

SMALL GROUP | WASHINGTON

2024 Cost Share Changes and Plan Mapping

Compare the benefits between your 2023 plan and the most similar 2024 plan

	Current 2023 Plan	2024 Plan
Core Network	Bronze HSA	Bronze HSA
Deductible	\$6,000 individual/\$12,000 family	\$6,000 individual/\$12,000 family
Member coinsurance	40%	40%
Out-of-pocket maximum	\$6,950 individual/\$13,900 family	\$7,200 Individual/\$14,400 Family
Office visit	40% after deductible	40% after deductible
Urgent care	40% after deductible	40% after deductible
Retail prescription drugs ¹	50%/50%/50%/50% all after deductible	50%/50%/50%/50% all after deductible
Lab and basic X-ray	40% after deductible	40% after deductible
Core Network	Silver HSA	Silver HSA
Deductible	\$3,500 individual/\$7,000 family	\$3,500 individual/\$7,000 family
Member coinsurance	20%	20%
Out-of-pocket maximum	\$6,900 individual/\$13,800 family	\$7,500 Individual/\$15,000 Family
Office visit	20% after deductible	20% after deductible
Urgent care	20% after deductible	20% after deductible
Retail prescription drugs ¹	20%/30%/50%/50% all after deductible	20%/40%/50%/50% all after deductible
Lab and basic X-ray	20% after deductible	20% after deductible

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Core Network	Silver	Silver
Deductible	\$1,800 individual/\$3,600 family	\$1,800 individual/\$3,600 family
Member coinsurance	30%	30%
Out-of-pocket maximum	\$8,400 individual/\$16,800 family	\$8,400 individual/\$16,800 family
Office visit	Primary: \$30 after deductible Specialty: \$60 after deductible	Primary: \$30 after deductible Specialty: \$60 after deductible
Urgent care	\$60	\$60
Retail prescription drugs ¹	\$30/\$60/50%/50% ²	\$30/\$60/50%/50% ²
Lab and basic X-ray	30% after deductible	30% after deductible
Core Network	Core VisitsPlus Silver LX	Core VisitsPlus Silver LX
Deductible	\$2,900 individual/\$5,800 family	\$2,900 individual/\$5,800 family
Member coinsurance	30%	30%
Out-of-pocket maximum	\$8,900 Individual/\$17,800 Family	\$8,400 Individual/\$16,800 Family
Office visit	Primary: \$35/ Specialty: \$65	Primary: \$35/ Specialty: \$65
Urgent care	\$60	\$65
Retail prescription drugs ¹	\$35/\$65/50%/50% ²	\$30/\$65/50%/50% ²
Lab and basic X-ray	\$55	\$55
Core Network	Core VisitsPlus Silver LX - EO	Core VisitsPlus Silver LX - EO
Deductible	\$2,900 individual/\$5,800 family	\$2,900 individual/\$5,800 family
Member coinsurance	30%	30%
Out-of-pocket maximum	\$8,900 Individual/\$17,800 Family	\$8,400 Individual/\$16,800 Family
Office visit	Primary: \$35/ Specialty: \$65	Primary: \$35/ Specialty: \$65
Urgent care	\$60	\$65
Retail prescription drugs ¹	\$35/\$65/50%/50% ²	\$30/\$65/50%/50% ²
Lab and basic X-ray	\$55	\$55

