



ANNUAL ENROLLMENT BREAKDOWN

Your 2024 medical plan options at a glance

Option Features	PCA Plan Option	HSA Plan Option
Deductible	Medical Only¹	Combined Medical and Prescription Drug²
You Only	\$1,700	\$1,600
You + One Dependent	\$3,400 (\$1,700/person)	\$3,200 (total per family)
You + Two or More	\$5,100 (\$1,700/person)	\$3,200 (total per family)
Coinsurance (In-network)	10% after deductible (maximum \$1,800/person or \$3,400 for family)	10% after deductible (maximum \$3,400 for You Only or \$3,350 for all other coverage tiers)
Coinsurance³ (Out-of-network)	30% after deductible, in addition to charges above the usual and customary limits	30% after deductible, in addition to charges above the usual and customary limits
Out-of-Pocket Maximum⁴ (In-network)	Medical Only \$3,500/person or \$8,500 for family Prescription Drug Only \$3,350/person or \$5,200 for family	Combined Medical and Prescription Drug Maximum \$5,000 for You Only or \$6,550 for all other coverage tiers
Prescription Drug Coverage⁵		
Preventive	\$7	\$7
Generics	\$7	\$7 after deductible is met ⁶
Preferred Brands (30-day retail supply)	10% (\$45 minimum and \$90 maximum)	10% after deductible is met ⁶
Non-Preferred Brands (30-day retail supply)	30% (\$75 minimum and \$150 maximum)	30% after deductible is met ⁶
Spending Accounts Funded By		
	USAA	You through payroll deductions
You Only	\$750	Up to \$4,150
You + One Dependent	\$1,500	Up to \$8,300
You + Two or More	\$2,250	Up to \$8,300
Catch-up (55+) ⁷	N/A	Up to \$1,000
Forfeit if you are no longer covered	Yes	No

¹The PCA Plan Option has separate individual and family deductibles. Prescription copays do not apply toward the medical deductible.

²Participants are responsible for 100% of non-preventive medical and prescription drug costs until the deductible is met.

³For out-of-network providers, you will all be responsible for charges above the usual and customary limits.

⁴Out-of-pocket costs are unlimited for out-of-network services.

⁵Benefits listed reflect 30-day retail supply. Certain medications available in 90-day supply. Discounted rates may be available for 90-day supply.

⁶Deductible doesn't apply to certain preventive medications. It does apply to all nonpreventive medications.

⁷Catch-up contributions can be made anytime during the year in which the HSA participant turns 55 and in subsequent years.



2024 PER-PAY-PERIOD BENEFIT PLAN PREMIUMS

HSA Plan Option

Coverage Level	Employee Cost	Cost With 1,500 Healthy Points ¹ Bravo Discount	Cost With 2,000 Healthy Points ¹ Alpha Discount	Annual premium savings with HSA Plan Option vs. PCA Plan Option
You Only	\$32.64	\$25.72	\$15.33	\$1,262
You + Spouse/Partner	\$75.03	\$58.88	\$34.65	\$2,859
You + Child(ren)	\$58.08	\$45.77	\$27.31	\$2,237
You + Family	\$101.14	\$79.60	\$47.29	\$3,865

PCA Plan Option

Coverage Level	Employee Cost	Cost With 1,500 Healthy Points ¹ Bravo Discount	Cost With 2,000 Healthy Points ¹ Alpha Discount
You Only	\$81.16	\$74.24	\$63.85
You + Spouse/Partner	\$184.98	\$168.83	\$144.60
You + Child(ren)	\$144.10	\$131.79	\$113.33
You + Family	\$249.78	\$228.24	\$195.93

¹If it is inadvisable or unreasonably difficult due to a medical condition to earn enough Healthy Points to receive an award, contact the HR Service Center; they will review your options and help you design a plan that meets your individual needs.

Per-Pay Period Tobacco Surcharge of \$25 (You Only); \$50 (You + Spouse/Partner; You + Child(ren)); \$75 (You + Family)

Vision and Dental

Coverage Level	VSP Vision	Delta Dental PPO	DeltaCare [®] USA DHMO
You Only	\$5.42	\$11.09	\$5.36
You + Spouse/Partner	\$8.58	\$30.35	\$16.29
You + Child(ren)	\$8.59	\$27.00	\$13.96
You + Family	\$12.90	\$47.52	\$27.93

! Out-of-network services are **NOT covered** if you choose the DeltaCare[®] USA DHMO plan. Additionally, you'll need to select a primary dental facility to coordinate all oral health needs.

Supplemental Insurance²

Coverage Level	Accident	Critical Illness ³	Hospital Care	Legal
You Only	\$1.32	Varies ³	\$3.00	\$5.87
You + Spouse/DP	\$2.35	Varies ³	\$6.70	\$5.87
You + Child(ren)	\$3.12	Varies ³	\$5.49	\$5.87
You + Family	\$4.14	Varies ³	\$9.22	\$5.87

²Medical plan NOT required for enrollment. ³Varies based on age and tobacco surcharge.

Pet Insurance

Coverage Level Per Pet	Accident and Illness	Accident, Illness, and Wellness
Dog	\$21.16	\$31.52
Cat	\$11.85	\$20.01

ID Theft

Coverage Level	Essential	Premier	Premier Plus
You Only	\$0.00	\$0.92	\$2.31
You + Family	\$0.92	\$2.76	\$4.38