

State Health Benefit Plan

2024	Gold Plan				Silver Plan				Bronze Plan				Anthem (BCBS)/UHC HMO				HDHP				Kaiser HMO			
	Network Provider		Out-of-Network		Network Provider		Out-of-Network		Network Provider		Out-of-Network		Network Provider		Out-of-Network		Network Provider		Out-of-Network		Network Provider			
Deductible																								
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$3,500	\$7,000	None														
You + Child(ren) or Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$7,000	\$14,000	None														
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$7,000	\$14,000	None														
Out-of-Pocket Limit																								
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$6,450	\$12,900	\$6,350														
You + Child(ren) or Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$12,900	\$25,800	\$12,700														
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$12,900	\$25,800	\$12,700														
Coinsurance (Plan Pays)	85%		60%		80%		60%		75%		60%		80%		70%		50%		100%					
HRA																								
You	\$400				\$200				\$100				N/A				N/A							
You + Child(ren) or Spouse	\$600				\$300				\$150				N/A				N/A							
You + Family	\$800				\$400				\$200				N/A				N/A							
Medical																								
ER	coins after ded				coins after ded				coins after ded				\$200 copay				coins after ded				\$200 copay			
Urgent Care	coins after ded				coins after ded				coins after ded				\$35 copay				coins after ded				\$35 copay			
PCP Visit	coins after ded				coins after ded				coins after ded				\$35 copay				coins after ded				\$35 copay			
Specialist Visit	coins after ded				coins after ded				coins after ded				\$45 copay				coins after ded				\$45 copay			
Preventive Care	100%		Not covered		100%		Not covered		100%		Not covered		100%		70% coverage		Not covered		100%					
Telemedicine/Virtual Visit	85% coverage; not subject to deductible		Not covered		80% coverage; not subject to deductible		Not covered		75% coverage; not subject to deductible		Not covered		100% coverage after \$35 PCP co-pay				70% coverage		Not covered		100% coverage			
Retail Rx																								
Tier 1	15%, Min \$20, Max \$50				15%, Min \$20, Max \$50				15%, Min \$20, Max \$50				\$20 copay				70% coins after ded				\$20 copay			
Tier 2	25%, Min \$50, Max \$80				25%, Min \$50, Max \$80				25%, Min \$50, Max \$80				\$50 copay				70% coins after ded				\$50 copay			
Tier 3	25%, Min \$80, Max \$125				25%, Min \$80, Max \$125				25%, Min \$80, Max \$125				\$90 copay				70% coins after ded				\$80 copay			
Mail Order Rx - 90-Day																								
Tier 1	15%, Min \$50, Max \$125				15%, Min \$50, Max \$125				15%, Min \$50, Max \$125				\$50 copay				70% coins after ded				\$50 copay			
Tier 2	25%, Min \$125, Max \$200				25%, Min \$125, Max \$200				25%, Min \$125, Max \$200				\$125 copay				70% coins after ded				\$125 copay			
Tier 3	25%, Min \$200, Max \$313				25%, Min \$200, Max \$313				25%, Min \$200, Max \$313				\$225 copay				70% coins after ded				\$200 copay			
Rx OOPM																								
	Combined with Medical				Combined with Medical				Combined with Medical				Combined with Medical				Combined with Medical				Combined with Medical			
Premiums (Monthly)	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM
Tobacco Surcharge = +\$80.00	\$188.56	\$343.04	\$464.72	\$619.20	\$125.19	\$235.32	\$331.65	\$441.78	\$77.69	\$154.57	\$231.90	\$308.78	\$148.53	\$274.99	\$380.66	\$507.12	\$63.36	\$130.20	\$201.80	\$268.64	\$169.54	\$311.96	\$430.64	\$573.06
	\$177.91	\$324.94	\$442.36	\$589.39																				