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	Current 2023 Plan	2024 Plan
Core Network	Core VisitsPlus Gold HD LX	Core VisitsPlus Gold HD LX
Deductible	\$1,500 individual/\$3,000 family	\$1,500 individual/\$3,000 family
Member coinsurance	30%	30%
Out-of-pocket maximum	\$7,900 individual/\$15,800 family	\$7,900 individual/\$15,800 family
Office visit	Primary: \$25/Specialty: \$60	Primary: \$25/Specialty: \$60
Urgent care	\$60	\$60
Retail prescription drugs ¹	\$20/\$45/40% ² /40% ²	\$15/\$45/40% ² /40% ²
Lab and basic X-ray	\$20	\$20
Core Network	Core VisitsPlus Gold LX	Core VisitsPlus Gold LX
Deductible	\$600 individual/\$1,200 family	\$600 individual/\$1,200 family
Member coinsurance	25%	25%
Out-of-pocket maximum	\$7,900 individual/\$15,800 family	\$7,900 individual/\$15,800 family
Office visit	Primary: \$15/Specialty: \$35	Primary: \$15/Specialty: \$35
Urgent care	\$35	\$35
Retail prescription drugs ¹	\$15/\$45/40% ² /40% ²	\$15/\$45/40% ² /40% ²
Lab and basic X-ray	\$25	\$25
Core Network	Core VisitsPlus Gold LX - EO	Core VisitsPlus Gold LX - EO
Deductible	\$600 individual/\$1,200 family	\$600 individual/\$1,200 family
Member coinsurance	25%	25%
Out-of-pocket maximum	\$7,900 individual/\$15,800 family	\$7,900 individual/\$15,800 family
Office visit	Primary: \$15/Specialty: \$35	Primary: \$15/Specialty: \$35
Urgent care	\$35	\$35
Retail prescription drugs ¹	\$15/\$45/40% ² /40% ²	\$15/\$45/40% ² /40% ²
Lab and basic X-ray	\$25	\$25
Core Network	Core VisitsPlus Platinum LX	Core VisitsPlus Platinum LX
Deductible	\$250 individual/\$500 family	\$250 individual/\$500 family
Member coinsurance	10%	10%
Out-of-pocket maximum	\$2,500 individual/\$5,000 family	\$2,500 individual/\$5,000 family
Office visit	Primary: \$5/Specialty: \$20	Primary: \$5/Specialty: \$20
Urgent care	\$20	\$20
Retail prescription drugs ¹	\$5/\$20/40% ² /40% ²	\$5/\$20/40% ² /40% ²
Lab and basic X-ray	\$10	\$10

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	Current 2023 Plan	2024 Plan
Connect Network	Virtual Plus Silver	Virtual Plus Silver
Deductible	\$3,000 individual/\$6,000 family	\$3,000 individual/\$6,000 family
Member coinsurance	35%	35%
Out-of-pocket maximum	\$8,900 Individual/\$17,800 Family	\$9,150 Individual/\$18,300 Family
Office visit	Virtual: No charge In person with referral: Primary \$25/Specialty \$50 In person without referral: 35% after deductible	Virtual: No charge In person with referral: Primary \$30/Specialty \$70 In person without referral: 35% after deductible
Urgent care	In-network: \$50 Out-of-network: 35% after deductible	Virtual: N/A In-network: \$70 Urgent care outside KPWA: 35% after deductible
Retail prescription drugs ¹	Tier 1 Preferred generic: \$30 for a 30-day supply Tier 2 Preferred brand: \$70 for a 30-day supply Tier 3 Nonpreferred generic and brand: 50% after deductible for a 30-day supply Tier 4 Specialty: 50% after deductible for a 30-day supply	Tier 1 Preferred generic: \$30 for a 30-day supply Tier 2 Preferred brand: \$70 for a 30-day supply Tier 3 Nonpreferred generic and brand: 50% after deductible for a 30-day supply Tier 4 Specialty: 50% after deductible for a 30-day supply
Lab and basic X-ray	35% after deductible	35% after deductible
Connect Network	Virtual Plus Gold	Virtual Plus Gold
Deductible	\$600 individual/\$1,200 family	\$600 individual/\$1,200 family
Member coinsurance	20%	25%
Out-of-pocket maximum	\$8,200 Individual/\$16,400 Family	\$8,200 individual/\$16,400 family
Office visit	Virtual: No charge In person with referral: Primary \$15/Specialty \$30 In person without referral: 20% after deductible	Virtual: No charge In person with referral: Primary \$15/Specialty \$30 In person without referral: 25% after deductible
Urgent care	In-network: \$30 Out-of-network: 20% after deductible	Virtual: N/A In-network: \$30 Urgent care outside KPWA: 25% after deductible
Retail prescription drugs ¹	Tier 1 Preferred generic: \$25 for a 30-day supply Tier 2 Preferred brand: \$50 for a 30-day supply Tier 3 Nonpreferred generic and brand: 50% after deductible for a 30-day supply Tier 4 Specialty: 50% after deductible for a 30-day supply	Tier 1 Preferred generic: \$25 for a 30-day supply Tier 2 Preferred brand: \$50 for a 30-day supply Tier 3 Nonpreferred generic and brand: 50% after deductible for a 30-day supply Tier 4 Specialty: 50% after deductible for a 30-day supply
Lab and basic X-ray	20% after deductible	25% after deductible

