

## 2024 - 2025 Group Health Plan Details

	Consumer-Driven HSA Plan		HSA Value Plan		Traditional Copay Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>						
Individual	\$3,000	\$6,000	\$6,350	\$19,050	\$2,000	\$4,500
Family	\$6,000	\$16,500	\$12,700	\$38,100	\$4,000	\$13,500
Coinsurance (what you pay)	20%	50%	0%	50%	20%	40%
<b>Out-of-Pocket Max (includes deductible)</b>						
Individual	\$6,000	\$16,500	\$6,350	\$19,050	\$6,000	\$13,500
Family	\$12,000	\$33,000	\$12,700	\$38,100	\$12,000	\$40,500
<b>Physician Services</b>						
Office Visit	20% After deductible	50% After deductible	0% After deductible	50% After deductible	\$30 copay	40% After deductible
Preventive Care	100% Covered	50% After deductible	100% Covered	50% After deductible	\$0 copay	40% After deductible
<b>Hospital Services</b>						
Inpatient/Outpatient	20% After deductible	50% After deductible	0% After deductible	50% After deductible	20% After deductible	Plan pays 60%
Emergency Room	20% After deductible	50% After deductible	0% After deductible	50% After deductible	\$200 copay; then plan pays 100%	\$200 copay; then plan pays 100%

## Biweekly Payroll Deductions (Based on 26 Pay Deduction Calendar)

### Cigna Open Access Plus Network

Plan Tier	Consumer-Driven Plan	Value Plan	Copay Plan
Employee Only	\$78.69	\$43.71	\$153.08
Employee + Spouse (DP)	\$160.36	\$102.04	\$306.15
Employee + Child(ren)	\$155.15	\$98.77	\$295.43
Employee + Family	\$238.19	\$151.08	\$464.70

### Cigna LocalPlus Network

Consumer-Driven Plan	Value Plan	Copay Plan
\$55.02	\$28.82	\$120.51
\$112.11	\$69.40	\$245.57
\$108.90	\$66.73	\$237.03
\$169.77	\$104.10	\$349.68