

	HRA/High Deductible	Low Deductible HSA	High Deductible HSA
Preventive Services	100% no deductible	100% no deductible	100% no deductible
Annual In-Network Deductible (Tiers 1 and 2)	\$2,000 single/\$4,000 family	\$3,200 single/\$6,400 family	\$4,000 single/\$8,000 family
Annual Out-of-Network Deductible (Tier 3)	\$4,000 single/\$8,000 family	\$6,400 single/\$12,800 family	\$8,000 single/\$16,000 family
Annual Employer Contribution	\$750 single/\$1,500 family (contributed on 1/1/2024) Maximum Rollover \$3,000 single/\$6,000 family	\$850 single/\$1,700 family (prorated and contributed bi-weekly) Unlimited Rollover	\$1,000 single/\$2,000 family (prorated and contributed bi-weekly) Unlimited Rollover
Max. Annual In-Network Out-of-Pocket (Tiers 1 and 2)	\$3,000 single/\$6,000 family	\$4,000 single/\$8,000 family	\$5,000 single/\$10,000 family
Max. Annual Out-of-Network Out-of-Pocket (Tier 3)	\$8,000 single/\$16,000 family	\$10,000 single/\$20,000 family	\$12,000 single/\$24,000 family
Maximum Annual Employee pre-tax contribution (optional)	N/A	\$3,300 single/\$6,600 family Additional \$1,000 for those age 55 and over	\$3,150 single/\$6,300 family Additional \$1,000 for those age 55 and over
Prescriptions (Tier I) To find out which medications are covered by our medical plans, click here -Diabetic supplies (100 syringes or 200 lancets or 50 test strips) -Injectables (including insulin)	<u>\$0 certain preventive medications</u> \$8 Generic - \$30 Brand \$10 per item 80% (no deductible)	<u>\$0 for certain preventive and certain maintenance medications</u> All other medications the member pays the total cost which is applied towards your deductible	<u>\$0 for certain preventive medications</u> All other medications the member pays the total cost which is applied towards your deductible
Prescription Maximum In-Network Annual Out-of-Pocket	\$1,500 single/\$3,000 family (separate from medical maximum out-of-pocket)	Included in medical maximum out-of-pocket above	Included in medical maximum out-of-pocket above
Medical and Limited Medical Flexible Spending Accounts (2024 IRS limit of \$3,200)	Any out-of-pocket medical expenses eligible for reimbursement such as prescription copays, deductibles, dental, vision and certain over-the-counter medical supplies.	Only dental and vision out-of-pocket expenses eligible for reimbursement. All other out-of-pocket medical expenses need to go through the HSA.	Only dental and vision out-of-pocket expenses eligible for reimbursement. All other out-of-pocket medical expenses need to go through the HSA.