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	Current 2023 Plan	2024 Plan
Access PPO Network	Access PPO Bronze HSA	Access PPO Bronze HSA
Deductible	In-network: \$6,000 individual/\$12,000 family Out-of-network: \$12,000 individual/\$24,000 family	In-network: \$6,000 individual/\$12,000 family Out-of-network: \$12,000 individual/\$24,000 family
Member coinsurance	In-network: 40% Out-of-network: 50%	In-network: 40% Out-of-network: 50%
Out-of-pocket maximum	In-network: \$6,950 individual/\$13,900 family Out-of-network: No limit	In-network: \$7,250 Individual/\$14,500 Family Out-of-network: No limit
Office visit	In-network – Enhanced: 30% after deductible In-network – Standard: 40% after deductible Out-of-network: 50% after deductible	In-network: 40% after deductible Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: 30% after deductible In-network – Standard: 40% after deductible Out-of-network: 50% after deductible	In-network: 40% after deductible Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network – Enhanced: 45%/45%/45%/50% all after deductible In-network – Standard: 50%/50%/50%/50% all after deductible Out-of-network: Not covered	In-network – Enhanced: 30%/30%/40%/50% all after deductible In-network – Standard: 50%/50%/50%/50% all after deductible Out-of-network: Not covered
Lab and basic X-ray	40%/40%/50%	In-network: 40% Out-of-network: 50%
Access PPO Network	Access PPO Silver HSA	Access PPO Silver HSA
Deductible	In-network: \$3,500 individual/\$7,000 family Out-of-network: \$7,000 individual/\$14,000 family	In-network: \$3,500 individual/\$7,000 family Out-of-network: \$7,000 individual/\$14,000 family
Member coinsurance	In-network: 30% Out-of-network: 50%	In-network: 35% Out-of-network: 50%
Out-of-pocket maximum	In-network: \$6,900 individual/\$13,800 family Out-of-network: No limit	In-network: \$7,200 individual/\$14,400 family Out-of-network: No limit
Office visit	In-network – Enhanced: 20% after deductible In-network – Standard: 30% after deductible Out-of-network: 50% after deductible	In-network: 35% after deductible Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: 20% after deductible In-network – Standard: 30% after deductible Out-of-network: 50% after deductible	In-network: 35% after deductible Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network – Enhanced: 15%/25%/45%/50% all after deductible In-network – Standard: 20%/30%/50%/50% all after deductible Out-of-network: Not covered	In-network – Enhanced: 10%/20%/40%/50% all after deductible In-network – Standard: 20%/30%/50%/50% all after deductible Out-of-network: Not covered
Lab and basic X-ray	30%/30%/50%	In-network: 35% Out-of-network: 50%

