



November 29, 2023

Dear Hy-Vee Part-Time Employee,

Our records indicate that you are currently enrolled in Limited Medical Insurance through Hy-Vee. We are excited to announce the following enhancements to your plan for 2024.

**Limited Medical Plan Enhancements – Effective January 1, 2024**

- **Preventive Services** now covered at no cost under Limited Medical Insurance!
  - Includes coverage for flu shots, COVID-19 vaccines, preventive prescriptions, and more
- Primary Care or Specialist Office Visits covered with a \$30 copay
- Urgent Care Visit (1 per year) covered with a \$50 copay
- Telehealth services for both physical and mental health with \$0 copay, prescription coverage, and more!

Plan rates have changed, and rates are decreasing for most employees! Please visit [hy-veePTenroll.com](https://hy-veePTenroll.com) to review your benefits elections and make changes by December 11, 2023. You may also review updated plan rates and benefit information on the Part-Time Employee Benefits page on Huddle, which can be accessed by scanning the QR code below, or by visiting <https://hy-vee.midwestheritage.com/elective-benefits/> and clicking on Limited Medical PT Employee Guide.



Please contact Midwest Heritage Insurance Services at [515-343-5047](tel:515-343-5047) or [csr@mhbanks.com](mailto:csr@mhbanks.com) if you have questions or need further assistance. Thank you!

