

2024 Medical Plan Comparison



Changes for 2024 are bold and italicized.

Percentages below reflect plan payment

PLAN PROVISIONS	Anthem High Deductible Health Plan 1 (HDHP 1)		Anthem High Deductible Health Plan 2 (HDHP 2)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Provider Choice	You may receive care from any licensed provider, hospital, or medical facility. To obtain maximum benefits it is your responsibility to ensure healthcare providers are in the Anthem National PPO Bluecard Network . Charges submitted by out-of-network providers that exceed the maximum reimbursable charges (MRC) are patient responsibility.		You may receive care from any licensed provider, hospital, or medical facility. To obtain maximum benefits it is your responsibility to ensure healthcare providers are in the Anthem National PPO Bluecard Network . Charges submitted by out-of-network providers that exceed the maximum reimbursable charges (MRC) are patient responsibility.	
Annual Deductible	\$1,600 Individual / \$3,200 Family ¹ ; applies to all services, except preventive care services as indicated below		\$2,000 Individual / \$4,000 Family ¹ ; applies to all services, except preventive care services as indicated below	
Annual Seagate Health Savings Account (HSA) Contribution ²	\$700 Individual / \$1,400 Family		\$350 Individual / \$700 Family	
Plan Payment For most eligible expenses	90% after deductible, up to calendar year out-of-pocket maximum; plan pays 100% thereafter	70% of MRC* after deductible, up to calendar year out-of-pocket maximum; plans pays 100% thereafter	80% after deductible, up to calendar year out-of-pocket maximum; plan pays 100% thereafter	60% of MRC* after deductible, up to calendar year out-of-pocket maximum; plans pays 100% thereafter
Calendar Year Out-of-Pocket Maximum (includes deductible)	\$3,500 Individual / \$7,000 Family ³ (with \$6,850 embedded maximum); penalties and services with calendar year and lifetime maximums do not apply to this limit		\$5,000 Individual / \$10,000 Family ³ (with \$6,850 with embedded maximum); penalties and services with calendar year and lifetime maximums do not apply to this limit	
Lifetime Maximum	Unlimited		Unlimited	
Doctor's Office Visits	90% after deductible	70% of MRC* after deductible	80% after deductible	60% of MRC* after deductible
WELLNESS CARE				
Routine Physicals, OB/GYN Exams, Well Child Doctor Visits, Immunizations	Preventive care covered at 100%; deductible does not apply		Preventive care covered at 100%; deductible does not apply	
HOSPITAL CARE				
Pre-Notification	Provider is responsible for pre-notification.	Employee is responsible for pre-notification of hospital stays and outpatient services – Failure to pre-notify results in a \$500 penalty; call Anthem at 1-844-451-2076 .	Provider is responsible for pre-notification.	Employee is responsible for pre-notification of hospital stays and outpatient services – Failure to pre-notify results in a \$500 penalty; call Anthem at 1-844-451-2076 .
Semi-Private Room and Board	90% after deductible	70% of MRC* after deductible	80% after deductible	60% of MRC* after deductible
Emergency Room Treatment	90% after deductible		80% after deductible	
Ambulance Charges	90% after deductible		80% after deductible	
Urgent Care	90% after deductible		80% after deductible	
SURGICAL EXPENSES				
Outpatient	90% after deductible	70% of MRC* after deductible	80% after deductible	60% of MRC* after deductible
Inpatient	90% after deductible	70% of MRC* after deductible	80% after deductible	60% of MRC* after deductible
MANAGED MENTAL HEALTH				
Outpatient	First eight visits with an Anthem network provider 100% covered through Anthem Employee Assistance Program			
	90% after deductible	70% of MRC* after deductible	80% after deductible	60% of MRC* after deductible
Inpatient	90% after deductible	70% of MRC* after deductible	80% after deductible	60% of MRC* after deductible
	Inpatient pre-admission certification required by provider/PCP	Employee is responsible for pre-notification of inpatient out-of-network hospital stays – failure to pre-notify results in \$500 penalty	Inpatient pre-admission certification required by provider/PCP	Employee is responsible for pre-notification of inpatient out-of-network hospital stays – failure to pre-notify results in \$500 penalty
OTHER MEDICAL CARE				
Pharmacy Benefits Managed by Navitus Health Solutions	30 day prescriptions: 90% after deductible 90 day prescriptions ⁴ : 90% after deductible Most generic preventives covered at 100%; no deductible	70% of MRC* after deductible	30 day prescriptions: 80% after deductible 90 day prescriptions ⁴ : 80% after deductible Most generic preventives covered at 100%; no deductible	60% of MRC* after deductible
Acupuncture Treatment	90% after deductible; Maximum 25 visits per calendar year	70% of MRC* after deductible; Maximum 25 visits per calendar year	80% after deductible; Maximum 25 visits per calendar year	60% of MRC* after deductible; Maximum 25 visits per calendar year
Hearing Aids and Devices	70% after deductible; every two calendar years		70% after deductible; every two calendar years	
Chiropractic Care	90% after deductible; Maximum 25 visits per calendar year	70% of MRC* after deductible; Maximum 25 visits per calendar year	80% after deductible; Maximum 25 visits per calendar year	60% of MRC* after deductible; Maximum 25 visits per calendar year
Durable Medical Equipment & External Prosthetic Appliances ⁵	90% after deductible	70% of MRC* after deductible	80% after deductible	60% of MRC* after deductible
Diagnostic Lab and X-ray	100% after deductible	70% of MRC* after deductible	100% after deductible	60% of MRC* after deductible
Fertility Treatment ⁶	90% after deductible; drugs covered at 50% after deductible; donor services not covered	70% of MRC* after deductible; drugs covered at 50% after deductible; donor services not covered	80% after deductible; drugs covered at 50% after deductible; donor services not covered	60% of MRC* after deductible; drugs covered at 50% after deductible; donor services not covered
Maternity Pre/PostNatal	90% after deductible for Physician & Delivery Services	70% of MRC* after deductible for Physician & Delivery Services	80% after deductible for Physician & Delivery Services	60% of MRC* after deductible for Physician & Delivery Services
Physical, Occupational & Speech Therapy	90% after deductible; 40 visits per calendar year, per therapy	70% of MRC* after deductible; 40 visits per calendar year, per therapy	80% after deductible; 40 visits per calendar year, per therapy	60% of MRC* after deductible; 40 visits per calendar year, per therapy

*Refer to Summary Plan Description for more information on Maximum Reimbursable Charges.

¹ Family deductible must be satisfied in full before claims are covered under coinsurance levels. Individual deductibles do not apply.

² If hired after June 30th, Seagate HSA contribution will be reduced by 50%.

³ As required by the Affordable Care Act: When one family member satisfies \$6,850 embedded deductible, plan pays 100% for that family member.

⁴ Three 30-day prescriptions must be filled before a 90-day supply may be filled.

⁵ Durable medical equipment expenses require pre-notification. In-network: provider is responsible for pre-notification. Out-of-network: employee is responsible for pre-notification. Penalties may apply if pre-notification is not obtained.

⁶ \$25,000 lifetime max on treatments that attempt to create a pregnancy but do not cure a medical condition. Oral prescription drugs do not count toward lifetime maximum.

Although we have made every attempt to ensure that the information in this overview is correct, if there are any discrepancies between this document and the plan document, the plan document rules in all cases.