

# 2024 Medical/Rx Plan Designs

	2024			
	Consumer Choice Plan (HDHP)		Hybrid Plan (PPO)	
	In Network	Out-of Network	In Network	Out-of Network
Deductible	\$2,750 / \$5,500	\$5,500/\$11,000	\$1,500 / \$3,000	\$3,000/\$6,000
Deductible*	Embedded	Embedded	Embedded	Embedded
County HSA Contribution	\$900 / \$1,800		N/A	
Net Deductible	\$1,850 / \$3,700	\$3,700/\$9,200	\$1,500 / \$3,000	\$3,000/\$6,000
Out of Pocket Max**	\$2,750 / \$5,500	\$5,500/\$11,000	\$4,000 / \$8,000	\$8,000/\$16,000
Preventive Care	100%	100% after deductible	100%	60% after deductible
Telemedicine (Wellness/Preventive/Urgent Care)	No Cost	Not Covered	No Cost	Not Covered
Office Visits (PCP & Specialist)	100% after deductible	100% after deductible	\$30 / \$50 copay	60% after deductible
Emergency Room	100% after deductible	100% after deductible	\$400 copay	\$400 copay
Urgent Care	100% after deductible	100% after deductible	\$75 copay	60% after deductible
Inpatient Hospital	100% after deductible	100% after deductible	80% after deductible	60% after deductible
Outpatient Surgery	100% after deductible	100% after deductible	80% after deductible	60% after deductible
Laboratory	100% after deductible	100% after deductible	100%	60% after deductible
Basic Radiology (X-ray)	100% after deductible	100% after deductible	100%	60% after deductible
Advanced Imaging (CT/MRI)	100% after deductible	100% after deductible	\$200 copay	60% after deductible
Rx - Retail	100% after deductible	Not Covered	\$10 generic / \$40 formulary	Not Covered
Rx - Retail Brand Name Specialty	100% after deductible	Not Covered	\$200 maximum	Not Covered
Rx - Mail (3-mo supply, 2-mo cost)	100% after deductible	Not Covered	\$20 generic / \$80 formulary	Not Covered

\* Individuals within a family, on either plan design, are only required to meet the individual deductible and/or out of pocket amount

\*\* Includes deductible, coinsurance, and copays

# Healthy Person, Single Coverage Example

Plan	Consumer Choice Plan (HSA eligible HDHP)	Hybrid (PPO) Plan
Annual Physical (\$80)	\$0 (covered at 100%)	\$0 (covered at 100%)
Annual Preventive Bloodwork (\$210)	\$0 (covered at 100%)	\$0 (covered at 100%)
Employee Paid Amount	\$0	\$0
HSA Fund	(\$900)	N/A
<b>Net Employee Cost</b>	<b>(\$900)</b>	<b>\$0</b>

<b>Annual Employee Premium</b>	<b>\$543</b>	<b>\$964</b>
--------------------------------	--------------	--------------

<b>Total Employee Cost</b>	<b>(\$357)</b>	<b>\$964</b>
----------------------------	----------------	--------------

***Maximum Annual Premium Savings for participating in Wellness!***

<b>Wellness Discount</b>	<b>(\$360)</b>	<b>(\$360)</b>
--------------------------	----------------	----------------

\$30 per month employee

Chronic Illness,  
Emergency, and  
Surgery,  
Single Coverage  
Example

Plan	Consumer Choice Plan (HSA eligible HDHP)	Hybrid (PPO) Plan
Annual Physical & Bloodwork (\$80+\$210 = \$290)	\$0 (Covered at 100%)	\$0 (Covered at 100%)
PCP Office Visits (4 at \$80 each)	\$320 (4 x \$80; deductible)	\$120 (4 x \$30 copay)
ER Visit (\$2,000)	\$2,000 (deductible)	\$400 (copay)
Hernia Repair Surgery (\$800)	\$430 (deductible)	\$800 (deductible)
HSA Fund	(\$900)	N/A
<b>Net Employee Cost</b>	<b>\$1,850</b>	<b>\$1,320</b>

