



Comparing Your 2024 Medical Plan Options

	Cigna Smart Plan With HSA	Cigna Core Plan	Kaiser Smart Plan With HSA (CA, CO, & GA)	Kaiser HMO (CA, CO, & GA)	SimplePay Health
Your Contributions (24 pay periods)					
EE Only	\$0.00	\$12.50	\$0.00	\$12.50	\$0
EE + Spouse / Domestic Partner	\$17.50	\$112.50	\$20.00	\$100.00	\$0
EE + Child(ren)	\$17.50	\$97.50	\$20.00	\$85.00	\$0
EE + Family	\$25.00	\$210.00	\$30.00	\$155.00	\$0
Workday Annual Funding of HSA¹	<ul style="list-style-type: none"> \$1,000 Employee Only \$2,000 Employee + Dependent(s) 	N/A	<ul style="list-style-type: none"> \$1,000 Employee Only \$2,000 Employee + Dependent(s) 	N/A	N/A
Provider Choice	You can go to any provider you like; however, you will benefit from negotiated rates and higher benefit levels when you use Cigna Open Access Plus (OAP) network providers. ² Some services are not covered out-of-network.		You must use Kaiser Permanente providers, except in case of urgent or emergency care.		You can go to any provider you like; however, you will benefit from lower Tier rates when you use Aetna Choice POS II Network providers. ³ <ul style="list-style-type: none"> Tier 1: Meets all standards⁴ Tier 2: Meets most standards⁴ Tier 3: Meets minimum standards⁴
Calendar-Year Deductible					
In-Network	<ul style="list-style-type: none"> \$1,600 Employee Only \$3,200 Employee + Dependent(s) 	<ul style="list-style-type: none"> \$500 Individual \$500 Individual in Family \$1,000 Entire Family 	<ul style="list-style-type: none"> \$1,600 Individual \$3,200 Individual in Family \$3,200 Entire Family 	None	None
Out-of-Network	<ul style="list-style-type: none"> \$3,200 Employee Only \$6,400 Employee + Dependent(s) 	<ul style="list-style-type: none"> \$1,000 Individual \$1,000 Individual in Family \$2,000 Entire Family 	N/A	N/A	None
Calendar-Year Out-of-Pocket Maximum					
In-Network	<ul style="list-style-type: none"> \$3,200 Individual \$3,200 Individual in Family \$6,400 Entire Family 	<ul style="list-style-type: none"> \$3,000 Individual \$6,000 Family 	<ul style="list-style-type: none"> \$4,000 Individual \$4,000 Individual in Family \$6,850 Entire Family 	<ul style="list-style-type: none"> \$1,500 Individual \$1,500 Individual in Family \$3,000 Entire Family 	<ul style="list-style-type: none"> \$2,000 Individual \$2,000 Individual in Family \$4,000 Family
Out-of-Network	<ul style="list-style-type: none"> \$10,000 Individual \$10,000 Individual in Family \$20,000 Entire Family 	<ul style="list-style-type: none"> \$8,000 Individual \$16,000 Family 	N/A	N/A	N/A



