

**2024 QUICK REFERENCE
Plan Comparison for Employee Only Coverage**

	HDHP with SureFit	HDHP with HRA	Local Plus Buy Up	OAP Buy Up	Summary
Networks	SureFit You and your dependents must live in Seminole, Orange, Osceola or Lake counties to enroll	LocalPlus	LocalPlus	Open Access Plus (OAP)	SureFit network is a very restrictive network with Advent Health providers ONLY. You cannot access the onsite clinic, this is an Orlando Health facility. LocalPlus network is comprehensive, Open Access Plus (OAP) is Cigna's largest network Check your doctor's participation: www.cigna.com
Employee only Cost per Pay Incentive/No Incentive	\$0	\$5	\$45.95 / \$83.45	\$54.29 / \$91.79	Incentive is Strive for Five - deductions vary based on incentive met or not met. HDHP with SureFit does not have a payroll deduction AND there is a \$750 contribution to your Health Savings Account if you meet the Strive for Five Incentive. The HDHP with HRA has a \$5 payroll deduction AND there is a \$750 contribution to your Health Reimbursement Arrangement if you meet the Strive for Five Incentive
Deductible	\$1,750	\$1,750	\$750	\$750	Remember the \$750 incentive contributed to your HSA or HRA on the High Deductible Plans is used to reduce your deductible and out of pocket expenses.
Employee Only Maximum Out of Pocket	\$5,500	\$5,500	\$6,400	\$6,400	Maximum exposure in a calendar year for medical expenses
Coinsurance	20%				For 2024, the HDHP with HRA plan allows for first dollar (copays) for certain services. Copays for PCP/Specialists, Mental Health and MD Live
Prescription Drugs- New for 2024 MagellanRx	Same on all 4 plans				You must meet your deductible first before copays on the HDHP plans.
Preventative Care Visits	\$0	\$0	\$0	\$0	Visits must be coded for preventive care and can include annual physicals, annual labs, mammograms, colonoscopies, well woman exams, etc.
Primary Care Office Visit	20% after deductible	CCD/Tier 1: \$10 copay Non CCD/Tier 1: 20% after deductible	CCD/Tier 1: \$15 copay Non CCD/Tier 1: \$25 copay	CCD/Tier 1: \$15 copay Non CCD/Tier 1: \$25 copay	CCD=Cigna Care Designated Providers Non CCD=Non Cigna Care Designated Providers
Specialist Office Visit	20% after deductible	CCD/Tier 1: \$25 copay Non CCD/Tier 1: 20% after deductible	\$50 copay	CCD/Tier 1: \$50 copay Non-CCD/Tier: \$55 copay	