



## INDIVIDUAL 2024 MEDICAL PLAN COST COMPARISON

	SDHP	PPO	EPO
Annual Premium	\$96	\$1,224	\$1,548
Annual Deductible (in-network) (amount that you pay before benefits begin)	\$1,600 (includes Rx)	\$350 (not including Rx)	\$0 (not including Rx)
Annual Out of Pocket Maximum (Maximum you pay for covered medical and Rx <u>per</u> <u>year</u> which includes the deductible)	\$3,425	\$5,350	\$6,600
CITGO Enrollment Incentive	\$500 (deposited in HSA)	\$0	\$0
Maximum Rally Program Incentives available	\$500 (deposited in HSA)	\$150 (deposited in FSA)	\$150 (deposited in FSA)
<b>TOTAL POSSIBLE ANNUAL OUT-OF-POCKET</b> (Premium + Out-of-Pocket maximum less Incentives available)	<b>\$2,521</b>	<b>\$6,424</b>	<b>\$7,998</b>

## FAMILY 2024 MEDICAL PLAN COST COMPARISON

	SDHP	PPO	EPO
Annual Premium	\$432	\$4,812	\$6,108
Annual Deductible (in-network) (amount that you pay before benefits begin)	\$3,200 (includes Rx)	\$1,050 (not including Rx)	\$0 (not including Rx)
Annual Out of Pocket Maximum (Maximum you pay for covered medical and Rx <u>per</u> <u>year</u> which includes the deductible)	\$6,850	\$11,050	\$13,200
CITGO Enrollment Incentive	\$1,000 (deposited in HSA)	\$0	\$0
Maximum Rally Program Incentives available	\$1,000 (deposited in HSA)	\$300 (deposited in FSA)	\$300 (deposited in FSA)
<b>TOTAL POSSIBLE ANNUAL OUT-OF-POCKET</b> (Premium + Out-of-Pocket maximum less Incentives available)	<b>\$5,282</b>	<b>\$15,562</b>	<b>\$19,008</b>

## 2024 TAX ADVANTAGED ACCOUNTS AVAILABLE BY MEDICAL PLAN

	SDHP	PPO	EPO
Tax advantaged accounts available for payment of medical expenses. Employee contributions are made pre-tax and withdrawals for qualified medical expenses are tax-free.	<b><i>Health Savings Acct.</i></b> <u>Individual account which rolls over year to year and can be invested.</u>	<b><i>Flexible Spending Acct.</i></b> Incorporates use it during plan year or lose it rule	<b><i>Flexible Spending Acct.</i></b> Incorporates use it during plan year or lose it rule
Annual Maximum Contribution	\$4,150 (Individual) \$8,300 (Family) If you are 55 or older, a catch-up contribution of \$1,000 per year is available above these amounts. <b><u>Total includes CITGO incentives.</u></b>	\$3,050 <b>Plus</b> CITGO incentives	\$3,050 <b>Plus</b> CITGO incentives



## HIGHLIGHTS OF 2024 MEDICAL PLANS

	SDHP	PPO	EPO
Provider Coverage	Network and Non-Network Providers Covered*  UHC Discounted Rates Apply for In-Network	Network and Non-Network Providers Covered*  UHC Discounted Rates Apply for In-Network	Network Providers Only Covered*  UHC Discounted Rates Apply
WHAT YOU PAY			
Office Visits (in-network)	20% of discounted rate after deductible	\$25 PCP \$40 Specialist	\$25 PCP \$40 Specialist
Lab/X-Ray (in-network)	20% after deductible	0%	0%
Preventive Care (in-network)	0% not subject to deductible	0% not subject to deductible	0%
Emergency Care (in-network)	20% after deductible	\$150 co-pay per visit plus 20%	\$150 co-pay per visit plus 15%
Urgent Care	20% after deductible	\$50 co-pay	\$50 co-pay
Hospital – Inpatient (in-network)	20% after deductible	\$250 co-pay per admission plus 20% after deductible	\$250 co-pay per admission plus 15%
Hospital – Outpatient (in-network)	20% after deductible	\$200 co-pay plus 20% after deductible	\$200 co-pay plus 15%
Maternity and Pregnancy Physician’s Office (in-network)**	20% after deductible	\$40 co-pay (no co-pay for prenatal care after first visit)	\$40 co-pay (no co-pay for prenatal care after first visit)
Mental Health & Substance Abuse – Inpatient (in-network)	20% after deductible	\$250 co-pay per admission plus 20% after deductible and co-pay	\$250 co-pay per admission plus 15% after co-pay
Mental Health & Substance Abuse – Outpatient (in-network)	20% after deductible	\$25 co-pay	\$25 co-pay
Rehabilitation Services, Chiropractic Care and Spinal Treatment (in-network)	20% after deductible	20% after deductible	15%

\*In the SDHP and PPO options, if you go to an out-of-network provider, your fees will be higher, and the plan will cover less of the cost. **Out-of-network providers (doctors, labs, and hospitals) are not covered in the EPO option.**

\*\* Refer to the Summary Plan Description (page 41) available on Benefit Connections for further information related to maternity coverage limits applicable to dependents.

For more information, see the **Benefit Connections** website at [www.hr.CITGO.com](http://www.hr.CITGO.com).