

2024 Benefits Overview Video

Pega 2024 Benefits Overview

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Understanding medical plan coverage and deductibles

		Choice Fund HSA	OAP 90	Kaiser Plans (CA Employees Only)
Annual Deductible	Employee	\$3,000	\$200	N/A
	Individual Employee within an Employee + plan	\$3,200	\$200	N/A
	Employee +	\$5,200	\$500	N/A
Pega HSA Contribution (full year)	Employee	\$1,400	N/A	N/A
	Employee +	\$2,800	N/A	N/A
Healthcare Costs				
Preventive Care		No Cost	No Cost	No Cost
Primary Care Office Visits		20% after deductible	\$20 co-pay	\$20 co-pay
Specialist Office Visits		20% after deductible	\$35 co-pay	\$20 co-pay
Diagnostic Care / X-Rays		20% after deductible	10% after deductible	\$10 co-pay
Emergency Room Visit (waived if admitted)		20% after deductible	\$150 co-pay	\$50 co-pay
Inpatient / Outpatient		20% after deductible	10% after deductible	\$250/\$100 co-pay
Mental Health Outpatient Office Visit		20% after deductible	No Cost	\$20 co-pay
Annual Out-of-Pocket Maximum	Employee	\$3,500	\$3,500	\$1,500
	Employee +	\$7,000	\$7,000	\$3,000
Annual Net Deductible (post Pega contribution)	Employee	\$1,800	\$200	
	Employee +	\$2,400	\$500	

Note: Employee + refers to all tiers where cover includes any additional dependents