

2024 Medical Plans



Medical Coverage at-a-glance

Your medical benefits are based on the facility and provider network you use:

TIER 1	TIER 2	TIER 3
Facility and provider charges at Community Medical Center.	In-network provider and facility charges	Out-of-network

BENEFIT	BASIC HDHP PLAN	ENHANCED HDHP PLAN
Lifepoint Employer Contribution		
Employee Only	\$250	\$250
Employee + Spouse/ Domestic Partner	\$500	\$500
Employee + Family	\$1,300	\$1,300
Annual deductible		
Tier 1	\$3,200 single coverage; \$6,400 with dependents	\$1,600 single coverage; \$3,200 with dependents
Tier 2	\$5,000 single coverage; \$10,000 with dependents	\$3,000 single coverage; \$6,000 with dependents
Tier 3	\$5,000 single coverage; \$10,000 with dependents	\$3,000 single coverage; \$6,000 with dependents
Family Deductible	If you cover any dependents, the entire family deductible must be met before the plan begins paying toward the cost of care for any one person. The individual deductible does apply.	If you cover any dependents, the entire family deductible must be met before the plan begins paying toward the cost of care for any one person. The individual deductible does not apply.
Your cost for care		
Telemedicine (Teladoc Health)	50% after deductible	50% after deductible
Primary care/specialist visit		
Tier 1	20% after deductible	20% after deductible
Tier 2	30% after deductible	30% after deductible
Tier 3	50% after deductible	50% after deductible
Hospitalization		
Tier 1	20% after deductible	20% after deductible
Tier 2	30% after deductible	30% after deductible
Tier 3	50% after deductible	50% after deductible
Emergency Room (all tiers)	20% after deductible	20% after deductible
Out-of-pocket-maximum		
Tier 1	\$4,000 single coverage; \$8,000 with dependents	\$3,000 single coverage; \$6,000 with dependents
Tier 2	\$6,900 single coverage; \$13,800 with dependents	\$6,000 single coverage; \$12,000 with dependents
Tier 3	\$10,000 single coverage; \$20,000 with dependents	\$6,000 single coverage; \$12,000 with dependents
Overall in-network out-of-pocket maximum	\$6,900 single coverage; \$13,800 with dependents	\$6,000 single coverage; \$12,000 with dependents
Family out-of-pocket maximum	Each family member has their own individual out-of-pocket maximum. Once the entire family out-of-pocket maximum is met, all covered expenses for the rest of the year are paid 100% by the plan.	Each family member has their own individual out-of-pocket maximum. Once the entire family out-of-pocket maximum is met, all covered expenses for the rest of the year are paid 100% by the plan.