



2024 BENEFITS

HEALTH PLAN COMPARISON

| Weekly Premiums Medical/Prescription | CORE PPO PLAN | | | | HEALTH INVESTMENT PLAN | | | | PREMIER PPO PLAN | | | |
|--|------------------------|---------|---------|-----------|-------------------------------------|---------|---------|-----------|------------------------|---------|---------|-----------|
| | EMP | EMP/SP | EMP/CH | EMP/SP/CH | EMP | EMP/SP | EMP/CH | EMP/SP/CH | EMP | EMP/SP | EMP/CH | EMP/SP/CH |
| | \$0.00 | \$20.77 | \$13.67 | \$25.75 | \$17.28 | \$41.17 | \$27.09 | \$51.05 | \$34.93 | \$79.53 | \$60.59 | \$105.24 |
| Deductible | In-Network | | | | In-Network | | | | In-Network | | | |
| Individual | \$4,000 | | | | \$2,000 | | | | \$1,000 | | | |
| 2 Individuals | \$8,000 | | | | \$3,400 | | | | \$2,000 | | | |
| 3+ Individuals | \$8,000 | | | | \$4,000 | | | | \$2,000 | | | |
| Out-of-Pocket Max (includes deductible) | | | | | | | | | | | | |
| Individual | \$7,000 | | | | \$4,000 | | | | \$4,000 | | | |
| 2 Individuals | \$14,000 | | | | \$7,000 | | | | \$8,000 | | | |
| 3+ Individuals | \$14,000 | | | | \$8,000 | | | | \$8,000 | | | |
| Office Visits & Specialist | | | | | | | | | | | | |
| Preventive-Care Visit | Covered 100% | | | | Covered 100% | | | | Covered 100% | | | |
| PCP Office Visit | \$40 copay | | | | 80% after deductible | | | | \$25 copay | | | |
| Specialist Office Visit | \$60 copay | | | | 80% after deductible | | | | \$40 copay | | | |
| Physical/Speech/ ABA Therapy | 70% after deductible | | | | 80% after deductible | | | | 80% after deductible | | | |
| Emergency & Hospitalization | | | | | | | | | | | | |
| Inpatient Hospital | 70% after deductible | | | | 80% after deductible | | | | 80% after deductible | | | |
| Emergency Room | 70% after deductible | | | | 80% after deductible | | | | 80% after deductible | | | |
| Urgent Care | \$75 copay | | | | 80% after deductible | | | | \$50 copay | | | |
| Prescriptions | | | | | | | | | | | | |
| Preventive Medications (Blood Pressure and Cholesterol Lowering) | Subject to copay below | | | | Covered 100% | | | | Subject to copay below | | | |
| Generic | \$10 copay | | | | \$10 copay after deductible | | | | \$10 copay | | | |
| Preferred | 30% - \$25/\$75 | | | | 30% - \$25/\$75 after deductible | | | | 30% - \$25/\$75 | | | |
| Non-Preferred | 50% - \$50/\$100 | | | | 50% - \$50/\$100 after deductible | | | | 50% - \$50/\$100 | | | |
| Specialty Medications | 50% to \$250 copay | | | | 50% to \$250 copay after deductible | | | | 50% to \$250 copay | | | |