2024 Summary - PPO

Plan Name	Premium	Contract	Formulary	OSB	Benefit Enhancements
Choice Plus	$77	8634-003	Semi-Custom	Basic Silver $25.10	Reduced Primary Care from $5 to $0 Reduced INN T2 Rx Copay from $10 to $8 New Embedded Dental/Hearing/Vision
Choice Premier	$135	8634-004	Semi-Custom	NA	Reduced Premium from $140 to $135 Reduced INN T2 Rx Copay from $10 to $8 Improved Embedded Hearing Aid Copay $699 or $999
Classic	$0	8634-008	Semi-Custom	Basic Silver $25.40	New OTC $50 Qtrly Allowance
Classic	$0	8634-017	Semi-Custom	Premier $34.30	Reduced Primary Care from $5 to $0 Reduced Specialist Copay from $40 to $36 Reduced T2 Rx Copay from $10 to $8 New Embedded Hearing Aid Copay $699 or $999
Dental Premier	$0	8634-021	Value	NA	Reduced PCP Copay from $15 to $4 Improved Embedded Hearing Aid Copay $699 or $999
Elite	$0	8634-016	Semi-Custom	NA	Doubled Comprehensive Dental ($1k to $2k allowance) New OTC $50 Qtrly Allowance Reduced Tier 2 Rx Copay from $10 to $8 Improved Embedded Hearing Aid Copay $699 or $999

2024 Summary – PPO continue

Plan Name	Premium	Contract	Formulary	OSB	Benefit Enhancements
Essential (Formerly Classic)	$0	8634-012	Semi-Custom	Basic Silver $26.30	Reduced PCP Copay from $5 to $0 New Embedded Dental/Vision/Hearing Improved T2 Rx Copay from $10 to $8
Flex	$202	8634-014	Semi-Custom	Premier $34.30	New Embedded Hearing Aid Copay $699 or $999
Health Choice	$0	8634-018	Value	NA	New OTC $50 Qtrly Allowance Improved Embedded Hearing Aid Copay $699 or $999
Protect (MA Only)	$0	8634-019	N/A	Basic Silver $25.40	Increased Buy-Down - $50 monthly from $40 Improved Embedded Hearing Aid Copay $699 or $999
Saver Plus	$0	8634-020	Value	Basic Silver $25.40	Increased Buy-Down - $45 monthly from $40 Improved Embedded Hearing Aid Copay $699 or $999

2024 Summary - HMO

Plan Name	Premium	Contract	Formulary	OSB	Benefit Enhancements
Basic	$0	3822-001	Semi-Custom	Basic Silver $26.20	Increased OTC Qtrly Allowance from $70 to $100 Decreased Specialist Copay from $25 to $22 Lowered Inpatient Hospital Copay from $195 to $150 Decreased T1/2 from $0-$10/$10-$20 to $0/$8
Basic	$0	3822-012	Semi-Custom	N/A	Increased OTC Qtrly Allowance from $95 to $125 Decreased Specialist Copay from $40 to $25 Decreased T1/2 from $0-$10/$10-$20 to $0/$8
Basic Plus	$0	3822-007	Semi-Custom	Basic Silver $20.80	New Embedded Dental/Vision/Hearing Decreased Specialist Copay from $35 to $26 Decreased T2 Rx Copay from $10 to $8
Premier Plus	$76	3822-008	Semi-Custom	NA	Decreased Premium from $81 to $76 Decreased T2 Rx Copay from $10 to $8
Value (Formerly Basic)	$0	3822-014	Semi-Custom	NA	Increased Qtrly Allowance from $100 to $125 Decreased Specialist Copay from $25 to $18 Decreased T1/2 from $0-$10/$10-$20 to $0/$8
Secure	$0	8547-001	Semi-Custom	NA	Increased Qtrly Allowance from $100 to $125 Decreased Specialist Copay from $25 to $20 Lowered Inpatient Hospital Copay from $225 to $150 Decreased T1/2 from $0-$10/$10-$20 to $0/$8