



2024

BENEFITS

HEALTH PLAN COMPARISON

Weekly Premiums Medical/Rx	CORE PPO PLAN				HEALTH INVESTMENT PLAN			
	EMP	EMP/SP	EMP/CH	EMP/SP/CH	EMP	EMP/SP	EMP/CH	EMP/SP/CH
	\$11.41	\$50.07	\$44.06	\$67.81	\$39.95	\$100.14	\$88.12	\$135.61
Deductible	In-Network				In-Network			
Individual	\$4,000				\$2,000			
2 Individuals	\$8,000				\$3,400			
3+ Individuals	\$8,000				\$4,000			
Out-of-Pocket Max (includes deductible)								
Individual	\$7,000				\$4,000			
2 Individuals	\$14,000				\$7,000			
3+ Individuals	\$14,000				\$8,000			
Office Visits & Specialist								
Preventive-Care Visit	Covered 100%				Covered 100%			
PCP Office Visit	\$40 copay				80% after deductible			
Specialists Office Visit	\$60 copay				80% after deductible			
Physical/Speech/ ABA Therapy	70% after deductible, unlimited visits				80% after deductible, unlimited visits			
Emergency & Hospitalization								
Inpatient Hospital	70% after deductible				80% after deductible			
Emergency Room	70% after deductible				80% after deductible			
Urgent Care	\$75 copay				80% after deductible			
Prescriptions								
Preventive Medications (Blood Pressure and Cholesterol Lowering)	Subject to copay below				Covered 100%			
Generic	\$10 copay				\$10 copay after deductible			
Preferred	30% - \$25/\$75				30% - \$25/\$75 after deductible			
Non-Preferred	50% - \$50/\$100				50% - \$50/\$100 after deductible			
Specialty Medications	50% to \$250 copay				50% to \$250 copay after deductible			