

Fulton County

2024 Benefit Changes - Active Employees

	No Benefit Changes for 2024				2024 Changes	
	Kaiser HMO	HMO	POS		HDHP/HSA (POS)	
			Network	Non-Network	Network	Non-Network
HSA Contribution	Not Applicable	Not Applicable	Not Applicable		\$750 Single \$1,500 EE+1 \$1,500 Family	
Annual Deductible	\$0 Single \$0 Family	\$0 Single \$0 Family	\$250 Single \$375 EE+1 \$500 Family	\$500 Single \$750 EE+1 \$1,000 Family	\$1,800 Single \$3,600 EE+1 \$3,600 Family	\$3,600 Single \$7,200 EE+1 \$7,200 Family
Out-of-Pocket Max (Deductible included)	\$6,450 Single \$12,900 Family	\$6,450 Single \$12,900 Family	\$2,000 Single \$3,000 EE+1 \$4,000 Family	\$4,000 Single \$6,000 EE+1 \$8,000 Family	\$3,600 Single \$7,200 EE+1 \$7,200 Family	\$7,200 Single \$14,400 EE+1 \$14,400 Family
Coinsurance	100%	100%	90%	60%	90%	60%
Preventive	100%	100%	100%, no deductible		100%, no deductible	
Office Visit	\$25 PCP/\$40 SPC	\$25 PCP/\$40 SPC	\$25 PCP/\$40 SPC	60%, after ded	90%, after ded	60%, after ded
Emergency Room (waived, if admitted)	\$150 copay/visit	\$150 copay/visit	100%, after \$150 copay/visit	100%, after \$150 copay/visit	90%, after ded	60%, after ded
Urgent Care	\$50 copay/visit	\$50 copay/visit	100%, after \$50 copay/visit	60%, after ded	90%, after ded	60%, after ded
Inpatient Hospital	\$250 copay/admit	\$250 copay/admit	90%, after ded	60%, after ded	90%, after ded	60%, after ded
Outpatient Hospital	\$150 copay/visit	\$150 copay/visit	90%, after ded	60%, after ded	90%, after ded	60%, after ded
Retail Rx	\$10/\$30/\$50/\$75	\$10/\$30/\$50/\$75	\$10/\$30/\$50/\$75	60%, after ded	90%, after ded	60%, after ded
Mail-order Rx	2x Retail	2x Retail	2x Retail	Not Available	90%, after ded	Not Available