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	Current 2023 Plan	2024 Plan
Access PPO Network	Access PPO VisitsPlus Silver HD	Access PPO VisitsPlus Silver HD
Deductible	In-network: \$6,000 individual/\$12,000 family Out-of-network: \$12,000 individual/\$24,000 family	In-network: \$6,000 individual/\$12,000 family Out-of-network: \$12,000 individual/\$24,000 family
Member coinsurance	In-network: 40%/ Out-of-network: 50%	In-network: 40%/ Out-of-network: 50%
Out-of-pocket maximum	In-network: \$8,450 individual/\$16,900 family Out-of-network: No limit	In-network: \$8,450 individual/\$16,900 family Out-of-network: No limit
Office visit	In-network – Enhanced: \$30 primary/\$55 specialty In-network – Standard: \$40 primary/\$65 specialty Out-of-network: 50% after deductible	In-network: \$40 primary/\$65 specialty Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: \$55 In-network – Standard: \$65 Out-of-network: 50% after deductible	In-network: \$65 Out-of-network: 50% after deductible
Retail prescription drugs¹	In-network – Enhanced: \$25/\$60/45% ² /50% ² In-network – Standard: \$35/\$70/50% ² /50% ² Out-of-network: Not covered	In-network - Enhanced: \$25/\$60/45% ² /50% ² In-network - Standard: \$35/\$70/50% ² /50% ² Out-of-network: Not covered
Lab and basic X-ray	In-network – Enhanced: 30% after deductible In-network – Standard: 40% after deductible Out-of-network: 50% after deductible	In-network: 40% after deductible Out-of-network: 50% after deductible
Access PPO Network	Access PPO VisitsPlus Silver LD LX	Access PPO VisitsPlus Silver LD LX
Deductible	In-network: \$2,600 Individual/\$5,200 Family Out-of-network: 5,200 Individual/\$10,400 Family	In-network: \$2,500 individual/\$5,000 family Out-of-network: \$5,000 individual/\$10,000 family
Member coinsurance	In-network: 35%/ Out-of-network: 50%	In-network: 35%/ Out-of-network: 50%
Out-of-pocket maximum	In-network: \$8,900 Individual/\$17,800 family Out-of-network: No limit	In-network: \$8,700 individual/\$17,400 family Out-of-network: No limit
Office visit	In-network – Enhanced: \$30 primary/\$55 specialty In-network – Standard: \$45 primary/\$65 specialty Out-of-network: 50% after deductible	In-network: \$35 primary/\$65 specialty Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: \$55 specialty In-network – Standard: \$65 specialty Out-of-network: 50% after deductible	In-network: \$65 Out-of-network: 50% after deductible
Retail prescription drugs¹	In-network – Enhanced: \$25/\$60/45% ² /50% ² In-network – Standard: \$40/\$75/50% ² /50% ² Out-of-network: Not covered	In-network – Enhanced: \$20/\$60/40% ² /50% ² In-network – Standard: \$40/\$75/50% ² /50% ² Out-of-network: Not covered
Lab and basic X-ray	In-network – Enhanced: \$40 In-network – Standard: \$55 Out-of-network: 50% after deductible	In-network: \$55 Out-of-network: 50% after deductible

