

2024 HealthFlex Plans

	HSA Plans			HRA Plans		B1000
	H2000	H2500	H5000	C2000	C3000	B1000
Health Account Employer Contributions	\$1,000 for 1 person \$2,000 for > 1 person	\$250 for 1 person \$500 for > 1 person	None	\$1,000 for 1 person \$2,000 for >1 person	\$250 for 1 person \$500 for >1 person	None
Deductible You pay all	\$2,000 per person \$4,000 per family	\$2,500 per person \$5,000 per family	\$5,000 per person \$10,000 per family	\$2,000 per person \$4,000 per family	\$3,000 per person \$6,000 per family	\$1,000 per person \$2,000 per family
	If > 1 person is covered the family deductible always applies					
Co-insurance You pay part (Plan pays You pay)	80% 20%	70% 30%	100% 0%	80% 20%	50% 50%	80% 20%
Out-of-Pocket Max (OOP) After this, plan pays all	\$5,000 per person \$10,000 per family	\$5,000 per person \$10,000 per family	\$5,000 per person \$10,000 per family	\$5,000 per person \$10,000 per family	\$5,000 per person \$10,000 per family	\$5,000 per person \$10,000 per family
Pharmacy Benefit Highlights	Generics \$10 (30 day), \$25 (90 day) after deductible Preferred brand 30% after deductible (with min/max cost)		You pay 0% after deductible	Generics: \$10 (30 day), \$25 (90 day) Preferred brand: 30% (with min/max cost)		Generics \$10 (30 day), \$25 (90 day) Preferred brand 30% (min/max)

Deductibles illustrated above assume participant and covered spouse (if applicable) meet Health Check (HC) incentive requirement.