Sincerely,

Hy-Vee Elective Benefits Team

Benefits	Hy-Vee Limited Medical + Preventive Plan Options					
	HV Basic	HV Choice	HV Max	NEW Hy-Vee Basic with Preventive	NEW Hy-Vee Choice with Preventive	NEW Hy-Vee Max with Preventive
Hospital Confinement	\$500 5 days per year	\$1,000 5 days per year	\$3,000 for day 1 \$2,000 for days 2-5 5 days per year	\$200 5 days per year	\$1,000 5 days per year	\$2,000 5 days per year
Hospital ICU	\$1,000 5 days per year	\$2,000 5 days per year	\$5,000 5 days per year	None	\$2,000 per day, 5 days per year	\$5,000 per day, 5 days per year
Hospital Admission	None	None	None	None	None	\$3,000 1 day per year
Physician Office Visit*	\$50 5 days per year	\$60 5 days per year	\$75 5 days per year	\$30 Copay 3 visits per year	\$30 Copay 3 visits per year	\$30 Copay 5 visits per year
Urgent Care Office Visit*				\$50 Copay 1 visit per year	\$50 Copay 1 visit per year	\$50 Copay 2 visits per year
Wellness Visit For physician office visits for routine physical exams and well baby care, including immunizations	\$100 adult \$100 child 3 days per year	\$100 adult \$100 child 3 days per year	\$100 adult \$100 child 3 days per year	Covered under Physicians Office Visit	Covered under Physicians Office Visit	Covered under Physicians Office Visit
Preventive Services	Not covered	Not covered	Not covered	Covered at 100% 19 Adult Services, 28 Women Services, 27 Children Services, ACA Mandated Preventive Rx - Generic	Covered at 100% 19 Adult Services, 28 Women Services, 27 Children Services, ACA Mandated Preventive Rx - Generic	Covered at 100% 19 Adult Services, 28 Women Services, 27 Children Services, ACA Mandated Preventive Rx - Generic
Inpatient Surgery	\$1,000 1 day per year	\$1,000 1 day per year	\$2,000 1 day per year	None	\$1,000 per day, 1 day per year	\$2,000 per day, 1 day per year
Outpatient Major Surgery	\$500 1 day per year	\$750 1 day per year	\$1,000 1 day per year	None	\$750 per day, 1 day per year	\$1,000 per day, 1 day per year
Outpatient Minor Surgery	None	None	None	None	\$300 1 day per year	\$400 1 day per year
Anesthesia	\$250 2 days per year In/Outpatient	\$250 2 days per year In/Outpatient	\$500 2 days per year In/Outpatient	None	\$250 per day, 2 days per year	\$500 2 days per year In/Outpatient
Emergency Room - Sickness	\$100 2 days per year	\$150 2 days per year	\$250 2 days per year	\$100 1 day per year	\$150 per day, 2 days per year	\$250 per day, 2 days per year
Outpatient Diagnostic Lab	\$35 4 days per year	\$35 4 days per year	\$35 4 days per year	None	\$35 per day, 3 days per year	\$35 per day, 3 days per year
Outpatient Diagnostic X-ray	\$50 4 days per year	\$75 4 days per year	\$100 4 days per year	None	\$75 per day, 2 days per year	\$100 per day, 2 days per year
Outpatient Major Diagnostic Testing	\$275 3 days per year	\$275 3 days per year	\$275 3 days per year	None	\$350 per day, 1 day per year	\$500 per day, 1 day per year
Mental Disorder Confinement	None	None	None	None	As any other inpatient hospitalization	As any other inpatient hospitalization
Substance Use Disorder Confinement	None	None	None	None	As any other inpatient hospitalization	As any other inpatient hospitalization
Mental Disorders and Substance Use Disorder Admission	None	None	None	None	As any other inpatient hospitalization	As any other inpatient hospitalization
Accidental Death and Dismemberment	None	None	None	\$5,000 EE \$1,000 SP \$1,000 CH	\$5,000 EE \$1,000 SP \$1,000 CH	\$5,000 EE \$1,000 SP \$1,000 CH
Term Life Rider	None	None	None	\$5,000 EE \$1,000 SP \$1,000 CH	\$5,000 EE \$1,000 SP \$1,000 CH	\$5,000 EE \$1,000 SP \$1,000 CH
Accident Lump Sum Select Rider	Up to \$1,500 per accident 1 accident per year	Up to \$1,500 per accident 1 accident per year	Up to \$1,500 per accident 1 accident per year	\$1,250 per accident Limited to one per year	\$1,250 per accident Limited to one per year	\$1,250 per accident Limited to one per year
Prescription Option	Discounts only for all RX classes	Generic - \$10 copay Preferred Brand - Discount Non-Formulary - Discount \$200/400 per month	Generic - \$10 copay Preferred Brand - \$30 copay Non-Formulary - Discount \$200/400 per month	VIVID Discount Card	Generic - \$10 copay Preferred Brand - Discount Non-Formulary - Discount \$200/400 per month	Generic - \$10 copay Preferred Brand - \$30 copay Non-Formulary - Discount \$200/400 per month
Enhanced Benefit Options	First Health, NBFSA, MDLIVE, Supportlinc, HealthServices hub	First Health, NBFSA, MDLIVE, Supportlinc, HealthServices hub	First Health, NBFSA, MDLIVE, Supportlinc, HealthServices hub	First Health, \$0 Copay Preventive Prescriptions, Virtual Primary Care, Telephonic/Video Doctor Visits, SupportLinc unlimited telephonic visits/3 face-to-face	First Health, \$0 Copay Preventive Prescriptions, Virtual Primary Care, Telephonic/Video Doctor Visits, SupportLinc unlimited telephonic visits/3 face-to-face	First Health, \$0 Copay Preventive Prescriptions, Virtual Primary Care, Telephonic/Video Doctor Visits, SupportLinc unlimited telephonic visits/3 face-to-face
Contributory - Weekly Rates	2023 Rates			2024 Rates		
EE Only	Not offered on Contributory basis.	\$14.30	\$31.70	\$7.31	\$18.88	\$33.40
EE+SP		\$42.30	\$76.74	\$18.85	\$41.68	\$71.27
EE+CH		\$29.60	\$56.26	\$16.08	\$35.01	\$59.17
Family		\$52.16	\$92.67	\$27.38	\$56.60	\$97.83
Voluntary Weekly Rates						
EE Only	\$20.89	\$31.83	\$51.33	\$17.62	\$29.86	\$45.35
EE+SP	\$41.42	\$63.12	\$101.73	\$29.47	\$53.63	\$85.18
EE+CH	\$32.18	\$48.85	\$78.71	\$26.58	\$46.57	\$72.29
Family	\$48.74	\$74.05	\$119.21	\$38.19	\$69.14	\$112.90

\*Labs, diagnostic testing, and x-rays during office visit would be covered under office visit copay

\*\*Over 200 drugs at \$0 cost in Tier 1. Cost of drugs in Tiers 2-4 shall not exceed amount listed. Non-formulary drugs average 67% discount.