

# maximus



## 2024 SCA Health Plans and Payroll Deductions

Are You **IN**: Maximus' benefit offerings are an **IN**vestment **IN** you for all the moments that matter.

# Meet Your SCA 2024 Health Plans

Plan Name	2024 Core Plan	2024 PPO Plan
Network Identifier	In Network	In Network
Accumulation Method (Deductible)	Aggregate	Embedded
Deductible - Single	\$1,800	\$700
Deductible – Family	\$3,600	\$1,400
Annual Company Contribution- Single/Family (bi-weekly)	n/a	n/a
Wellness Incentives	\$500	\$500
General Coinsurance	80%*	80%*
Accumulation Method (OOP)	Embedded	Embedded
Max OOP - Single	\$6,000	\$3,000
Max OOP - Family	\$12,000	\$6,000
Office Visit – Primary Care	100% Not Subject to Deductible	\$30 copay
Office Visit - Specialty	80%	\$60 copay
Urgent Care	80%	\$75 copay
Emergency Room	80%	\$500 copay
Inpatient Hospital	80%*	80%*
Lab Work	80%*	80%*
X-rays	80%*	80%*
<b>Pharmacy</b>		
Rx Deductible - Single	Combined with Medical	None
Rx Deductible - Family	Combined with Medical	None
Generic	\$20	\$10
Formulary	\$60	\$30
Non-Formulary	\$80	\$60
Mail Order - Generic	\$40	\$20
Mail Order - Formulary	\$120	\$60
Mail Order - Non-Formulary	\$200	\$120

\* Percents shown are what the plan pays after the deductible has been met.



# 2024 SCA Bi-Weekly Payroll Deductions

2024 SCA Bi-Weekly Premiums		
Plan	Level of Coverage	Employee
<b>Core Plan</b>		
	Employee Only	\$0.00
	Employee + Spouse	\$206.00
	Employee + Domestic Partner (DP)	\$206.00
	Employee + Employee's Child(ren)	\$152.00
	Employee + DP's Child(ren)	\$152.00
	Employee + Spouse + Child(ren)	\$335.00
	Employee + DP + Employee's Child(ren)	\$335.00
	Employee + DP + DP's Child(ren)	\$335.00
<b>PPO Plan</b>		
	Employee Only	\$65.00
	Employee + Spouse	\$332.85
	Employee + Domestic Partner (DP)	\$332.85
	Employee + Employee's Child(ren)	\$255.53
	Employee + DP's Child(ren)	\$255.53
	Employee + Spouse + Child(ren)	\$512.10
	Employee + DP + Employee's Child(ren)	\$512.10
	Employee + DP + DP's Child(ren)	\$512.10



# 2024 SCA Bi-Weekly Payroll Deductions

<b>CIGNA Dental</b>	
Employee Only	\$12.26
Employee + Spouse	\$25.75
Employee + Domestic Partner (DP)	\$25.75
Employee + Employee's Child(ren)	\$23.29
Employee + DP's Child(ren)	\$23.29
Employee + Spouse + Child(ren)	\$36.78
Employee + DP + Employee's Child(ren)	\$36.78
Employee + DP + DP's Child(ren)	\$36.78
<b>VSP Base Plan</b>	
Employee Only	\$4.20
Employee + Spouse	\$6.14
Employee + Domestic Partner (DP)	\$6.14
Employee + Employee's Child(ren)	\$6.54
Employee + DP's Child(ren)	\$6.54
Employee + Spouse + Child(ren)	\$10.06
Employee + DP + Employee's Child(ren)	\$10.06
Employee + DP + DP's Child(ren)	\$10.06
<b>VSP Enhanced Plan</b>	
Employee Only	\$6.40
Employee + Spouse	\$9.34
Employee + Domestic Partner (DP)	\$9.34
Employee + Employee's Child(ren)	\$9.95
Employee + DP's Child(ren)	\$9.95
Employee + Spouse + Child(ren)	\$15.32
Employee + DP + Employee's Child(ren)	\$15.32
Employee + DP + DP's Child(ren)	\$15.32

