

# 2024 Medical Benefit Overview



	Basic CDHP		Enhanced CDHP	
ANNUAL DEDUCTIBLE	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$2,500	\$5,000	\$1,850	\$3,700
Family	\$5,000	\$10,000	\$3,700	\$7,400
OUT-OF-POCKET-MAXIMUM	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$4,000	\$8,000	\$3,250	\$6,500
Family	\$8,000	\$16,000	\$6,500	\$13,000
COVERED SERVICES	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care	Covered at 100%	50% after deductible	Covered at 100%	50% after deductible
Office Visits	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Specialist Office Visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Urgent Care	25% after deductible	Covered as In-Network	25% after deductible	Covered as In-Network
Emergency Room	25% after deductible	Covered as In-Network	25% after deductible	Covered as In-Network
Inpatient Facility Services	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient Charges	25% after deductible	50% after deductible	25% after deductible	50% after deductible
PHARMACY	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Prescriptions	100% <i>(see approved list on benefits website)</i>	50% after deductible	100% <i>(see approved list on benefits website)</i>	50% after deductible
Retail Tier 1 (generic)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Retail Tier 2 (brand; formulary)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Retail Tier 3 (brand; non-formulary)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Retail Tier 4 (specialty)	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Mail Order (90 day supply)	20% after deductible	50% after deductible	20% after deductible	50% after deductible

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\*Plan closed to new participants after December 31, 2022.

Standard Plan (PPO)		
ANNUAL DEDUCTIBLE	In-Network	Out-of-Network
Individual	\$1,900	\$10,000
Family	\$3,800	\$30,000
OUT-OF-POCKET-MAXIMUM	In-Network	Out-of-Network
Individual	\$5,000	\$20,000
Family	\$10,000	\$60,000
COVERED SERVICES	In-Network	Out-of-Network
Preventive Care	Covered at 100%	45% after deductible
Office Visits	\$35 copay	45% after deductible
Specialist Office Visit	\$70 copay	45% after deductible
Urgent Care	\$100 copay	Covered as In-Network
Emergency Room	\$300 copay	Covered as In-Network
Inpatient Facility Services	\$300 copay, 30% after deductible	\$300 copay, 45% after deductible
Outpatient Charges	30% after deductible	45% after deductible
PHARMACY	In-Network	Out-of-Network
Preventive Prescriptions	100% (see approved list on benefits website)	50%/\$30 minimum copay
Retail Tier 1 (generic)	\$10 copay	50%/\$30 minimum copay
Retail Tier 2 (brand; formulary)	\$50 copay	50%/\$30 minimum copay
Retail Tier 3 (brand; non- formulary)	\$100 copay	50%/\$30 minimum copay
Retail Tier 4 (specialty)	10% to \$200 copay	50%/\$30 minimum copay
Mail Order (90 day supply)	\$20/\$150/\$300/10% to \$400	50%/\$30 minimum copay