

**MAMARONECK UFSD**  
**HEALTH PLAN CHANGES EFFECTIVE 7/1/2023**

	POST - 6/30/2023	PRE - 7/1/2023
<b>Medical Services</b>		
Office Visits	\$25	\$25
Routine Physicals	Covered in full	Covered in full
Well Child Visits/Immunizations (to age 19)	Covered in full	Covered in full
Diagnostic X-Rays	\$25	Covered in full
Imaging	\$25	Covered in full
Laboratory Testing	\$25	Covered in full
Chiropractic Care	\$25	\$25
Specialist Visits	\$25	\$25
<b>Hospital Care</b>		
Inpatient stay	\$250 per Adm. After 365 days, 20% coinsurance under Major Medical Benefit	\$250 copay per admission
Outpatient Surgery Facility	\$60	Covered in full
Emergency Room Visits - Urgent (Waived if admitted to hospital)	\$100	\$100
Emergency Ambulance (Medically necessary)	\$35	Covered in full
<b>Deductibles/Coinsurance:</b>		
	<b>Out-of-Network</b>	<b>Out-of-Network</b>
Out-of-Network Deductible	\$1,000 / \$3,000 (Embedded)	\$750 / 1,500 (Embedded)
Out-of-Network Coinsurance	80% / 20% Basic Medical	80% / 20% Basic Medical
Out-of-Network Out-of-Pocket Maximum	\$4000/\$12,000	\$1,750/\$3,500
<b>Other Services</b>		
Hearing Aid Reimbursement	\$3,000 maximum reimbursement every four years	\$5,000 maximum reimbursement every three years