

Medical and Prescription Drug Benefits

2024 Medical Plan Comparison Chart

Under both plans, you pay less out of pocket when you use Tier 1 providers. Both plans offer a \$150 gym membership or home gym equipment reimbursement, as well as a \$150 weight loss program reimbursement.

Plan Provision	HDHP Plus HSA			HMO	
	Tier 1 – MRMC/ MRPG Providers	Tier 2 – BCBS In-Network	Tier 3 Out-of-Network	Tier 1 – MRMC/ MRPG Providers	Tier 2 – BCBS In-Network
Annual Deductible	\$1,600 Individual, \$3,200 Family		\$3,000 Individual, \$6,000 Family	\$0 Individual, \$0 Family	\$1,000 Individual, \$2,000 Family
HSA or HRA Funding	\$500 Individual (\$250 if you enroll after June 30) \$1,000 Family (\$500 if you enroll after June 30)			N/A	
Out-of-Pocket Maximum	\$3,000 Individual, \$6,000 Family		\$6,000 Individual, \$12,000 Family	\$2,500 Individual, \$5,000 Family	
Hospital Inpatient	Covered in full after deductible	20% after deductible	40% after deductible	Covered in full	10% after deductible
Hospital Outpatient	Covered in full after deductible	20% after deductible	40% after deductible	Covered in full	10% after deductible
High-Tech Imaging	Covered in full after deductible	20% after deductible	40% after deductible	Covered in full	10% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible	\$150 copay	\$150 copay
Urgent Care	Covered in full after deductible	20% after deductible	40% after deductible	Covered in full	\$25 copay
PCP Office Visit	Covered in full after deductible	20% after deductible	40% after deductible	Covered in full	\$25 copay
Specialist Office Visit	Covered in full after deductible	20% after deductible	40% after deductible	Covered in full	\$35 copay
Preventive Care Office Visit	Covered in full	Covered in full	20% NO deductible	Covered in full	Covered in full
Prescription Drugs Retail	\$15 / \$30 / \$50 copay, after deductible			\$15 / \$30 / \$50 copay	
Prescription Drugs Mail Order	\$30 / \$60 / \$100 copay, after deductible			\$30 / \$60 / \$100 copay	