

PLAN OPTION	Current		New – effective January 1, 2024	
PLAN DESIGN	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$600/\$1,800/\$1,800	\$1,500/\$3,500/\$3,500	\$550/\$1,150/\$1,150	\$1,500/\$3,500/\$3,500
Out-of-Pocket Max (incl. ded.)	\$3,000/\$6,000/\$6,000	\$5,000/\$10,000/\$10,000	\$2,250/\$5,000/\$5,000	\$5,000/\$10,000/\$10,000
Coinsurance	20%	35%	20%	35%
Office Visits				
Preventative	Free	Not Covered	Free	Not Covered
Primary Care	Ded. & coin.	Ded. & coin.	\$20 copay	Ded. & coin.
Specialist	Ded. & coin.	Ded. & coin.	\$40 copay	Ded. & coin.
Physical Therapy	Ded. & coin.	Ded. & coin.	\$20 copay	Ded. & coin.
Urgent Care	Ded. & coin.	Ded. & coin.	\$40 copay	Ded. & coin.
Hospital Facility / Physician				
Inpatient	Ded. & coin.	Ded. & coin.	Ded. & coin.	Ded. & coin.
Outpatient	Ded. & coin.	Ded. & coin.	Ded. & coin.	Ded. & coin.
Emergency				
Emergency Room	Ded. & coin.	20% coin. after ded.	Ded. & coin.	20% coin. after ded.
Mental Health / Substance Abuse				
Inpatient	Ded. & coin.	Ded. & coin.	Ded. & coin.	Ded. & coin.
Outpatient	Ded. & coin.	Ded. & coin.	Ded. & coin.	Ded. & coin.
Other Services	Ded. & coin.	Ded. & coin.	Ded. & coin.	Ded. & coin.
Prescription Drugs	Retail Deductible: \$175 / \$525 / \$525	Mail Order Deductible: \$175 / \$525 / \$525	Retail Deductible: No Deductible	Mail Order Deductible: No Deductible
ACA Preventative	Free	Free	Free	Free
Generic	Ded., \$15 copay	Ded., \$45 copay	\$15 copay	\$45 copay
Formulary	Ded., \$25 copay	Ded., \$75 copay	\$25 copay	\$75 copay
Non-Formulary	Ded., \$40 copay	Ded., \$120 copay	\$40 copay	\$120 copay