

2024 Medical & Prescription Drug Plans At-a-Glance

The chart below compares medical & prescription drug benefits by plan, including preventive care, office visits, lab work and imaging.

	HDHP with HSA Option	Standard PPO with Health Care FSA Option	
	In-/Out-of-Network	In-Network	Out-of-Network
Annual Medical Deductible			
Single	\$1,900	\$800	\$1,300 per individual
Family	\$3,800	\$1,600	
Annual Medical Cost-Share Maximum (copays and coinsurance, excludes the deductible)			
Single	\$3,100	\$3,650	\$5,300 per individual
Family	\$6,200	\$7,300	
Annual Prescription Drug Deductible			
Single	N/A		\$125
Family			\$250
Annual Prescription Drug Cost-Share Maximum			
Single	N/A		\$4,875
Family			\$9,750
Combined Medical and Prescription Drug Total Cost Exposure (cost-share maximum for medical and Rx and medical and Rx deductibles)			
Single	\$5,000	\$9,450	\$11,600
Family	\$10,000 per family \$6,900 per individual	\$18,900	\$6,600 per individual for medical; \$10,000 for family for prescription drugs
Medical Benefits			
Preventive Care	You pay \$0	You pay \$0	You pay full cost
Office Visit	30% of maximum allowance after deductible	\$35 copay; not subject to or applied to deductible	35% of maximum allowance after deductible
Lab work, imaging (MRI, CT scan, PET), etc.	30% of maximum allowance after deductible	20% of maximum allowance after deductible	35% of maximum allowance after deductible
Emergency Room Visit	30% of maximum allowance after deductible	\$100 copay per visit after deductible and subject to cost sharing	\$100 copay per visit after In-Network deductible and subject to In-Network cost sharing
All Other Emergency Services	30% of maximum allowance after deductible	20% of maximum allowance after deductible	20% of maximum allowance after In-Network deductible