



2024 MEDICAL PLAN OPTIONS – KURTZ BROS. CENTRAL OHIO

IN NETWORK BENEFIT	\$1500 Plan	\$2500 Plan	\$3200 HSA Plan	\$5000 Basic Plan
Deductible (Single / Family)	\$1,500/\$3,000	\$2,500/\$5,000	\$3,200/\$6,000	\$5,000/\$10,000
Co-Insurance	20% After Deductible (Insurance pays 80%)	30% After Deductible (Insurance pays 70%)	0% After Deductible (Insurance pays 100%)	30% After Deductible (Insurance pays 70%)
Out of Pocket Maximum (Single/Family)	\$3,000/\$6,000	\$7,150/\$14,300	\$4,000/\$8,000	\$7,150/\$14,300
Primary Doctors Visit – Adults/Children	\$15 Copay/\$0 Copay	\$15 Copay/\$0 Copay	Deductible & Coinsurance	\$15 Copay/\$0 Copay
Lab Work / X-Ray / Major (CT, PET, MRI)	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialist Visit	\$50/\$100 Copay	\$50/\$100 Copay	Deductible & Coinsurance	\$50/\$100 Copay
Urgent Care Visit	\$15 Copay	\$25 Copay	Deductible & Coinsurance	\$25 Copay
Emergency Room Visit	\$300 Copay	\$300 Copay	Deductible & Coinsurance	\$300 Copay
Preventative Care Visit	100% Covered	100% Covered	100% Covered	100% Covered
Retail Prescriptions (30-Day)	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70 AFTER DEDUCTIBLE	\$10/\$35/\$70
Mail Order Prescriptions (90-Day)	\$25/\$87.50/\$175	\$25/\$87.50/\$175	\$25/\$87.50/\$175 AFTER DEDUCTIBLE	\$25/\$87.50/\$175
COVERAGE TYPE	EMPLOYEE CONTRIBUTION RATES PER PAY (26 PAYS)			
Employee Only	\$116.06	\$77.54	\$39.56	\$37.59
EE + Child(ren)	\$208.90	\$139.58	\$71.21	\$67.65
EE + Spouse	\$255.32	\$170.60	\$87.05	\$82.69
Family	\$347.00	\$231.86	\$118.29	\$112.38