

CITY OF NEW ORLEANS
2026 CHOICE PLAN UNITED HEALTHCARE SUMMARY SHEET
RETIREES / SURVIVING DEPENDENTS

PLEASE NOTE: There will be NO Medical Out-of-Network Coverage
Dental Coverage has a Health Coverage Plus Option for 2026 Plan Year
Vision Coverage WILL NOT change for 2026 Plan Year

UHC MEDICAL PLAN			UHC Dental BASE PLAN		
Services	In Network	Out of Network	Services	In Network	Out of Network
CALENDAR YEAR DEDUCTIBLE			CALENDAR YEAR DEDUCTIBLE		
Individual	\$750	Not Covered	Individual	\$0	\$50
Family	\$2,250	Not Covered	Family	\$0	\$150
OUT OF POCKET EXPENSES			ANNUAL ALLOWABLE AMOUNT		
Individual	\$4,500 (incl. deductible)	Not Covered	Individual	\$1,000 per person	\$1,000 per person
Family	\$13,500	Not Covered	DIAGNOSTIC SERVICES		
Maximum Lifetime Benefit unlimited lifetime maximum			Periodic Oral Eval.	100%	100%
OFFICE VISITS AND PREVENTATIVE CARE			Radiographs	100%	100%
Office Visits	\$30 co-pay	Not Covered	Lab and Other Diagnostic Tests	100%	100%
Wellness Visits	\$0 co-pay	Not Covered	PREVENTIVE SERVICES		
Specialist	\$45co-pay	Not Covered	Prophylaxis (Preventive)	100%	100%
OUTPATIENT SERVICES			Fluoride Treatment (Preventive)	100%	100%
Laboratory, X-Ray, and Diagnostics, Outpatient	0%	Not Covered	Sealants	100%	100%
Laboratory and X-Ray – Major Diagnostics (CT Scan, PET Scan, MRI, Nuclear Medicine) Outpatient	20% after deductible	Not Covered	Space Maintainers	100%	100%
Outpatient Surgery	20% after deductible	Not Covered	BASIC SERVICES		
INPATIENT SERVICES			Restorations	80%	80%
Hospital	20% after deductible	Not Covered	General Services	80%	80%
Professional Services	20% after deductible	Not Covered	Simple Extractions	80%	80%
EMERGENCY SERVICES			Oral Surgery (incl. surgical extractions)	80%	80%
Emergency Room	\$350 co-pay	Covered (emergency services only)	Periodontics	80%	80%
Urgent Care	\$50 co-pay	Not Covered	Endodontics	80%	80%
Ambulance	20% after deductible	Covered (emergency services only)	MAJOR SERVICES		
MENTAL HEALTH SERVICES			Inlays/Onlays/Crowns	50%	50%
In-Patient	20% after deductible	Not Covered	Dentures/Removable	50%	50%
Limit per Calendar Year	No stay limitation	Not Covered	Fixed Partial/Bridges	50%	50%
Limit per Lifetime	No limitation	Not Covered	UHC Dental Health Coverage Plus Plan		
Outpatient Mental Health	\$30 per visit	Not Covered	ORTHODONTIC SERVICES – For Ages 18 & Under		
Limit per Calendar Year	No visit limitation	Not Covered	Annual Deductible	\$0	\$50 / \$150
PRESCRIPTION DRUGS			Orthodontia	50%	50%
Generic (31 day supply)	\$10 co-pay	Not Covered	Lifetime Ortho Max	\$2,500	\$2,500
Preferred (31 day supply)	\$35 co-pay	Not Covered	Dental Implants (any age)	50%	50%
Non-Preferred (31 day supply)	\$70 co-pay	Not Covered	UHC VISION PLAN		
Mail Order Generic (90 day supply)	\$30 co-pay	Not Covered	Services	In Network Per Calendar Year	Out of Network Reimbursement
Mail Order Preferred (90 day supply)	\$105 co-pay	Not Covered	Exam	\$10 co-pay	\$40
Mail Order Non-Preferred (90 day supply)	\$210 co-pay	Not Covered	Frame Benefit Private Provider	\$120-\$150 (Retail Price)	\$45
			Frame Benefit	Retail Provider-\$130	\$45
			Contacts	\$105 Allowance	\$105
			LENSES (Standard)		
			Single Vision	No co-pay	\$40
			Lined Bifocal	No co-pay	\$60
			Lined Trifocals	No co-pay	\$80
			Laser Vision Correction	Discount Available Please call 1-888-563-4497	

Please note that the Benefit Summary above provides a brief description of coverage. It is not a policy, certificate of insurance or coverage document. For complete details on coverage, exclusions, limitations and the terms under which coverage may continue, please contact your customer service representative or review the Summary Plan Description.

**CITY OF NEW ORLEANS
2026 HEALTHCARE PLAN
DEDUCTION CODES & RATES
EFFECTIVE JANUARY 1, 2026**

TYPES OF COVERAGE	Ded. Code	Base Plan	Ded. Code	Dental Health Coverage Plus
RETIREEES UNDER 65				
Retiree Only (Compliant)	O1	\$ 386.22	BO1	\$ 392.95
Retiree & Spouse - RR/SP (Compliant)	O3	\$ 755.75	BO3	\$ 778.46
Retiree & Child(ren) - (Compliant)	O4	\$ 714.51	BO4	\$ 739.43
Retiree & Family - RR/SP (Compliant)	O5	\$ 992.76	B05	\$ 1,029.32
BENEFICIARIES UNDER AGE 65				
Widow/Widower < 65 - (Compliant)	W1	\$ 377.87	BW1	\$ 384.46
Widow/Widower < 65 & Minors - (Compliant)	W3	\$ 407.23	BW3	\$ 421.43
DISABLED RETIREES UNDER 65 WITH MEDICARE A & B				
Retiree Only < 65 (Compliant)	M1	\$ 244.77	BM1	\$ 249.04
Retiree & Spouse - RR/SP (Compliant)	D3	\$ 486.88	BD3	\$ 496.31
Retiree & Child(ren) - (Compliant)	D1	\$ 575.37	BD1	\$ 595.44
Retiree & Family - RR/SP (Compliant)	D6	\$ 557.56	BD6	\$ 578.09
Widow/Widower < 65 - (Compliant)	S1	\$ 377.87	BS1	\$ 384.46
Widow/Widower & Minors < 65 - (Compliant)	S4	\$ 407.23	BS4	\$ 421.43
DEPENDENTS OF RETIREES 65+				
Spouse/Partner - (Compliant)	M3	\$ 183.39	N/A	N/A
Spouse/Partner & Child(ren) - (Compliant)	M8	\$ 306.01	N/A	N/A
Minor Child(ren) Only	M5	\$ 182.07	N/A	N/A
Disabled Dependent	M7	\$ 182.07	N/A	N/A
Children of Officers Killed in Line of Duty / Deceased Employee	C1	\$ 213.25	*BC1	\$ 218.21
Children of Officers Killed in Line of Duty / Deceased Employee (Indiv. Dep)	C2	\$213.25 / #Dep	*BC2	\$218.21 / # Dep

*For child(ren) under the age of 19

Revised 10/23/2025