2024 Benefit plans comparison chart

COBRA

2024 medical plans

Plan provisions	Cigna Health Savings Account (HSA)	Cigna OAP	Cigna OAP Arizona	Kaiser HMO California
General information				
Provider Choice	You can use any provider, but you'll pay less by visiting in-network providers; find an in-network provider at Cigna: hcpdirectory.cigna.com			You must use Kaiser doctors and facilities
COBRA monthly contribution				
Individual	$884.19	$943.46	$965.40	$761.81
Individual + spouse or partner	$1,760.58	$1,878.96	$1,922.65	$1,523.62
Individual + children	$1,305.03	$1,415.20	$1,448.10	$1,142.71
Individual + family	$2,545.09	$2,720.92	$2,784.17	$2,148.31

This document is not intended to be a complete description of these benefits. If there is any conflict between the information presented here and the official plan documents, the plan documents will govern. Gen reserves the right to modify or terminate any of the benefits described in this document at any time.

2024 medical plans

Plan provisions	Cigna HSA		Cigna OAP		Cigna OAP Arizona		Kaiser HMO California
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	
Gen's HSA contribution							
Individual	Not applicable		Not applicable		Not applicable		Not applicable
Individual + spouse or partner							
Individual + children							
Individual + family							
Deductible							
Individual	$1,600		$350[2]	$1,050[2]	$500[2]	$1,500[2]	No deductible
Individual + spouse or partner	$3,200[1]		$700[2]	$2,100[2]	$1,000[2]	$3,000[2]	
Individual + children	$3,200[1]		$700[2]	$2,100[2]	$1,000[2]	$3,000[2]	
Individual + family	$4,800[1]		$1,050[2]	$3,150[2]	$1,500[2]	$4,500[2]	
Annual out-of-pocket maximum							
Individual	$2,500	$4,500	$2,500[4]	$5,350[4]	$2,500[4]	$4,500[4]	$1,500
Individual + spouse or partner	$5,000	$7,500	$5,000[4]	$10,700[4]	$5,000[4]	$7,500[4]	$3,000
Individual + children	$5,000[3]	$7,500[3]	$5,000[4]	$10,700[4]	$5,000[4]	$7,500[4]	
Individual + family	$6,850[3]	$10,500[3]	$7,500[4]	$16,050[4]	$7,500[4]	$10,500[4]	

[1] HSA deductible: All enrolled family members contribute toward a collective family deductible. The plan will not pay an individual's claims, less any coinsurance, until the total collective family deductible has been met.
[2] OAP deductible: After each enrolled individual meets their individual deductible, the plan will pay his or her claims, less any coinsurance amount.
[3] HSA out-of-pocket maximum: All enrolled family members contribute toward a collective family out-of-pocket maximum. The plan will not pay 100% for covered services until the total collective family out-of-pocket maximum has been met.
[4] OAP out-of-pocket maximum: Before the plan will pay 100% for covered services, each covered individual must meet his or her individual out-of-pocket maximum.

2024 medical plans

Percentages shown are after the deductible has been met, unless otherwise noted. Copays are before the deductible has been met.

Plan provisions	Cigna HSA		Cigna OAP		Cigna OAP Arizona		Kaiser HMO California
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	
Routine care (after deductible unless otherwise noted)							
Routine physical	Plan pays 100% (no deductible)	Plan pays 70%	Plan pays 100% (no deductible)	Plan pays 60%	Plan pays 100% (no deductible)	Plan pays 70%	Plan pays 100%
Doctor's office visit (nonpreventive)	Plan pays 90%	Plan pays 70%	Plan pays 85%	Plan pays 60%	You pay: PCP: $20 copay Specialist: $40 copay	Plan pays 70%	You pay: PCP: $20 copay Specialist: $40 copay
MDLIVE (virtual doctor visit)	Plan pays 100%	Not applicable	Plan pays 100%	Not applicable	Plan pays 100%	Not applicable	Not applicable
Hospital care and surgery							
Semiprivate room and board	Plan pays 90%	Plan pays 70%	Plan pays 85%	Plan pays 60%	Plan pays 90%	Plan pays 70%	You pay $250 per confinement
Emergency room	Plan pays 90%		Plan pays 85%		You pay $250 per visit	You pay $250 per visit	You pay $100 per visit (waived if admitted)
Urgent care	Plan pays 90%		Plan pays 85%		You pay $50 per visit	Plan pays 70%	You pay $20 per visit
Surgery	Plan pays 90%	Plan pays 70%	Plan pays 85%	Plan pays 60%	Plan pays 90%	Plan pays 70%	You pay $100 outpatient, $250 inpatient
Other medical care							
Acupuncture (20 visits per year for Cigna)	Plan pays 90%	Plan pays 70%	Plan pays 85%	Plan pays 60%	You pay $40 per visit	Plan pays 70%	Combined total of 25 visits per year; plan pays 80%
Chiropractic (20 visits per year for Cigna)	Plan pays 90%	Plan pays 70%	Plan pays 85%	Plan pays 60%	You pay $40 per visit	Plan pays 70%	
Allergy testing and treatment	Plan pays 90%	Plan pays 70%	Plan pays 85%	Plan pays 60%	Plan pays 90%	Plan pays 70%	You pay $20 per visit for testing; $5 per visit for treatment