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Preventive Care	\$0 in-network	\$0 in-network	\$0 in-network	\$0 in-network	\$0 in-network
Office Visits In-Network	You pay: 20% after deductible	You pay: \$20 PCP / \$30 Specialist	You pay: 20% after deductible	You pay: \$20 PCP / \$20 Specialist	You pay: <ul style="list-style-type: none"> ■ \$15 PCP / \$30 Specialist ■ \$20 PCP / \$40 Specialist ■ \$30 PCP / \$65 Specialist
Out-of-Network	50% after deductible ⁵	40% after deductible ⁵	N/A	N/A	\$35 PCP / \$80 Specialist ³
Other Medical Expenses <i>See footnotes 3 and 5 for more information about limits on out-of-network benefit payments.</i>	You pay a percentage of the charge for most services, after the deductible: Inpatient Hospital: <ul style="list-style-type: none"> • Network: 20% • Non-Network: 50% ER: 20% Urgent Care: <ul style="list-style-type: none"> • Network: 20% • Non-Network: 20% Outpatient Surgery: <ul style="list-style-type: none"> • Network: 20% • Non-Network: 50% Lab and X-Ray (if done outside a doctor's office): <ul style="list-style-type: none"> • Network: 20% • Non-Network: 50% 	You pay a copay for these services: ER: \$150 (waived if admitted) Urgent Care: <ul style="list-style-type: none"> • Network: \$50 (waived if admitted) • Non-Network: \$50 (waived if admitted) You pay a percentage of the charges for these services, after the deductible: Inpatient Hospital: <ul style="list-style-type: none"> • Network: 20% • Non-Network: 40% Outpatient Surgery: <ul style="list-style-type: none"> • Network: 20% • Non-Network: 40% Lab and X-Ray (if done outside a doctor's office): <ul style="list-style-type: none"> • Network: 20% • Non-Network: 40% 	You pay a percentage of the charges for most services, after the deductible: Inpatient Hospital: 20% ER: 20% Urgent Care: 20% Outpatient Surgery: 20% Lab and X-Ray: 20%	You pay a copay for most services: Inpatient Hospital: \$250 per admission ER: \$100 (waived if admitted) Urgent Care: \$20 Outpatient Surgery: \$100 per procedure Lab and X-Ray: No charge	You pay a set amount for most services: Inpatient Hospital: <ul style="list-style-type: none"> ■ \$1,140 ■ \$1,520 ■ \$2,000 Non-Network: \$2,640 ³ ER: \$115 Urgent Care: <ul style="list-style-type: none"> ■ \$30 ■ \$40 ■ \$65 Non-Network: \$80 ³ Outpatient Surgery: <ul style="list-style-type: none"> ■ \$465 ■ \$615 ■ \$1,030 Non-Network: \$1,235 ³ Routine Lab and X-Ray: <ul style="list-style-type: none"> ■ \$10 ■ \$15 ■ \$20 Non-Network: \$25 ³
Behavioral Health In-Network	20% after deductible	Office Visits: \$30 copay Other Services: 20% after deductible	20% after deductible	\$20 copay	Office Visits <ul style="list-style-type: none"> ■ \$15 ■ \$20 ■ \$30
Out-of-Network	Office Visits: 20% after in-network deductible ⁵ Other Services: 50% after out-of-network deductible ⁵	Office Visits: 20% after in-network deductible ⁵ Other Services: 40% after out-of-network deductible ⁵	Not covered without prior approval	Not covered without prior approval	Office Visits: \$35 ³



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	Cigna Smart Plan With HSA	Cigna Core Plan	Kaiser Smart Plan With HSA (CA, CO, & GA)	Kaiser HMO (CA, CO, & GA)	SimplePay Health
Chiropractic Care					
In-Network	20% after deductible	\$30 copay	\$15 copay after deductible <i>(limit 30 visits per calendar year)</i>	\$15 copay <i>(limit 30 visits per calendar year)</i>	<ul style="list-style-type: none"> ■ \$30 ■ \$40 ■ \$65
Out-of-Network	50% after deductible	40% after deductible	N/A	N/A	\$80 ³
Acupuncture					
In-Network	20% after deductible	\$30 copay	Network Only: 20% after deductible <i>(limited to treatment of nausea or as part of comprehensive pain management program for the treatment of chronic pain)</i>	Network Only: \$20 copay <i>(limited to treatment of nausea or as part of comprehensive pain management program for the treatment of chronic pain)</i>	<ul style="list-style-type: none"> ■ \$30 ■ \$40 ■ \$65
Out-of-Network	50% after deductible	40% after deductible			\$80 ³
Physical Therapy					
In-Network	20% after deductible	\$20 PCP / \$30 Specialist / \$30 Cardiac	20% after deductible	\$20 per outpatient visit	<ul style="list-style-type: none"> ■ \$30 ■ \$40 ■ \$65
Out-of-Network	50% after deductible	40% PCP / 40% Specialist	N/A	N/A	\$80 ³
Family Planning Services	All plans provide coverage for treatment of infertility. Please contact each carrier for coverage details. Family planning benefits are administered for Workday by Maven Wallet and include a \$25,000 lifetime reimbursement allowance for IVF or IUI, egg freezing, adoption, or surrogacy.				

NOTES

These charts provide a brief overview of benefits and coverage for the medical plans. You should also review the detailed disclosure and summary documents for each plan, available at [WorkdayBenefits.com](https://workdaybenefits.com). For questions about a specific procedure, service, or provider, please contact the medical plan directly. In the event of any inconsistency between this material, the Plan Document, and the terms of the plans or programs, the terms of the plans or programs will control.

¹ A portion of Workday's contribution will be deposited into your HSA each pay period (24 pay periods). If you enroll midyear, the Workday contribution to your HSA will be reduced or prorated.

² Workmates in Utah should select **PPO** (not Open Access Plus) from the list of options when looking for in-network providers on Cigna's website. PPO is the network name. The name and network of providers are different in Utah; however, the benefits and costs are the same as shown here.

³ When you use an in-network provider, you'll know your copay in advance. Keep in mind that some services, like experimental treatments, aren't covered. However, if you receive care from an out-of-network provider, you're responsible for a copay, PLUS any amount your provider may bill you *above the usual and customary rate*—an average of what providers usually charge insurance companies for the service in that region. Since the cost of care varies among providers, you won't always know ahead of time how much you'd pay out of pocket for out-of-network services. The SimplePay Health plan does NOT have an annual out-of-pocket maximum for out-of-network services, therefore it's **strongly recommended** that you stay in-network (except in emergencies).

