



2024 Health Plans—Four Choices

	PPO	PPO CDHP	HMO	HMO CDHP
Benefit Details	In Network	In Network	In Network	In Network
First Dollar Coverage				
Preventive Care Copay	\$0	\$0	\$0	\$0
Deductible - Pre All Coverage				
Single	n/a	\$1,600	n/a	\$1,600
Family	n/a	\$3,200	n/a	\$3,200
Rx Copays				
Generic	\$5	\$10	\$5	\$10
Brand - Preferred	\$40	\$40	\$20	\$40
Brand - Non-Preferred	\$80	\$40	\$30	\$40
Mail Order	2x	2x	2x	2x
Medical Co-Pays				
Office Visit	\$20	n/a	\$20	n/a
Specialist	\$20	n/a	\$20	n/a
UC	\$20	n/a	\$20	n/a
ER Copay	\$50	n/a	\$50	n/a
Deductible - Pre Coinsurance				
Single	\$750		\$500	
Family	\$1,500		\$1,000	
Coinsurance				
Single	20%	0%	20%	0%
Annual Coinsurance Max				
Single	\$2,000	\$0	\$1,000	\$0
Family	\$4,000	\$0	\$2,000	\$0
Annual Out of Pocket Max Total				
Single	\$6,350	\$6,350	\$6,350	\$6,350
Family	\$12,700	\$12,700	\$12,700	\$12,700



This is a general outline of covered benefits and does not include all the benefits, limitations, and exclusions of the benefit programs that can be found in the official benefit plan documents.