



2024 MEDICAL PLAN OPTIONS – MKB, E&S, LASER LOGISTICS

IN NETWORK BENEFIT	\$1000 Plan	\$1500 Plan	\$2500 Plan	\$3200 HSA Plan	\$5000 Basic Plan
Deductible (Single / Family)	\$1,000/\$3,000	\$1,500/\$3,000	\$2,500/\$5,000	\$3,200/\$6,000	\$5,000/\$10,000
Co-Insurance	20% After Deductible (Insurance pays 80%)	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	\$3,000/\$6,000	\$7,150/\$14,300	\$4,000/\$8,000	\$7,150/\$14,300
Primary Doctors Visit – Adults/Children	\$25 Copay/\$0 Copay	\$15 Copay/\$0 Copay	\$15 Copay/\$0 Copay	Deductible & Coinsurance	\$15 Copay/\$0 Copay
Lab Work / X-Ray / Major (CT, PET, MRI)	\$50/ \$100/ \$250 Copay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialist Visit	\$50/\$100 Copay	\$50/\$100 Copay	\$50/\$100 Copay	Deductible & Coinsurance	\$50/\$100 Copay
Urgent Care Visit	\$25 Copay	\$15 Copay	\$25 Copay	Deductible & Coinsurance	\$25 Copay
Emergency Room Visit	\$300 Copay	\$300 Copay	\$300 Copay	Deductible & Coinsurance	\$300 Copay
Preventative Care Visit	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
Retail Prescriptions (30-Day)	\$10/\$35/\$70	\$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	\$25/\$87.50/\$175 AFTER DEDUCTIBLE	\$25/\$87.50/\$175
COVERAGE TYPE	EMPLOYEE CONTRIBUTION RATES PER PAY (26 PAYS)				
Employee Only	\$138.46	\$113.08	\$80.77	\$60.00	\$32.31
EE + Child(ren)	\$249.23	\$203.54	\$145.38	\$108.00	\$57.69
EE + Spouse	\$304.62	\$248.31	\$177.69	\$131.54	\$71.08
Family	\$414.46	\$334.62	\$242.31	\$179.08	\$96.00