

2024 Plan Options

Medical Benefits	Base Plan		HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Employee	\$1,000	\$2,000	\$2,000	\$4,000
Employee + 1	\$2,000	\$5,000	\$4,000	\$8,000
Family	\$2,000	\$5,000	\$4,000	\$8,000
Out of Pocket Maximum*				
Employee	\$3,500	\$8,000	\$4,000	\$8,000
Employee + 1	\$7,000	\$15,000	\$7,500	\$16,000
Family	\$7,000	\$15,000	\$7,500	\$16,000
*Includes medical deductible and Rx expenses				
Lifetime Maximum	Unlimited		Unlimited	
Coinsurance	20%	40%	20%	40%
Emergency Room	20% after \$150 copay		20%	20%
Inpatient Hospital Services	20%	40% after \$250 deductible	20%	40% after \$250 deductible
Physician Office Visit	100% after \$25 copay	40%	20%	40%
Specialist Office Visit	100% after \$40 copay	40%	20%	40%
Routine Preventive Care	100%	40%	100%	40%
Outpatient Hospital Services	20%	40%	20%	40%
Outpatient Diagnostic	20%	40%	20%	40%
MRI, CAT and PET Scans	20%	40%	20%	40%
Hospital Outpatient Surgical Services	20%	40%	20%	40%
Physician Outpatient Surgical Services	20%	40%	20%	40%
Therapy Services	100% after \$40 copay	40%	20%	40%
Muscle Manipulation	100% after \$40 copay	40%	20%	40%
TMJ Dysfunction	20%	40%	20%	40%
Infertility	20%	40%	20%	40%
Prescription Drugs				
Pharmacy (34 day supply)				
Generic	\$15 copay	Copay plus 25% coinsurance	Full Cost until Deductible is met then copays.	Full Cost until Deductible is met then copays + 25% coinsurance.
Formulary Brand	\$35 copay			
Non-Formulary Brand	\$50 copay			
Mail Order (90 Day supply)		Not Covered	Full Cost until Deductible is met then copays.	Not Covered
Generic	\$37.50 copay			
Formulary Brand	\$87.50 copay			
Non-Formulary Brand	\$125 copay			

Coinsurance percentages above are your responsibility after deductible is met.

If there is ever a question about this benefit, or if there is a conflict between the information in this summary and the formal language of the Summary of Benefits and Coverage documents, the formal wording in the Summary of Benefits and Coverage documents will govern.