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	Current 2023 Plan	2024 Plan
Access PPO Network	Access PPO VisitsPlus Silver LX	Access PPO VisitsPlus Silver LX
Deductible	In-network: \$3,000 Individual/\$6,000 Family Out-of-network: \$6,000 Individual/\$12,000 Family	In-network: \$3,000 individual/\$6,000 family Out-of-network: \$6,000 individual/\$12,000 family
Member coinsurance	In-network: 35%/ Out-of-network: 50%	In-network: 35%/ Out-of-network: 50%
Out-of-pocket maximum	In-network: \$8,900 Individual/\$17,800 Family Out-of-network: No limit	In-network: \$8,500 individual/\$17,000 family Out-of-network: No limit
Office visit	In-network – Enhanced: \$25 primary/\$45 specialty In-network – Standard: \$45 primary/\$65 specialty Out-of-network: 50% after deductible	In-network: \$45 primary/\$65 specialty Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: \$45 In-network – Standard: \$65 Out-of-network: 50% after deductible	In-network: \$65 Out-of-network: 50% after deductible
Retail prescription drugs¹	In-network – Enhanced: \$25/\$55/45% ² /50% ² In-network – Standard: \$40/\$75/50% ² /50% ² Out-of-network: Not covered	In-network – Enhanced: \$20/\$50/40% ² /50% ² In-network – Standard: \$30/\$60/50% ² /50% ² Out-of-network: Not covered
Lab and basic X-ray	In-network: Enhanced \$35, Standard \$50 Out-of-network: 50% after deductible	In-network: \$50 Out-of-network: 50% after deductible
Access PPO Network	Access PPO VisitsPlus Silver LX-EO	Access PPO VisitsPlus Silver LX-EO
Deductible	In-network: \$3,000 Individual/\$6,000 family Out-of-network: \$6,000 Individual/\$12,000 family	In-network: \$3,000 individual/\$6,000 family Out-of-network: \$6,000 individual/\$12,000 family
Member coinsurance	In-network: 35%/ Out-of-network: 50%	In-network: 35%/ Out-of-network: 50%
Out-of-pocket maximum	In-network: \$8,900 Individual/\$17,800 family Out-of-network: No limit	In-network: \$8,500 individual/\$17,000 family Out-of-network: No limit
Office visit	In-network – Enhanced: \$25 primary/\$45 specialty In-network – Standard: \$45 primary/\$65 specialty Out-of-network: 50% after deductible	In-network: \$45 primary/\$65 specialty Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: \$45 In-network – Standard: \$65 Out-of-network: 50% after deductible	In-network: \$65 Out-of-network: 50% after deductible
Retail prescription drugs¹	In-network – Enhanced: \$25/\$55/45% ² /50% ² In-network – Standard: \$40/\$75/50% ² /50% ² Out-of-network: Not covered	In-network – Enhanced: \$20/\$50/40% ² /50% ² In-network – Standard: \$30/\$60/50% ² /50% ² Out-of-network: Not covered
Lab and basic X-ray	In-network: Enhanced \$35, Standard \$50 Out-of-network: 50% after deductible	In-network: \$50 Out-of-network: 50% after deductible

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Access PPO Network	Access PPO VisitsPlus Gold LX	Access PPO VisitsPlus Gold LX
Deductible	In-network: \$600 individual/\$1,200 family Out-of-network: \$1,200 individual/\$2,400 family	In-network: \$600 individual/\$1,200 family Out-of-network: \$1,200 individual/\$2,400 family
Member coinsurance	In-network: 20%/ Out-of-network: 50%	In-network: 20%/ Out-of-network: 50%
Out-of-pocket maximum	In-network: \$6,500 individual/\$13,000 family Out-of-network: No limit	In-network: \$5,500 individual/\$11,000 family Out-of-network: No limit
Office visit	In-network – Enhanced: \$10 primary/\$30 specialty In-network – Standard: \$30 primary/\$50 specialty Out-of-network: 50% after deductible	In-network: \$30 primary/\$50 specialty Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: \$30 In-network – Standard: \$50 Out-of-network: 50% after deductible	In-network: \$50 Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network – Enhanced: \$15/\$45/35% ² /40% ² In-network – Standard: \$25/\$50/40% ² /40% ² Out-of-network: Not covered	In-network – Enhanced: \$15/\$45/35% ² /40% ² In-network – Standard: \$25/\$50/40% ² /40% ² Out-of-network: Not covered
Lab and basic X-ray	In-network: Enhanced \$20, Standard \$40 Out-of-network: 50% after deductible	In-network: \$40 Out-of-network: 50% after deductible
Access PPO Network	Access PPO VisitsPlus Gold HD LX	Access PPO VisitsPlus Gold HD LX
Deductible	In-network: \$1,500 Individual/\$3,000 family Out-of-network: \$3,000 Individual/\$6,000 family	In-network: \$1,500 individual/\$3,000 family Out-of-network: \$3,000 individual/\$6,000 family
Member coinsurance	In-network: 20%/ Out-of-network: 50%	In-network: 20%/ Out-of-network: 50%
Out-of-pocket maximum	In-network: \$8,000 Individual/\$16,000 family Out-of-network: No limit	In-network: \$6,000 individual/\$12,000 family Out-of-network: No limit
Office visit	In-network – Enhanced: \$20 primary/\$40 specialty In-network – Standard: \$35 primary/\$55 specialty Out-of-network: 50% after deductible	In-network: \$35 primary/\$55 specialty Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: \$40 In-network – Standard: \$55 Out-of-network: 50% after deductible	In-network: \$55 Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network – Enhanced: \$15/\$25/30% ² /40% ² In-network – Standard: \$20/\$50/40% ² /40% ² Out-of-network: Not covered	In-network – Enhanced: \$10/\$30/30% ² /40% ² In-network – Standard: \$25/\$50/40% ² /40% ² Out-of-network: Not covered
Lab and basic X-ray	In-network: Enhanced \$20, Standard \$40 Out-of-network: 50% after deductible	In-network: \$40 Out-of-network: 50% after deductible

