



2023-2024 Employee Health Plan Options

Non-Qualified Health Plan		
\$1,000 PPO		
	In Network	OON
ER Copay	\$150	\$150
Deductible *		
Single	\$1,000	\$2,000
Family	\$2,000	\$4,000
Coinsurance	20%	50%
OOP Maximum		
Single	\$4,000	\$8,000
Family	\$8,000	\$16,000
Pharmacy Retail	\$10/20% + \$15/30% + \$20	
Pharmacy Mail	\$0/20%/30% + \$15	
Pharmacy Specialty Rx	\$10/20% + \$15/30% + \$20	

HSA Qualified High-Deductible Health Plan		
\$1,600 HDHP		
	In-Network	OON
ER Copay	n/a	n/a
Deductible ^		
Single	\$1,600	\$5,000
Not Single	\$3,200	\$10,000
Coinsurance	20%	50%
OOP Maximum		
Single	\$4,500	\$10,000
Not Single ^^	\$9,000	\$20,000
Pharmacy Retail	20% after deductible	
Pharmacy Mail Program	20% after deductible	
Pharmacy Specialty Rx	20% after deductible	

HSA Qualified High-Deductible Health Plan		
\$2,500 HDHP		
	In-Network	OON
ER Copay	n/a	n/a
Deductible ^		
Single	\$2,500	\$5,000
Not Single	\$5,000	\$10,000
Coinsurance	20%	50%
OOP Maximum		
Single	\$6,000	\$10,000
Not Single ^^	\$12,000	\$20,000
Pharmacy Retail	20% after deductible	
Pharmacy Mail Program	20% after deductible	
Pharmacy Specialty Rx	20% after deductible	

Preventative Procedures Covered at 100% In-network

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Out of Pocket maximum includes deductibles and Medical and Pharmacy copays. Pharmacy counts towards in-network only.

Out of Pocket maximum includes deductibles for Medical and Pharmacy. Pharmacy counts towards in-network only.

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* Deductible:

If you have family coverage, any combination of covered family members can help meet the maximum family deductible, up to each person's individual amount.

^ Deductible:

If you have family coverage, any combination of covered family members can help meet the maximum family deductible.

^^ Not Single In-Network Out-of-Pocket Maximum:

\$6,850 PPO Maximum amount that any one person will satisfy towards the annual family OOP in-network only.

PLEASE NOTE:

- The \$1,000 PPO Plan has a **medical-only** deductible with pharmacy benefits covered immediately based on a tiered coverage structure. The \$1,000 PPO Plan does qualify for a Flex Spending Account with pre-tax contributions.
- The \$1,600/\$3,200 and \$2,500/\$5,000 HDHP have a combined **medical and pharmacy** deductible. The entire deductible, for single or family enrollment, must be met for pharmacy benefits to begin. The HDHPs qualify for a Health Savings Account and pre-tax contributions.
- All plans cover in-network preventative/wellness care and procedures at 100% with the deductible waived.

Stand-Alone Dental & Vision Plans	
Dental	
*Deductible:	
Single	\$50
Two-Party	\$100
Diagnostic/Preventive	100% (Ded waived)
Basic Services	80%
Major Services	80%
Orthodontic	80%
Annual Benefit Maximum	\$2,000 per person
Lifetime Ortho Maximum	\$1,500 per person
Vision	
Eye Exam (1 per year)	100%
Lenses (1 set per year)	100% to \$350 Max
** Frames (1 pair per year)	100% to \$200 Max
or Elective Contacts (1x year)	100% to \$350 Max

Medical enrollment is not required to maintain Dental and/or Vision coverages.

One set of frames and lenses for glasses **OR one order of elective contact lenses allowed per plan year.

*Deductible: If you have two-party coverage, any combination of covered members can help meet the maximum two-party deductible, up to each person's individual amount.