⁴ Standards are based on quality, relationship, experience, and efficiency criteria. Visit employers.simplepayhealth.com/workday for more information.

⁵ Member is responsible for any amount billed by their provider that exceeds the plan's maximum reimbursable charges (MRC). Billed amounts in excess of MRC do not apply toward the deductible or out-of-pocket maximum.



Prescription Drugs

Your prescription drug coverage is included as part of the medical plan option you select.

- **Cigna medical plan:** Prescription drug benefits will be administered by CVS Caremark. To find cost information about your prescriptions, check the CVS Caremark formulary, available on [WorkdayBenefits.com](https://www.workdaybenefits.com). When you look up your prescriptions, check for prior-authorization requirements, quantity limits, and timing limits.
- **Kaiser medical plan:** Kaiser is also the administrator for the prescription drug coverage.
- **SimplePay Health:** Prescription drug benefits will be administered by CVS Caremark; however, you will pay SimplePay Health for any out-of-pocket costs. To find cost information about your prescriptions, visit employers.simplepayhealth.com/workday. When you look up your prescriptions, check for prior-authorization requirements, quantity limits, and timing limits.

You should always consider using an in-network pharmacy to get the best price. You can access a list of pharmacies through your plan's website or by calling the plan's member services.

WHAT ARE PRESCRIPTION DRUG CLASSES?

Your cost for prescription drugs under the Cigna Core, Kaiser, and SimplePay Health plans differs based on the class or group of drugs your prescription drug belongs to. Generic medications are your lowest-cost options, Preferred Brand drugs are midrange cost options, and Non-Preferred Brand are highest-cost options.

Specialty medications are used to treat complex medical conditions and are marked with an asterisk on the drug list. For the Cigna and SimplePay Health plans, specialty medications must be filled through CVS Specialty pharmacy; otherwise, you pay the entire cost of the prescription drugs after one retail fill.

Step therapy: Certain classes of medications aren't covered until you try one or more alternatives first. These medications have "ST" next to them on the drug list.

	Cigna Smart Plan With HSA <i>Formularies: Performance Drug List and Advanced Control Specialty</i>	Cigna Core Plan <i>Formularies: Performance Drug List and Advanced Control Specialty</i>	Kaiser Smart Plan With HSA (CA, CO, & GA)	Kaiser HMO (CA, CO, & GA)	SimplePay Health <i>Formulary: Standard Formulary</i>
Prescription Drugs	<p>Retail: You pay:</p> <ul style="list-style-type: none"> • 20% after deductible for most drugs (<i>deductible waived for eligible preventive medications</i>) <p>30-day supply (up to 90-day supply available through Mail Order or participating retail pharmacies)</p> <p>Mail Order: You pay:</p> <ul style="list-style-type: none"> • 20% after deductible <p>90-day supply</p>	<p>Retail: You pay:</p> <ul style="list-style-type: none"> • \$10 Generic • \$30 Preferred Brand • \$60 Non-Preferred Brand <p>30-day supply (up to 90-day supply available through Mail Order or participating retail pharmacies)</p> <p>Mail Order: You pay:</p> <ul style="list-style-type: none"> • \$25 Generic • \$75 Preferred Brand • \$150 Non-Preferred Brand <p>90-day supply</p>	<p>Retail: You pay:</p> <ul style="list-style-type: none"> • \$10 Generic after deductible • \$30 Brand after deductible <p>30-day supply</p> <p>Mail Order: You pay:</p> <ul style="list-style-type: none"> • \$20 Generic after deductible • \$60 Brand after deductible <p>100-day supply (CA) 90-day supply (CO & GA)</p>	<p>Retail: You pay:</p> <ul style="list-style-type: none"> • \$10 Generic • \$30 Brand <p>30-day supply</p> <p>Mail Order: You pay:</p> <ul style="list-style-type: none"> • \$20 Generic • \$60 Brand <p>100-day supply (CA) 90-day supply (CO & GA)</p>	<p>30-Day Supply: You pay:</p> <ul style="list-style-type: none"> • Generic <ul style="list-style-type: none"> – \$5 in-network – \$10 out-of-network • Preferred Brand <ul style="list-style-type: none"> – \$15 in-network – \$20 out-of-network • Non-Preferred Brand <ul style="list-style-type: none"> – \$20 in-network – \$25 out-of-network • \$15 Specialty (mail order only) <p>90-Day Supply: You pay:</p> <ul style="list-style-type: none"> • \$10 Generic • \$30 Preferred Brand • \$40 Non-Preferred Brand