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	Current 2023 Plan	2024 Plan
Access PPO Network	Access PPO VisitsPlus Platinum HD LX	Access PPO VisitsPlus Platinum HD LX
Deductible	In-network: \$400 individual/\$800 family Out-of-network: \$800 individual/\$1,600 family	In-network: \$500 individual/\$1,000 family Out-of-network: \$1,000 individual/\$2,000 family
Member coinsurance	In-network: 20%/Out-of-network: 50%	In-network: 20%/Out-of-network: 50%
Out-of-pocket maximum	In-network: \$3,000 Individual/\$6,000 family Out-of-network: No limit	In-network: \$2,700 individual/\$5,400 family Out-of-network: No limit
Office visit	In-network – Enhanced: \$5 primary/\$10 specialty In-network – Standard: \$15 primary/\$25 specialty Out-of-network: 50% after deductible	In-network: \$10 primary/\$25 specialty Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: \$10 In-network – Standard: \$25 Out-of-network: 50% after deductible	In-network: \$25 Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network – Enhanced: \$5/\$10/30%/40% ² In-network – Standard: \$10/\$20/40%/40% ² Out-of-network: Not covered	In-network – Enhanced: \$5/\$15/35%/40% ² In-network – Standard: \$10/\$20/40%/40% ² Out-of-network: Not covered
Lab and basic X-ray	In-network: Enhanced \$5, Standard \$20 Out-of-network: 50% after deductible	In-network: \$20 Out-of-network: 50% after deductible
Access PPO Network	Access PPO VisitsPlus Platinum LX	Access PPO VisitsPlus Platinum LX
Deductible	In-network: \$250 individual/\$500 family Out-of-network: \$500 individual/\$1,000 family	In-network: \$250 individual/\$500 family Out-of-network: \$500 individual/\$1,000 family
Member coinsurance	In-network: 10%/Out-of-network: 50%	In-network: 10%/Out-of-network: 50%
Out-of-pocket maximum	In-network: \$2,500 individual/\$5,000 family Out-of-network: No limit	In-network: \$2,500 individual/\$5,000 family Out-of-network: No limit
Office visit	In-network – Enhanced: \$5 primary/\$20 specialty In-network – Standard: \$20 primary/\$35 specialty Out-of-network: 50% after deductible	In-network: \$20 primary/\$35 specialty Out-of-network: 50% after deductible
Urgent care	In-network – Enhanced: \$20 In-network – Standard: \$35 Out-of-network: 50% after deductible	In-network: \$35 Out-of-network: 50% after deductible
Retail prescription drugs ¹	In-network – Enhanced: \$5/\$15/35%/40% ² In-network – Standard: \$10/\$20/40%/40% ² Out-of-network: Not covered	In-network – Enhanced: \$5/\$15/35%/40% ² In-network – Standard: \$10/\$20/40%/40% ² Out-of-network: Not covered
Lab and basic X-ray	In-network: Enhanced \$5, Standard \$20 Out-of-network: 50% after deductible	In-network: \$20 Out-of-network: 50% after deductible

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² Tier 3 and 4 prescription drug cost shares are subject to plan deductible.

