Only	\$25.00
Employee & Child(ren)	\$245.00
Employee & Spouse/Domestic Partner	\$345.00
Family	\$545.00

*Deductible applies to inpatient hospital stays, outpatient surgeries and emergency room visits. Preventive and non-preventive colonoscopies will not be subject to the deductible. Outpatient facility copay will apply. Deductible waived at Penn Medicine and Atlantic Health Hospitals and facilities.

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.

**If a brand name drug is prescribed when a generic is available, the generic drug will be filled and the generic drug copay will apply. If a generic is not available, the brand drug copay will apply. If a brand name drug is filled when the generic is available, the brand name copay will apply as well as the difference between the negotiated discount price for the generic drug and brand name drug

***Specialty medications are provided through either US-Rx Care or Script Sourcing