Plan Benefits	Your Current (2023) Plan	2024 Plan
Product Name	Complete PPO Plus 1000 25/50/350	Complete PPO Plus 1000 25/50/350 w/CC
Plan Type	PPO	No change
Metallic Tier	Gold	No change
Deductible (D) (Individual/Family) (embedded, unless otherwise noted)	IN: $1,000/$2,000 OON: $2,000/$4,000	No change
Out-of-Pocket Maximum (Individual/Family)	IN: $8,550/$17,100 OON: $17,100/$34,200	IN:$9,000/$18,000 OON:$18,000/$36,000
Office Visit	IN: $25/$50 OON: (D) 20%	No change
Emergency Room (Copayment waived if Admitted)	IN: $350	No change
Diagnostic, Imaging & X-Ray	IN: (D) $50 OON: (D) 20%	No change
Lab	IN: (D) OON: (D) 20%	No change
High-Tech Radiology	Non-Hospital: IN (D) $250 Hospital Based: IN (D) $500 OON: (D) 20%	No change
Outpatient Surgery	Non-Hospital: IN (D) $250 Hospital Based: IN (D) $500 OON: (D) 20%	No change
Inpatient Medical, SNF (100 days/benefit period) and Rehab (60 days/benefit period) Per Admission	IN: (D) $500 OON: (D) $20%	No change
Outpatient MH/SU Visits including Rehab and Detox	IN: $25 OON: (D) 20%	No change
Inpatient MH/SU Per Admission	IN: (D) $500 OON: (D) 20%	No change
Retail Prescription Copayments Tiers 1/2/3/4/5/6 Mail order Rx available on all plans	$10/$30/$75/$200/$250/$500	No change
Care Complement	Not included	Included

Care Complement

Care Complement removes cost barriers to various care options. The following in-network benefits are at $0 cost sharing:

- *Cardiac rehabilitation therapy*
- *Medication assisted therapy office visits and certain prescription medications*
- *The first 6 physical/occupational therapy and chiropractic visits*
- *The first 6 acupuncture visits (benefit limit of 20 visits)*
- *Diabetes education & nutritional counseling*
- *11 common prescriptions to treat chronic conditions, such as depression, diabetes, high cholesterol, and high blood pressure*