



CHELAN COUNTY

## 2024 Medical Information

	<b>PPO Plan</b> <i>In-network</i>	<b>CDHP with HRAVEBA Contribution</b> <i>In-network</i>
<b>Deductible</b>	\$300/\$900	\$1,250/\$2,500
<b>Coinsurance</b>	80/20	80/20
<b>Out-of-Pocket Maximum</b>	\$1,300/\$3,900 Deductible counts toward Out- of-Pocket max	\$3,300/\$6,600 Deductible counts toward Out-of-Pocket max
<b>HRA VEBA Contribution</b>	\$200/month	\$1,250/1x annual + \$200/month
<b>Provider Network</b>	Premera PPO	Premera PPO
<b>Physician</b>	\$20 Copay	80/20 after deductible*
<b>Hospital</b>		
Inpatient	80/20 after deductible	80/20 after deductible
Emergency	\$50 Copay	80/20 after deductible
OP Surgery	80/20 after deductible	80/20 after deductible
<b>Prescription</b>	\$10/\$25/\$40 Copay	80/20 after deductible
<b>Preventative Care</b>	100% (No Copay)	100% (No Deductible)
<b>Chiropractic</b>	\$20 Copay	80/20 after deductible
<b>Vision Exam (1 per year)</b>	\$20 Copay	80/20 after deductible
<b>Vision Hardware (Over 19)</b>	\$300 Hardware 2 years	\$300 Hardware 2 years
• <b>Under age 19</b>	Frames & lenses: 1 pair per year	Frames & lenses: 1 pair per year
<b>Monthly Premium</b>	\$160.96**	\$0**

This is not a contract. This is a summary of benefits.

\*Preventative services covered with no cost share

\*\*Cost for Medical & Dental. Does not include monthly cost for Long-Term Disability