



2024 MEDICAL PLAN OPTIONS – KBI, COOPER KURTZ, ENVI, SMG

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	
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	\$184.62	\$120.00	\$99.23	\$83.52	
EE + Child(ren)	\$332.31	\$233.08	\$178.62	\$150.35	
EE + Spouse	\$406.15	\$265.38	\$218.31	\$183.75	
Family	\$551.54	\$360.00	\$296.77	\$249.74	
			Employer Contributions:		
			HSA	EE	\$675
			Employer Annual Contribution	EE+SP	\$1050
				EE+CH	\$1300
				FAM	\$1600