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2024 Cost Share Changes and Plan Mapping

Compare the benefits between your 2023 plan and the most similar 2024 plan

	Current 2023 Plan	2024 Plan
Summit PPO Network	N/A	Summit PPO Bronze HSA
Deductible		In-network: \$6,500 Individual/\$13,000 Family Out-of-network: \$13,000 Individual/\$26,000 Family
Member coinsurance		In-network Tier 1: 20% In-network Tier 2: 40% Out-of-network: 50%
Out-of-pocket maximum		In-network: \$7,500 Individual/\$15,000 Family Out-of-network: No limit
Office visit		In-network Tier 1: 20% after deductible In-network Tier 2: 40% after deductible Out-of-network: 50% after deductible
Urgent care		In-network Tier 1: 20% after deductible In-network Tier 2: 40% after deductible Out-of-network: 50% after deductible
Retail prescription drugs ¹		In-network Tier 1: 20%/20%/40%/50% all after deductible In-network Tier 2: 50%/50%/50%/50% all after deductible Out-of-network: Not covered
Lab and basic X-ray		In-network Tier 1: 20% after deductible In-network Tier 2: 40% after deductible Out-of-network: 50% after deductible
Summit PPO Network		Summit PPO VisitsPlus Silver LX
Deductible		In-network: \$3,500 Individual/\$7,000 Family Out-of-network: \$7,000 Individual/\$14,000 Family
Member coinsurance		In-network Tier 1: 20% In-network Tier 2: 40% Out-of-network: 50%
Out-of-pocket maximum		In-network: \$8,900 Individual/\$17,800 Family Out-of-network: No limit
Office visit		In-network Tier 1: \$25 Primary/\$45 Specialty In-network Tier 2: \$45 Primary/\$65 Specialty Out-of-network: 50% after deductible
Urgent care		In-network Tier 1: \$45 In-network Tier 2: \$65 Out-of-network: 50% after deductible
Retail prescription drugs ¹		In-network Tier 1: \$20/\$50/30% ² /50% ² In-network Tier 2: \$40/\$70/50% ² /50% ² Out-of-network: Not covered
Lab and basic X-ray		In-network Tier 1: \$30 In-network Tier 2: \$50 Out-of-network: 50% after deductible

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2024 Cost Share Changes and Plan Mapping

Compare the benefits between your 2023 plan and the most similar 2024 plan

	Current 2023 Plan	2024 Plan
Summit PPO Network	N/A	Summit PPO VisitsPlus Gold LX
Deductible		In-network: \$1,500 Individual/\$3,000 Family Out-of-network: \$3,000 Individual/\$6,000 Family
Member coinsurance		In-network Tier 1: 10% In-network Tier 2: 30% Out-of-network: 50%
Out-of-pocket maximum		In-network: \$6,500 Individual/\$13,000 Family Out-of-network: No limit
Office visit		In-network Tier 1: \$10 Primary/\$30 Specialty In-network Tier 2: \$30 Primary/\$50 Specialty Out-of-network: 50% after deductible
Urgent care		In-network Tier 1: \$30 In-network Tier 2: \$50 Out-of-network: 50% after deductible
Retail prescription drugs ¹		In-network Tier 1: \$10/\$30/25% ² /45% ² In-network Tier 2: \$20/\$50/45% ² /45% ² Out-of-network: Not covered
Lab and basic X-ray		In-network Tier 1: \$20 In-network Tier 2: \$40 Out-of-network: 50% after deductible
Summit PPO Network		Summit PPO VisitsPlus Platinum LX
Deductible		In-network: \$300 Individual/\$600 Family Out-of-network: \$600 Individual/\$1,200 Family
Member coinsurance		In-network Tier 1: 5% In-network Tier 2: 25% Out-of-network: 50%
Out-of-pocket maximum		In-network: \$2,450 Individual/\$4,900 Family Out-of-network: No limit
Office visit		In-network Tier 1: \$5 Primary/\$25 Specialty In-network Tier 2: \$25 Primary/\$40 Specialty Out-of-network: 50% after deductible
Urgent care		In-network Tier 1: \$25 In-network Tier 2: \$40 Out-of-network: 50% after deductible
Retail prescription drugs ¹		In-network Tier 1: \$5/\$10/30% ² /30% ² In-network Tier 2: \$25/\$30/50% ² /30% ² Out-of-network: Not covered
Lab and basic X-ray		In-network Tier 1: \$5 In-network Tier 2: \$25 Out-of-network: 50% after deductible

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