

## 2024 Health Care Plan Comparison Chart

Highlights		PPO (Preferred Provider Organization)		HDHP (High Deductible Health Plan)		
Employee Premiums		Annual Cost	26 Per Pay Period Cost		Annual Cost	26 Per Pay Period Cost
Preferred	Employee Only	\$3,105.18	\$119.43	Employee Only	\$1,356.94	\$52.19
	Employee + Spouse	\$6,359.34	\$244.59	Employee + Spouse	\$2,985.06	\$114.81
	Employee + Child(ren)	\$5,878.08	\$226.08	Employee + Child(ren)	\$2,443.48	\$93.98
	Employee + Family	\$9,529.78	\$366.53	Employee + Family	\$4,071.08	\$156.58
		In-Network	Out of Network	In-Network	Out-of-Network	
Medical Annual Deductible	\$1,500 Single \$3,000 All other		\$3,200 Single \$6,400 All other			
Coinsurance	80/20%		70/30%		0/0%	
Preventive Care	100% coverage		30% after deductible		100% coverage after deductible	
Primary Care Physician	\$20 copay		30% after deductible		100% coverage after deductible	
Chiropractor	\$20 copay		30% after deductible		100% coverage after deductible	
Occupational Therapist	\$20 copay		30% after deductible		100% coverage after deductible	
Physical Therapist	\$20 copay		30% after deductible		100% coverage after deductible	
Speech Pathologist	\$20 copay		30% after deductible		100% coverage after deductible	
Mental Health and Chemical Dependency	\$20 copay		30% after deductible		100% coverage after deductible	
Telehealth	Doctor on Demand: \$20 copay		N/A		100% coverage after deductible Doctor on Demand: \$49 copay	
Specialist	\$40 copay		30% after deductible		100% coverage after deductible	
Urgent Care	\$40 copay		30% after deductible		100% coverage after deductible	
Routine Vision Exam	100% coverage		100% coverage		100% coverage after deductible	
Emergency Room	20% after deductible		30% after deductible		100% coverage after deductible	
Medical Out of Pocket Max	\$3,000 Single \$6,000 All other		\$3,200 Single \$6,400 All other			
Lifetime Maximum	Unlimited		Unlimited			
Prescription Annual Deductible						
	In-Network	Out of Network	In-Network	Out-of-Network		
	\$100 Single \$200 All other Coverage Levels (Waived for Tier 1 Drugs)	\$100 Single \$200 All other Coverage Levels (Waived for Tier 1 Drugs)	Medical Deductible applies (prescription claims aggregate towards Medical Deductible)			
Tier 1	\$4 copay *\$20 copay	\$4 copay *\$20 copay	100% coverage after deductible			
Tier 2	\$25 copay *\$45 copay	\$25 copay *\$45 copay	100% coverage after deductible			
Tier 3	\$40 copay *\$60 copay	\$40 copay *\$60 copay	100% coverage after deductible			
Specialty Drug	\$200 copay	\$200 copay	100% coverage after deductible			
<b>*Increase to prescription copay at non-preferred pharmacies of CVS. Walgreens is no longer a covered pharmacy effective 01/01/2024.</b>						
Prescription Out of Pocket Max	\$3,000 Single \$6,000 All other Coverage Levels	\$3,000 Single \$6,000 All other Coverage Levels	Medical Out of Pocket Maximum applies (Prescription claims aggregate towards Medical Out of Pocket Maximum)			