

maximus



2024 Non-SCA Health Plans and Payroll Deductions

Are You **IN**: Maximus' benefit offerings are an **IN**vestment **IN** you for all the moments that matter.

Meet Your Non-SCA 2024 Health Plans

Plan Name	2024 HSA Plan	2024 PPO Plan
Network Identifier	In Network	In Network
Accumulation Method (Deductible)	Aggregate	Embedded
Deductible - Single	\$1,800	\$700
Deductible - Family	\$3,600	\$1,400
Annual Company Contribution - Single/Family (bi-weekly contr.)	\$250 / \$500	n/a
Wellness Incentives	\$500	\$500
General Coinsurance	100%*	80%*
Accumulation Method (OOP)	Embedded	Embedded
Max OOP - Single	\$6,000	\$3,000
Max OOP - Family	\$12,000	\$6,000
Office Visit - Primary Care	100%	\$30 copay
Office Visit - Specialty	100%	\$60 copay
Urgent Care	100%	\$75 copay
Emergency Room	\$500 then 100% Deductible	\$500 copay
Inpatient Hospital	100%	80%*
Lab Work	100%	80%*
X-rays	100%	80%*
Pharmacy		
Rx Deductible - Single	Combined with medical	None
Rx Deductible - Family	Combined with medical	None
Generic	\$10	\$10
Formulary	\$30	\$30
Non-Formulary	\$60	\$60
Mail Order - Generic	\$20	\$20
Mail Order - Formulary	\$60	\$60
Mail Order - Non-Formulary	\$120	\$120

* Percents shown are what the plan pays after the deductible has been met.



2024 Non-SCA Bi-Weekly Payroll Deductions

2024 Non-SCA Bi-Weekly Premiums		Salary Band <\$55,000		Salary Band \$55,000+	
		Employee Cost		Employee Cost	
Plan	Level of Coverage	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
HSA Plan					
	Employee Only	\$57.00	\$114.69	\$85.00	\$142.69
	Employee + Spouse	\$151.00	\$208.69	\$215.00	\$272.69
	Employee + Domestic Partner (DP)*	\$151.00	\$208.69	\$215.00	\$272.69
	Employee + Employee's Child(ren)	\$133.00	\$190.69	\$189.00	\$246.69
	Employee + DP Child(ren)*	\$133.00	\$190.69	\$189.00	\$246.69
	Employee + Spouse + Child(ren)	\$213.00	\$270.69	\$298.00	\$355.69
	Employee + DP + Employee's Child(ren)*	\$213.00	\$270.69	\$298.00	\$355.69
	Employee + DP + DP's Child(ren)*	\$213.00	\$270.69	\$298.00	\$355.69
PPO Plan					
	Employee Only	\$119.00	\$176.69	\$172.00	\$229.69
	Employee + Spouse	\$288.00	\$345.69	\$409.00	\$466.69
	Employee + Domestic Partner (DP)*	\$288.00	\$345.69	\$409.00	\$466.69
	Employee + Employee's Child(ren)	\$254.00	\$311.69	\$361.00	\$418.69
	Employee + DP Child(ren)*	\$254.00	\$311.69	\$361.00	\$418.69
	Employee + Spouse + Child(ren)	\$412.00	\$469.69	\$574.00	\$631.69
	Employee + DP + Employee's Child(ren)*	\$412.00	\$469.69	\$574.00	\$631.69
	Employee + DP + DP's Child(ren)*	\$412.00	\$469.69	\$574.00	\$631.69

*Imputed income will apply



2024 Non-SCA Bi-Weekly Payroll Deductions

DELTA DENTAL	
Employee Only	\$8.48
Employee + Spouse	\$15.86
Employee + Domestic Partner (DP)*	\$15.86
Employee + Employee's Child(ren)	\$15.73
Employee + DP's Child(ren)*	\$15.73
Employee + Spouse + Child(ren)	\$23.35
Employee + DP + Employee's Child(ren)*	\$23.35
Employee + DP + DP's Child(ren)*	\$23.35
VSP BASE PLAN	
Employee Only	\$4.20
Employee + Spouse	\$6.14
Employee + Domestic Partner (DP)*	\$6.14
Employee + Employee's Child(ren)	\$6.54
Employee + DP's Child(ren)*	\$6.54
Employee + Spouse + Child(ren)	\$10.06
Employee + DP + Employee's Child(ren)*	\$10.06
Employee + DP + DP's Child(ren)*	\$10.06
VSP ENHANCED PLAN	
Employee Only	\$6.40
Employee + Spouse	\$9.34
Employee + Domestic Partner (DP)*	\$9.34
Employee + Employee's Child(ren)	\$9.95
Employee + DP's Child(ren)*	\$9.95
Employee + Spouse + Child(ren)	\$15.32
Employee + DP + Employee's Child(ren)*	\$15.32
Employee + DP + DP's Child(ren)*	\$15.32

**Imputed income will apply*