2024 medical plans

Plan provisions	Cigna HSA		Cigna OAP		Cigna OAP Arizona		Kaiser HMO California
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	
Other medical care (continued)							
Fertility benefits	Offered through Progyny. Benefits limited to $15,000 per lifetime for medical procedures and $15,000 per lifetime for prescription self-injectable drugs. Contact Progyny at 1-833-838-5852 to learn more.						You pay $20 per outpatient visit and $250 per inpatient visit Limited services are covered; contact Kaiser for details
	Plan pays 90% You pay $35 per prescription self-injectable	Plan pays 70% You pay $35 per prescription self-injectable	Plan pays 85% You pay $45 per prescription self-injectable	Plan pays 60% You pay $45 per prescription self-injectable	Plan pays 90% You pay $45 per prescription self-injectable	Plan pays 70% You pay $45 per prescription self-injectable	
Physical, occupational, and speech therapy and pulmonary rehab	Plan pays 90%	Plan pays 70%	Plan pays 85%	Plan pays 60%	You pay $20 per visit	Plan pays 70%	You pay $20 per visit
	Combined 180-day annual maximum for all therapy types		Combined 180-day annual maximum for all therapy types		Combined 180-day annual maximum for all therapy types		
X-ray and lab	Plan pays 90% (100% for preventive care)	Plan pays 70%	Plan pays 85% (100% for preventive care)	Plan pays 60%	Plan pays 90% (100% for preventive care)	Plan pays 70%	Plan pays 100%
Behavioral health treatment							
Outpatient therapy	Plan pays 90%	Plan pays 70%	Plan pays 85%	Plan pays 60%	You pay $20 per visit	Plan pays 70%	You pay $20 per visit per individual therapy You pay $10 per visit for group mental health and $5 per visit for group chemical dependency
Outpatient facility	Plan pays 90%	Plan pays 70%	Plan pays 85%	Plan pays 60%	Plan pays 90%	Plan pays 70%	You pay $100 per visit
Inpatient	Plan pays 90%	Plan pays 70%	Plan pays 85%	Plan pays 60%	Plan pays 90%	Plan pays 70%	You pay $250 per confinement
Autism (applied behavior analysis [ABA] therapy); prior authorization required	Plan pays 90%	Plan pays 70%	Plan pays 85%	Plan pays 60%	Plan pays 90%	Plan pays 70%	Services covered under the applicable copay

2024 medical plans

Plan provisions	Cigna HSA		Cigna OAP		Cigna OAP Arizona		Kaiser HMO California
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	
Prescription drug benefits							
Deductibles	Deductible must be met before pharmacy coinsurance and copays apply		No deductible		No deductible		No deductible
Retail	See below	You pay 20% after deductible	See below	You pay 20% after deductible	See below	You pay 20% after deductible	Not applicable
	In-network: **Maintenance medications may be filled at a retail pharmacy up to 3 times (30-day supply).** After that, to avoid paying 100% of the cost, you must fill a 90-day supply of your maintenance medications at an in-network pharmacy.						
Generic	You pay $10 (30-day supply) Preventive generic drugs covered at 100%		You pay $10 (30-day supply) Preventive generic drugs covered at 100%		You pay $10 (30-day supply) Preventive generic drugs covered at 100%		You pay $10 (30-day supply)
Preferred brand name	You pay 20% coinsurance (30-day supply) (maximum you pay is $50)		You pay 25% coinsurance (30-day supply) (maximum you pay is $80)		You pay 25% coinsurance (30-day supply) (maximum you pay is $80)		You pay $30 (30-day supply)
Non-preferred brand name	You pay 30% coinsurance (30-day supply) (maximum you pay is $100)		You pay 35% coinsurance (30-day supply) (maximum you pay is $120)		You pay 35% coinsurance (30-day supply) (maximum you pay is $120)		Not applicable
Specialty	Covered under applicable pharmacy tier or medical plan benefits.						Not applicable
Mail order	**Maintenance medications can be filled in a 90-day supply through home delivery from the Express Scripts Pharmacy using a 90-day prescription from your doctor. There is no out-of-network coverage for mail-order prescriptions.**						Not applicable
Generic	You pay $20 (90-day supply) Preventive generic drugs filled through Home Delivery Pharmacy Service covered at 100%		You pay $20 (90-day supply) Preventive generic drugs filled through Home Delivery Pharmacy Service covered at 100%		You pay $20 (90-day supply) Preventive generic drugs filled through Home Delivery Pharmacy Service covered at 100%		You pay $20 (100-day supply)
Preferred brand name	You pay $60 (90-day supply)		You pay $75 (90-day supply)		You pay $75 (90-day supply)		You pay $60 (100-day supply)
Non-preferred brand name	You pay $130 (90-day supply)		You pay $150 (90-day supply)		You pay $150 (90-day supply)		Not applicable
Specialty	Covered under applicable pharmacy tier or medical plan benefits.						Not applicable
Dispense as written (DAW) policy	You pay the difference in cost if there is an equivalent generic available and you or the prescriber requests the brand.						Not applicable

2024 dental plans

Your out-of-pocket costs are less when you use preferred dentist program (PDP) dentists. Find a PDP provider at **deltadental.com**.

