

Health Plan Benefits At-A-Glance 2024

Plan Provision		IN-NETWORK		OUT-OF-NETWORK	
		Select PPO	Choice PPO	Select PPO	Choice PPO
Calendar Year Deductible		Per person: \$300 Max per family: \$900	Per person: \$450 Max per family: \$1,350	Per person: \$550 Max per family: \$1,650	Per person: \$850 Max per family: \$2,550
Calendar Year Out-of-Pocket Maximum	Medical	Per person: \$2,000 Max per family: \$4,000	Per person: \$3,000 Max per family: \$5,000	Per person: \$3,000 Max per family: \$5,000	Per person: \$4,000 Max per family: \$6,000
	Prescription Drug	Per person: \$2,000 Max per family: \$4,000	Per person: \$3,000 Max per family: \$5,000	No coverage	
Physician Office Visit		\$15 co-pay	\$15 co-pay	30% after deductible	40% after deductible
Coinsurance (most services)		10% after deductible	20% after deductible	30% after deductible	40% after deductible
Preventive Care Onsite* Clinic		No co-pay No co-pay	No co-pay No co-pay	30% after deductible 30% after deductible	40% after deductible 40% after deductible
Specialist Office Visit Onsite* Clinic Visit		\$25 co-pay \$10 co-pay	\$25 co-pay \$10 co-pay	30% after deductible 30% after deductible	40% after deductible 40% after deductible
Urgent Care Center		\$35 co-pay	\$35 co-pay	30% after deductible	40% after deductible
Emergency Room Visit		\$100 co-pay			
Prescription Drugs 31 day supply		\$5 generic drugs \$30 for drugs on the Preferred Drug List (formulary) \$60 for drugs not on the Preferred Drug List (formulary) \$75 for specialty drugs		No coverage	
Prescription Drugs 90 day supply		\$10 generic drugs \$60 for drugs on the Preferred Drug List (formulary) \$120 for drugs not on the Preferred Drug List (formulary) \$150 for specialty drugs		No coverage	
Over the Counter Tobacco Cessation products: 0-31 day supply		No co-pay (fully paid by St. Jude)		No coverage	
Teladoc Health telehealth Onsite† Clinic		\$15 co-pay \$10 co-pay	\$15 co-pay \$10 co-pay	No coverage	

*The out-of-pocket max limits continue to be separate for medical and prescription drug expenses in 2024.

†St. Jude Living Well Health & Wellness Center

2024 Health Benefits	Your Bi-Weekly ¹ Premium		Monthly COBRA Rates ³
	Full-time	Part-time	
Medical—Select PPO²			
Employee only	\$0	\$38	\$924
Employee + Child(ren)	\$39	\$78	\$1,760
Employee + Spouse	\$64	\$128	\$2,214
Employee + Spouse + Child(ren)	\$90	\$180	\$2,946
Medical—Choice PPO²			
Employee only	\$0	\$19	\$525
Employee + Child(ren)	\$19.50	\$39	\$997
Employee + Spouse	\$32	\$64	\$1,261
Employee + Spouse + Child(ren)	\$45	\$90	\$1,679
Dental			
Employee only	\$0	\$4.50	\$29
Family	\$4.50	\$9	\$86
Vision			
Employee only	\$0	\$0	\$7.43
Family	\$3.64	\$3.64	\$14.86

¹Health premiums impact the first two paychecks in a month.

²Tobacco users pay a \$50/month surcharge for medical premiums for each coverage level.

³This is the full cost of coverage if you or one of your dependents loses coverage under the plan and becomes eligible for COBRA.

Your premiums may be adjusted depending upon your effective date. In these situations, the Payroll team will contact you directly with more details.