



**Optima Health Insurance
Summary of Costs and Benefits
January 1, 2024 to December 31, 2024**

	Rates Per Pay Period (20 Paydates)		
	CDHP HSA Plan	POS Plan	HMO Plan
Employee Only	\$10.00	\$23.17	\$37.57
Employee + Spouse	\$65.00	\$96.35	\$313.87
Employee + Child(ren)	\$50.00	\$70.50	\$373.12
Employee + Family	\$150.00	\$333.45	\$1,021.07

Plan Details	CDHP HSA Plan	POS Plan	HMO Plan
Deductible (Individual / Family)	\$3,200 / \$6,400	\$1,000 / \$2,000	\$250 / \$500
Non-network Deductible (Individual / Family)	None	\$1,500 / \$3,000	None
Out-of-Pocket Maximum (Individual / Family)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$5,000 / \$10,000
Non-network Out-of-Pocket Max (Individual / Family)	None	\$8,000 / \$16,000	None
Non-network Coinsurance	N/A	Deductible, then 30% coinsurance	N/A
Primary Care / Specialist Office Visit	Deductible, then no charge	\$30 / \$60 copay	\$30 / \$60 copay
MD Live Virtual Visit	\$45 flat fee	\$0 copay	\$0 copay
Urgent Care Visit	Deductible, then no charge	\$50 copay	\$50 copay
Emergency Room Visit	Deductible, then no charge	Deductible, then 20% coinsurance	\$350 copay
Maternity Care	Deductible, then no charge	\$350 copay	\$200 copay
Outpatient Lab / X-Ray	Deductible, then no charge	Deductible, then 20% coinsurance	\$50 copay
Complex Imaging (MRI, CAT, PET, etc)	Deductible, then no charge	Deductible, then 20% coinsurance	\$350 copay
Outpatient Surgery	Deductible, then no charge	Deductible, then 20% coinsurance	\$300 copay
Inpatient Hospital Facility	Deductible, then no charge	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription Deductible (Individual /Family)	Combined with Medical	\$150 / \$300*	\$150 / \$300*
Retail Prescription Drug Copays	After Deductible Tier 1 - \$15 Tier 2 - \$40 Tier 3 - \$50 Tier 4 - 20% to a max of \$200	Tier 1 - \$15 Tier 2 - \$40 Tier 3 - \$50 Tier 4 - 20% to a max of \$200	Tier 1 - \$15 Tier 2 - \$40 Tier 3 - \$50 Tier 4 - 20% to a max of \$200

*Prescription drug deductible does not apply to tier 1 drugs.