

# 2024 HEALTH BENEFIT PLAN COMPARISON



	Platinum		Gold		Silver		Bronze		Silver HDHP*		Bronze HDHP*	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1 (QHDHP)	Tier 2	Tier 1 (QHDHP)	Tier 2
<b>Individual Deductible</b>	\$0	\$4,500	\$1,500	\$3,000	\$3,000	\$6,000	\$5,000	\$10,000	\$3,200	\$4,500	\$4,500	\$6,000
<b>Family Deductible</b>	\$0	\$9,000	\$3,000	\$6,000	\$6,000	\$12,000	\$10,000	\$20,000	\$6,400	\$9,000	\$9,000	\$12,000
<b>OOP Max - Individual</b>	\$4,500	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$7,000	\$14,000	\$6,400	\$8,000	\$4,500	\$10,000
<b>OOP Max - Family</b>	\$9,000	\$20,000	\$10,000	\$20,000	\$12,000	\$24,000	\$14,000	\$28,000	\$12,800	\$16,000	\$9,000	\$20,000
<b>Virtual Office Visit</b>	No cost	N/A	No cost	N/A	No cost	N/A	No cost	N/A	No cost	N/A	No cost	N/A
<b>PCP Office Visit</b>	No cost	\$30 copay	\$25 copay	\$55 copay	\$30 copay	\$60 copay	\$30 copay	\$60 copay	Deductible + 20%	Deductible + 30%	Deductible	Deductible + 20%
<b>Specialist Office Visit</b>	No cost	\$80 copay	\$50 copay	\$90 copay	\$60 copay	\$90 copay	\$60 copay	\$90 copay	Deductible + 20%	Deductible + 30%	Deductible	Deductible + 20%
<b>Lab Services</b>	No cost	\$30 copay	\$30 copay	30% coinsurance	\$40 copay	40% coinsurance	\$50 copay	40% coinsurance	Deductible + 20%	Deductible + 30%	Deductible	Deductible + 20%
<b>X-Ray</b>	\$25 copay	\$100 copay	\$50 copay	Deductible + 30%	\$50 copay	Deductible + 40%	\$75 copay	Deductible + 40%	Deductible + 20%	Deductible + 30%	Deductible	Deductible + 20%
<b>Advanced Radiology</b>	\$200 copay	\$500 copay	\$350 copay	Deductible + 30%	\$350 copay	Deductible + 40%	\$400 copay	Deductible + 40%	Deductible + 20%	Deductible + 30%	Deductible	Deductible + 20%
<b>Urgent Care</b>	\$50 copay	\$150 copay	\$75 copay	\$150 copay	\$75 copay	\$150 copay	\$100 copay	\$150 copay	Deductible + 20%	Deductible + 30%	Deductible	Deductible + 20%
<b>Emergency Room</b>	50% coinsurance	50% coinsurance	Deductible + 20%	Deductible + 20%	Deductible + 30%	Deductible + 30%	Deductible + 30%	Deductible + 30%	Deductible + 20%	Deductible + 30%	Deductible	Deductible + 20%
<b>Outpatient Services</b>	Toward OOP Max	Deductible + 20%	Deductible + 20%	Deductible + 30%	Deductible + 30%	Deductible + 40%	Deductible + 30%	Deductible + 40%	Deductible + 20%	Deductible + 30%	Deductible	Deductible + 20%
<b>Inpatient Services</b>	Toward OOP Max	Deductible + 20%	Deductible + 20%	Deductible + 30%	Deductible + 30%	Deductible + 40%	Deductible + 30%	Deductible + 40%	Deductible + 20%	Deductible + 30%	Deductible	Deductible + 20%
<b>Prescription Drugs</b>	\$0/\$50/\$100	N/A	\$0/\$50/\$100	N/A	\$0/\$50/\$100	N/A	\$0/\$50/\$100	N/A	Deductible + 20%	N/A	Deductible	N/A
<b>Mail Order</b>	\$0/\$125/\$250	N/A	\$0/\$125/\$250	N/A	\$0/\$125/\$250	N/A	\$0/\$125/\$250	N/A	Deductible + 20%	N/A	Deductible	N/A
<b>Specialty Drugs</b>	\$250/30%	N/A	\$250/30%	N/A	\$250/30%	N/A	\$250/30%	N/A	Deductible + 20%	N/A	Deductible	N/A

\* HDHP plans carry embedded Deductible and OOP Max.