

Your monthly contribution based upon your family tier election would be as follows:

BASED ON YOUR FAMILY TIER ELECTION	YOUR 2024 MONTHLY CONTRIBUTION IS:
Employee Only	\$193.00
Employee + 1 Child	\$496.00
Employee + Children	\$876.00

Here are the highlights of the Orange Plan benefits for 2024:

CIGNA OPEN ACCESS PLUS NETWORK	
COVERAGE IS FOR IN-NETWORK PROVIDERS ONLY (and Non-Network Emergency Services)	
	ORANGE PLAN
IF YOU NEED TO SEE THE DOCTOR	
Primary Care	You pay a \$40 copay, no deductible
Specialist	You pay 40% coinsurance, after deductible
Mental Health/Substance Abuse	You pay a \$40 copay, no deductible
MD Live (24/7 Telemedicine)	You pay a \$20 copay, no deductible
WHEN YOU RECEIVE PREVENTIVE CARE	
ACA Preventive Care Services	You pay \$0, no deductible
IF YOU NEED A PRESCRIPTION DRUG	
RETAIL (30-day supply)	
Tier 1: Generic	You pay a \$20 copay, no deductible
Tier 2: Preferred Brand	You pay a \$50 copay, after deductible
Tier 3: Non-Preferred Brand	You pay the greater of 60% or \$100, after deductible
HOME DELIVERY (90-day supply)	
Tier 1: Generic	You pay a \$40 copay, no deductible
Tier 2: Preferred Brand	You pay a \$100 copay, after deductible
Tier 3: Non-Preferred Brand	You pay the greater of 60% or \$200, after deductible
SPECIALTY (30-day supply)	
Specialty Medications	You pay the greater of 60% or \$100, after deductible
IF YOU NEED OTHER MEDICAL SERVICES	
CALENDAR YEAR DEDUCTIBLE	
Individual	\$5,500
Family	\$11,000
MAXIMUM OUT-OF-POCKET	
Individual	\$7,150
Family	\$14,300
EMERGENCY CARE	
Emergency Room	You pay 40% coinsurance, after deductible
Transportation	You pay 40% coinsurance, after deductible
Urgent Care	You pay 40% coinsurance, after deductible
OTHER SERVICES	
In-Network	You pay 40% coinsurance, after deductible
Non-Network	Not covered

To obtain more information, contact the Fund Office at 1-800-842-5899.