

Medical Plan Comparison (In-Network)

	Cigna HDHP ¹	Cigna PPO 750	KAISER HMO (CA)	KAISER HMO (CO)
Deductible (Self / Individ. In Family / Family)	\$2,000 / \$3,200 ¹ / \$4,000	\$750 / \$1,500	\$0 / \$0	\$0 / \$0
Tax-Advantaged Accounts	HSA w/ \$500 / \$1,000 Conga Contribution	FSA	FSA	FSA
Out-of-Pocket Maximum (Self / Individ. In Family / Family)	\$3,500 ¹ / \$7,000	\$3,500 / \$7,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Preventive Care	No charge ²	No charge ²	No charge	No charge
Doctor / Specialist / Virtual Visit	20%	\$20 ²	\$20 / \$35 / \$0	\$20 / \$35 / \$0
Lab and X-ray	20%	20%	\$0	\$0
Emergency Room	20%	\$250/visit + 20% ²	\$100/visit	\$250/visit
Rx Coverage – Retail	\$10 / \$30 / \$50 /Varies	\$5 / \$25 / \$40 / \$45 ²	\$10 / \$35 / \$35 / \$35	\$10 / \$20 / \$35 / 20% up to \$250
Monthly Costs				
Self Only	\$76.00	\$136.00	\$70.00	\$65.00
+ Spouse	\$213.00	\$350.00	\$200.00	\$195.00
+ Child(ren)	\$176.00	\$296.00	\$170.00	\$165.00
+ Family	\$297.00	\$500.00	\$285.00	\$280.00

2024 Rates



(1) For the Cigna HDHP HSA-eligible plan: copays and coinsurance apply after you've paid 100% of your deductible, including the cost of prescriptions. The plan has an embedded individual deductible of \$3,000 and embedded individual out-of-pocket maximum of \$3,500 for members enrolled in family coverage. No one member will pay more than the individual deductible or individual out-of-pocket maximum.

(2) Deductible does not apply.

Cigna Dental

Coverage	PPO Base Plan		PPO Buy-Up	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Self / Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Preventive	0%	0%	0%	0%
Basic	10%	10%	10%	10%
Major	40%	40%	40%	40%
Plan Year Maximum	\$1,750	\$1,750	\$3,250	\$3,250
Orthodontia	Not covered	Not covered	50%	50%
Ortho Lifetime Maximum	Not covered	Not covered	\$2,000	\$2,000
Monthly Cost				
Self Only	\$10.00		\$16.00	2024 Rates
+ Spouse	\$20.00		\$31.00	
+ Child(ren)	\$23.00		\$37.00	
+ Family	\$33.00		\$53.00	

Preventive Care

Services that are concerned with the prevention of disease through educational and protective measures. These may include routine office visits, cleanings, check-ups, etc.

Basic Care

Procedures to repair and restore individual teeth due to decay, trauma, impaired function, attrition, abrasion, erosion, etc.

Major Care

Procedures dealing with the restoration of teeth. This could include inlays, crowns, veneers, bridges, oral surgery, etc.

Out of network reimbursement is 90th percentile.

Orthodontia services for PPO Buy-Up Plan is for adult and children.

VSP Vision Plan

VSP

Coverage	In-Network	Out-of-Network
Exam	\$10	Up to \$45
Frames	Up to \$200	Up to \$70
Lenses (Single / Bi / Tri)	\$25 / \$25 / \$25	Up to \$30 / \$50 / \$65
Medically Necessary Contacts	Covered in full	Up to \$210
Elective Contacts	Up to \$200	Up to \$105
Monthly Cost		
Self Only	\$1.54	
+ Spouse	\$2.64	
+ Child(ren)	\$2.70	
+ Family	\$4.36	



Frequency for all benefits is 12 months.

2024 Domestic Partner After Tax Contributions and Imputed Income

If a domestic partner or domestic partner's child(ren) qualify as a tax dependent (section 152 of the IRS code), you may purchase health care coverage for them on a pre-tax basis. The cost of coverage will not be considered additional compensation and imputed income does not apply. To qualify as an IRS tax dependent, your domestic partner and/or domestic partner's child(ren) must use your residence as their principal residence, be a member of your household and receive more than half of their support from you. If a domestic partner or domestic partner's child(ren) does not qualify as a tax dependent, domestic partner benefits coverage will impact your take-home income in two ways:

1. Your employee contributions will be deducted from your paycheck on an after-tax basis.
2. The amount of income tax withheld from your paycheck will be increased to cover the tax due on the imputed income value of benefit coverage.

The amount of the income tax withholding increase will depend on your tax bracket and the number of dependents you can claim on your income tax return.

Based on 24 paychecks (Due to rounding, annual rates may vary from below)								
Exhibit I (Estimates for 2024 Rates) - After-Tax Employee Contributions for Select Coverage Levels (Non IRS-Qualified Dependents)								
Plan Coverage	DP Child(ren) Only		DP Only		DP + children (Including EE Ch(ren))		DP + children (No EE Ch(ren))	
	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period
Open_Choice_PPO_\$750	\$1,920.00	\$80.00	\$2,568.00	\$107.00	\$2,448.00	\$102.00	\$4,368.00	\$182.00
Open_Choice_PPO_HDHP	\$1,200.00	\$50.00	\$1,644.00	\$68.50	\$1,452.00	\$60.50	\$2,652.00	\$110.50
Kaiser_CA_HMO_1500	\$1,200.00	\$50.00	\$1,560.00	\$65.00	\$1,380.00	\$57.50	\$2,580.00	\$107.50
HMO_Colorado	\$1,200.00	\$50.00	\$1,560.00	\$65.00	\$1,380.00	\$57.50	\$2,580.00	\$107.50
Base_Plan	\$156.00	\$6.50	\$120.00	\$5.00	\$120.00	\$5.00	\$276.00	\$11.50
Buy_Up_Plan	\$252.00	\$10.50	\$180.00	\$7.50	\$192.00	\$8.00	\$444.00	\$18.50
VSP_Vision	\$13.92	\$0.58	\$13.20	\$0.55	\$19.92	\$0.83	\$33.84	\$1.41
Exhibit II (Estimates for 2024 Rates Net of Employee Contributions) - Imputed Income for Select Coverage Levels (Non IRS-Qualified Dependents)								
Plan Coverage	DP Child(ren) Only		DP Only		DP + children (Including EE Ch(ren))		DP + children (No EE Ch(ren))	
	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period
Open_Choice_PPO_\$750	\$7,033.92	\$293.08	\$10,862.88	\$452.62	\$10,982.88	\$457.62	\$19,135.92	\$797.33
Open_Choice_PPO_HDHP	\$6,197.28	\$258.22	\$9,451.80	\$393.83	\$9,643.80	\$401.83	\$16,765.80	\$698.58
Kaiser_CA_HMO_1500	\$7,017.96	\$292.42	\$8,301.60	\$345.90	\$8,481.60	\$353.40	\$13,856.16	\$577.34
HMO_Colorado	\$5,570.64	\$232.11	\$6,564.72	\$273.53	\$6,744.72	\$281.03	\$10,961.16	\$456.72
Base_Plan	\$514.92	\$21.46	\$366.24	\$15.26	\$366.24	\$15.26	\$881.28	\$36.72
Buy_Up_Plan	\$605.52	\$25.23	\$441.84	\$18.41	\$429.84	\$17.91	\$1,035.72	\$43.16
VSP_Vision	\$55.56	\$2.32	\$52.92	\$2.21	\$46.20	\$1.93	\$135.00	\$5.63

