

## 2023-2024 Medical Plan Highlights

Benefit	Plan A	Plan B	HD Plan
	Calendar Year Deductible "CYD"	Calendar Year Deductible "CYD"	Plan Year Deductible "PYD"
In Network	\$550 Individual/\$1,650 Family	\$1,375 Individual/\$4,125 Family	\$3,300 Individual/\$6,600 Family
Out Of Network	\$2,000 Individual/\$4,000 Family	\$3,500 Individual/\$8,500 Family	\$6,000 Individual/\$12,000 Family
Medical Max out of Pocket			
In Network	\$2,750 Individual/\$8,250 Family	\$3,850 Individual/\$11,550 Family	\$7,500 Individual/\$15,000 Family
Out Of Network	Unlimited Individual/Family	Unlimited Individual/Family	Unlimited Individual/Family
Out Of Network	Inpatient Hos	•	Offillifited fildividual/Fairilly
	You pay 25%	You pay 30%	You pay 25%
In Network	Plan pays 75% after CYD	Plan pays 70% after CYD	Plan pays 75% after PYD
Out Of Network	\$1,250/Confinement Ded, then plan	\$1,250/Confinement Ded, then plan	\$1,250/Confinement Ded, then
pays 50% after CYD pays 50% after CYD plan pays 50% after PYD  Outpatient Hospital Services			
			Vou pay 2E9/
In Network	You pay 25% Plan pays 75% after CYD	You pay 30% Plan pays 70% after CYD	You pay 25% Plan pays 75% after PYD
	You pay 50%	You pay 50%	You pay 50%
Out Of Network	Plan pays 50% after CYD	Plan pays 50% after CYD	Plan pays 50% after PYD
Emergency Care: Non-emergent services at out of Network facilities will NOT be covered by the Plan			
	\$500 Copay for Emergency	\$500 Copay for Emergency	\$500 Copay for Emergency
FREESTANDING ER	You pay 25% Plan pays 75% after CYD	You pay 30% Plan pays 70% after CYD	You pay 25% Plan pays 75% after PYD
	Non-emergent services NOT covered	Non-emergent services NOT covered	Non-emergent services NOT covered
In Network	You pay 25%	You pay 25%	You pay 25%
	Plan pays 75% after CYD You pay 50%	Plan pays 75% after CYD You pay 50%	Plan pays 75% after PYD You pay 50%
Out Of Network	Plan pays 50% after CYD	Plan pays 50% after CYD	Plan pays 50% after PYD
	Non-emergent services NOT covered	Non-emergent services NOT covered	Non-emergent services NOT covered
	You pay 25%	\$30 PCP Copay	You pay 25%
In Network	Plan pays 75% after CYD	\$50 Specialist Copay	Plan pays 75% after PYD
	You pay 50%	You pay 50%	You pay 50%
Out Of Network	Plan pays 50% after CYD	Plan pays 50% after CYD	Plan pays 50% after PYD
Routine Preventive Care	100	% of allowable charges - In Network C	Only
	Retail Drugs -	30 day supply	
Generic	\$20 Co-Pay/\$0 for certain generics		You pay 25%
	You pay 30% _ Plan pays 70% - \$200 max		Plan pays 75% after PYD
Preferred Brand			You pay 25% Plan pays 75% after PYD
Non Desferred	You pay 50% _ Plan pays 50%		You pay 50%
Non-Preferred			Plan pays 50% after PYD
Specialty Drug	You pay 30% _ Plan pays 70% - \$500 max One fill allowed then mandatory mail order  Plan A (\$6,350 Individual/\$9,950 Family)		You pay 25%
			Plan pays 75% after PYD One fill allowed then mandatory mail order
			Combined with Medical
RX Maximum Out-of-Pocket	Plan A (\$6,350 Individual/\$9,950 Family)  Plan B (\$5,250 Individual/\$6,650 Family)		(\$7,500 Individual/\$15,000 Family)
N   DOD			
New "POP" Pharmacy Optimization Program		introducing the Prescription Optimizationing your high-cost medications at	
Tharmacy Optimization Flograni	·		an anorausic price.
	Mail Order 9	0 day supply	
Generic	\$10 Co Pay/\$0 fo	or certain generics	You pay 25%
Generic	\$10 CO-Pay/\$0 10	i certain generics	Plan pays 75% after PYD
Preferred Brand	You pay 30% _ Plan pays 70% - \$350 max		You pay 25%
			Plan pays 75% after PYD
Non-Preferred	You pay 50% _ Plan pays 50%		You pay 50% Plan pays 50% after PYD
Specialty Drug	Not Covered		Not Covered
Payroll Deductions	Plan A Plan B		HD Plan
Employee Only	\$400.00	\$245.00	\$104.00
Employee and Child(ren)	\$708.00	\$480.00	\$377.00
Employee and Spouse	\$880.00	\$597.00	\$521.00
2 Employee and Spouse*			·
	\$655.00	\$372.00	\$296.00
Employee and Family	\$655.00 \$1,211.00	\$372.00 \$850.00	\$296.00 \$747.00
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