<b>Annual Employee Premium</b>	<b>\$543</b>	<b>\$964</b>
--------------------------------	--------------	--------------

<b>Total Employee Cost</b>	<b>\$2,393</b>	<b>\$2,284</b>
----------------------------	----------------	----------------

**Maximum Annual Premium Savings for participating in Wellness!**

<b>Wellness Discount</b>	<b>(\$360)</b>	<b>(\$360)</b>
--------------------------	----------------	----------------

\$30 per month employee

Pregnancy &  
Delivery,  
Employee+  
Spouse/Partner  
Coverage

Plan	Consumer Choice Plan (HSA eligible HDHP)	Hybrid (PPO) Plan
Initial Office Visit to confirm	\$180 (100% under <i>individual</i> deductible)	\$30 ( $\$30$ copay for initial visit)
Pregnancy for EE ( $\$180$ /visit)		
Global Maternity Fee (includes subsequent prenatal office visits (11 @ $\$180$ each ( $\$1,980$ )) + physician delivery charges ( $\$6,000$ ) = $\$7,980$ )	\$2,570 100% up to remaining deductible ( $\$2,570$ ), then 0%	\$2,772 100% up to remaining deductible ( $\$1,470$ ), then 20% ( $\$1,302$ )
Inpatient Hospital for Delivery ( $\$25,000$ )	\$0 (0% to <i>individual</i> OOP Max)	\$1,198 (20% to <i>individual</i> OOP Max)
HSA Fund	( $\$1,800$ )	N/A
<b>Net Family Cost</b>	<b>\$950</b>	<b>\$4,000</b>

<b>Annual Employee Premium</b>	<b>\$2,496</b>	<b>\$3,493</b>
--------------------------------	----------------	----------------

<b>Total Employee Cost</b>	<b>\$3,446</b>	<b>\$7,493</b>
----------------------------	----------------	----------------

**Maximum Annual Premium Savings for participating in Wellness!**

<b>Wellness Discount</b>	<b>(\$420)</b>	<b>(\$420)</b>
--------------------------	----------------	----------------

\$30 per month employee + \$5 per month spouse

# Two Emergencies, Family Coverage

Plan	Consumer Choice Plan (HSA eligible HDHP)	Hybrid (PPO) Plan
3 ER Visits for Child (\$2,000 each)	\$2,750 (100% under <i>individual</i> deductible)	\$1,200 (\$400 copay each time)
MRI + X-Rays for Child (\$1,200+\$800)	\$0 (0%)	\$200 (MRI is \$200 copay + X-rays \$0 copay)
Surgery for Child (\$8,000)	\$0 (0%)	\$1,680 100% up to remaining deductible (\$100), then 20% (\$1,580)
Inpatient Hospital for Child (\$30,000)	\$0 (0%)	\$920 (20% to <i>individual</i> OOP Max)
3 ER Visits for Spouse/Partner (\$2,000 each)	\$2,750 (100% under <i>individual</i> deductible)	\$1,200 (\$400 copay each time)
MRI + X-Rays for Spouse/Partner (\$1,200+\$800)	\$0 (0%)	\$200 (MRI is \$200 copay + X-rays \$0 copay)
Surgery for Spouse/Partner (\$8,000)	\$0 (0%)	\$1,680 100% up to remaining deductible (\$100), then 20% (\$1,580)
Inpatient Hospital for Spouse/Partner (\$30,000)	\$0 (0%)	\$920 (20% to <i>family</i> OOP Max)
HSA Fund	(\$1,800)	N/A
<b>Net Family Cost</b>	<b>\$3,700</b>	<b>\$8,000</b>

<b>Annual Employee Premium</b>	<b>\$3,485</b>	<b>\$4,878</b>
--------------------------------	----------------	----------------

<b>Total Employee Cost</b>	<b>\$7,185</b>	<b>\$12,878</b>
----------------------------	----------------	-----------------

**Maximum Annual Premium Savings for participating in Wellness!**

<b>Wellness Discount</b>	<b>(\$420)</b>	<b>(\$420)</b>
--------------------------	----------------	----------------

\$30 per month employee + \$5 per month spouse