

Staff Medical Plan Comparison Chart 2024

Benefit	Standard Plan	Mid Premium/Mid Deductible	Low Premium/High Deductible
Office Visit- PCP/Specialist Copay	\$15 PCP / \$25 Specialist	\$25 PCP/\$25 Specialist	covered 90% after deductible
Diagnostic Labs, X-ray Copay	100%	100%	covered 90% after deductible
Major Diag, Machine Tests, Nuclear Medicine Copay	100%	100%	covered 90% after deductible
Emergency Room Copay	\$100	\$100	covered 90% after deductible
Urgent Care Copay	\$25	\$25	covered 90% after deductible
RX Deductible	\$100 per person*	N/A	Integrated med/RX
RX Copay	\$7/\$30*/\$50*/\$75*	\$7/\$30/\$50/\$75	\$7/\$30/\$50/\$75
Mail order RX (90 day supply) Copay	2.5 X copay, 90 day supply	2 X copay, 90 day supply	2 X copay, 90 day supply
Deductible: individual/family	\$250/\$500	\$500/\$1000	\$1600/\$3200

Monthly Total Premium Rate Individual: \$863.18

\$ 795.03

\$ 614.28

Monthly Total Premium Rate Family: \$2,129.05

\$ 1,961.22

\$ 1,516.93