

# 2024 Health Plan Summary

	PPO Plan	HDHP (High Deductible Health Plan)
<b>Health Savings Account Eligible</b>	No	Yes
<b>Employer Contribution to Employee's Health Savings Account</b>	No	\$100.00 Monthly Contribution (\$1,200.00 Annual Contribution)
<b>Eligible for up to \$200 in Wellness Rewards through Anthem</b> <i>(Employees and Covered Spouses)</i>	Yes	Yes
<b>Deductible</b> <i>In-Network Single / Family</i>	\$1,000 / \$2,000	\$3,200 / \$6,400
<i>Out-of-Network Single / Family</i>	\$2,000 / \$4,000	\$5,000 / \$10,000
<i>Type of Deductible</i>	Embedded*	Embedded*
<b>Cost Share After Deductible</b> <i>In-Network (Employee Share)</i>	20%	20%
<i>Out-of-Network (Employee Share)</i>	50%	40%
<b>Maximum Out-of-Pocket</b> <i>In-Network Single / Family</i>	\$3,500 / \$7,000	\$4,000 / \$8,000
<i>Out-of-Network Single / Family</i>	\$7,000 / \$14,000	\$10,000 / \$20,000
<b>Preventive Care</b>	Covered 100%	Covered 100%
<b>Physician Visits</b> <i>Primary Care (Employee Share)</i> <i>Virtual and Office Visits</i>	\$25 Copay per visit <i>deductible does not apply</i>	20% After Deductible
<i>Specialist Care (Employee Share)</i>	20% After Deductible	20% After Deductible
<i>Out-of-Network (Employee Share)</i>	50% After Deductible	40% After Deductible
<b>Urgent Care and ER</b> <i>In-Network (Employee Share)</i>	20% After Deductible	20% After Deductible
<i>Out-of-Network (Employee Share)</i>	50% After Deductible**	40% After Deductible**
<b>Inpatient/Outpatient</b> <i>In-Network (Employee Share)</i>	20% After Deductible	20% After Deductible
<i>Out-of-Network (Employee Share)</i>	50% After Deductible	40% After Deductible
<b>Prescription Drugs</b> <i>Retail Pharmacies (In-Network)</i>	Tier 1: Greater of \$15 or 5% Tier 2: Greater of \$45 or 10% Tier 3: Greater of \$75 or 20% Tier 4: 20% to max of \$250	20% After Deductible  "Preventive Rx" drugs are covered at 100%. See qualifying "Preventive Rx" medication list for more information.  "Preventive Rx" coverage is for HDHP members only.
<i>Impact on Deductible</i>	Pharmacy copays do not accumulate towards your deductible, but help accumulate towards your out-of-pocket expenses.	Pharmacy costs other than "Preventive Rx" drugs accumulate towards your deductible.
<i>Retail Pharmacies (Out-of-Network)</i>	50%	40% After Deductible
<i>Home Delivery (In-Network 90-Day Supply)</i>	Tier 1: Greater of \$30 or 5% Tier 2: Greater of \$90 or 10% Tier 3: Greater of \$150 or 20% Tier 4: 20% to max of \$250	10% After Deductible

\*Embedded deductibles require only an individual deductible to be met for a member on a family plan to begin coinsurance.

\*\*Out-of-Network ER visits are covered as an in-network benefit.