

2024 Woodgrain Idaho Plan Options
 Medical Comparison

		Allegiance		Allegiance		Allegiance	
		Copay PPO		Buy Up HSA		Base HSA	
		80% \$1,500 PPO		80% \$2,000 HDHP		70% \$4,000 HDHP	
Medical Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	Deductible	\$1,500 / \$3,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$5,000 / \$10,000
	Out of Pocket Maximum	\$3,000 / \$6,000	\$10,000 / \$20,000	\$4,000 / \$8,000	\$12,000 / \$24,000	\$7,500 / \$15,000	\$13,800 / \$27,000
	Deductible Included in OOP Maximum	Yes		Yes		Yes	
	Ded / OOP Embedded	Yes / Yes		No / Yes		Yes / Yes	
Professional Services							
Office Visits	Primary Care Physicians	\$25	50% AD	20% AD	50% AD	30% AD	50% AD
	Specialists	\$50	50% AD	20% AD	50% AD	30% AD	50% AD
	Mental Health & Chemical Dependency	\$25	50% AD	20% AD	50% AD	30% AD	50% AD
	Urgent Care	20% AD	50% AD	20% AD	50% AD	30% AD	50% AD
	Emergency Room	20% AD	20% AD	20% AD	20% AD	30% AD	50% AD
	Minor Lab / X-Ray	20% AD	50% AD	20% AD	50% AD	30% AD	50% AD
	Major Lab / X-Ray	20% AD	50% AD	20% AD	50% AD	30% AD	50% AD
	Hospital Outpatient Surgery	20% AD	50% AD	20% AD	50% AD	30% AD	50% AD
	Preventive Care	0%	50% AD	0%	50% AD	0%	50% AD
Inpatient Services							
	Inp Hospital / Physicians	20% AD	50% AD	20% AD	50% AD	30% AD	50% AD
	Inp Mental Health & Chemical Dependency	20% AD	50% AD	20% AD	50% AD	30% AD	50% AD
Additional Benefits							
	Chiropractic/Manipulations	20% AD	50% AD	20% AD	50% AD	30% AD	50% AD
Prescription Drugs (In-Network)							
Retail	Rx Deductible			Medical Deductible Applies		Medical Deductible Applies	
	Tier 1	\$10		20% AD		30% AD	
	Tier 2	\$25		20% AD		30% AD	
	Tier 3	50%		50% AD		50% AD	
	Mail Order	\$20 / \$50 / 50%		20% AD / 20% AD / 50% AD		30% AD / 30% AD / 50% AD	
Monthly Rates		St. Alphonsus Network with CIGNA wrap via Allegiance					
	<u>Enrollment Tier</u>	<u>Employee</u>	<u>Woodgrain</u>	<u>Employee</u>	<u>Woodgrain</u>	<u>Employee</u>	<u>Woodgrain</u>
Idaho	Employee	\$153.50	\$460.51	\$135.98	\$407.94	\$117.66	\$352.99
	Employee + Spouse	\$330.27	\$990.81	\$292.38	\$877.13	\$252.77	\$758.30
	Employee + Child(ren)	\$290.59	\$871.76	\$257.27	\$771.80	\$222.44	\$667.31
	Family	\$494.21	\$1,482.63	\$437.43	\$1,312.28	\$378.07	\$1,134.20
Monthly Woodgrain HSA Contributions							
	<u>Enrollment Tier</u>						
	Employee	Not Applicable		\$44.00		\$56.00	
	Employee + Spouse	Not Applicable		\$88.00		\$112.00	
	Employee + Child(ren)	Not Applicable		\$88.00		\$112.00	
	Family	Not Applicable		\$132.00		\$168.00	