Plan Provisions	Delta Dental 1.0 Plan	Delta Dental 2.0 Plan
General information		
Provider choice	You can use any licensed dental provider, but your out-of-pocket costs will be less when you use a preferred dentist program provider (PDP dentists)	
Annual deductible (per individual/family)	$50/$150	$50/$150
Annual benefit maximum (per individual)	$1,000	$1,500
COBRA monthly contribution		
Individual	$40.33	$60.75
Individual + spouse or partner	$80.66	$120.87
Individual + children	$60.47	$91.68
Individual + family	$116.98	$176.37
Covered service		
The annual deductible applies to all services except as otherwise noted.		
Preventive care	100% (no deductible)	100% (no deductible)
Basic care	80%	80%
Major care (includes oral surgery)	50%	60%
Orthodontia treatment	Not covered	50%, up to a lifetime benefit of $2,000 per individual (no deductible)

2024 vision plans

Your out-of-pocket costs are less when you use VSP providers. To confirm or locate a VSP provider, visit **vsp.com/eye-doctor**.

Plan provisions	VSP 1.0 Plan		VSP 2.0 Plan	
	VSP providers	Non-VSP providers	VSP providers	Non-VSP providers
General information				
Annual deductible	$25 per individual		$10 per individual (1st pair), $10 per individual (2nd pair)	
COBRA monthly contribution				
Individual	$8.47		$31.54	
Individual + spouse or partner	$16.96		$65.98	
Individual + children	$12.71		$47.32	
Individual + family	$24.59		$91.50	
Covered service				
The plan pays benefits after the deductible is met.				
Eye exam	Plan pays 100%	Plan pays up to $45	Plan pays 100%	Plan pays up to $45
	You can receive 1 comprehensive exam each calendar year		You can receive 1 comprehensive exam each calendar year	
	20% off additional complete pairs of glasses and nonprescription sunglasses; includes noncovered lens options. During your eye exam with a VSP provider, you can receive a digital retinal screening for a $20 copayment.			
Frames	Plan pays 100% up to $210 retail allowance*	Plan pays up to $70	Plan pays 100% up to $250 retail allowance*	Plan pays up to $70
	You can receive 1 frame every other calendar year		You can receive 2 frames every calendar year	
Lenses	Plan pays 100% for single-vision, lined bifocal, and lined trifocal lenses	Plan pays up to $30 for single-vision lenses, $50 for bifocals, $65 for trifocals, and $100 for lenticular lenses	Plan pays 100% for single-vision, lined bifocal, and lined trifocal lenses. For progressive lenses, you pay $40, then plan pays 100%	Plan pays up to $30 for single-vision lenses, $50 for bifocals, $65 for trifocals, $100 for lenticular lenses, and $50 for progressive lenses
	You can receive 1 set of lenses each calendar year		You can receive 2 sets of lenses each calendar year	

* Frames allowance at participating Costco Optical is $115 (instead of $210) on the 1.0 Plan and $135 (instead of $250) on the 2.0 Plan.

2024 vision plans

Plan provisions	VSP 1.0 Plan		VSP 2.0 Plan	
	VSP providers	Non-VSP providers	VSP providers	Non-VSP providers
Covered service (continued) The plan pays benefits after the deductible is met.				
Contacts	Plan pays 100% up to $250 per year. For contact lens exam (fitting and evaluation), you pay up to $60; then the plan pays 100%.	Plan pays 100% for contacts and contact lens exam up to $105 per year	Plan pays 100% up to $400 per year. For contact lens exam (fitting and evaluation), you pay up to $60; then the plan pays 100%.	Plan pays 100% for contacts and contact lens exam up to $105 per year
	You can receive 1 set of lenses or contacts each calendar year. Frames can be chosen 1 calendar year from the date contact lenses are obtained.		You can receive 2 sets of contacts each calendar year in lieu of lenses and frames (or you can choose to receive 1 set of contacts and 1 pair of glasses)	
Laser eye surgery (available to former employees only)	Not covered		Plan pays $1,000 per eye per lifetime. VSP's Laser VisionCare Program provides you with discounts for PRK, LASIK, and Custom LASIK, with an average of 15% off, or 5% off if the laser center is offering a promotional price.	
Computer vision care (CVC) benefit (available to former employees only)	You pay $10; plan then pays 100% up to $90 retail frame allowance	You pay $10; plan then pays 100% up to $14 for an exam, $45 for frames, $30 for single-vision lenses, $50 for bifocals, $65 for trifocals, and $100 for lenticular lenses	You pay $10; plan then pays 100% up to a $90 retail frame allowance	You pay $10; plan then pays 100% up to $14 for an exam, $45 for frames, $30 for single-vision lenses, $50 for bifocals, $65 for trifocals, and $100 for lenticular lenses
	You can receive 1 pair of CVC glasses each calendar year		You can receive 1 pair of CVC glasses each calendar year	