

Versiti 2024 Medical Plans

We are still offering 3 plans in 2024! Please review your options and new rates to see if your current choice meets your needs.

In-Network Benefits	HDHP Plan	PPO Plan	PPO Value Plan
Deductible Per Person/Fam	\$2,000 Single \$3,200 PP/\$4,500 Family	\$2,500 Single \$2,500 PP/\$4,500 Family	\$3,500 Single \$3,500 PP/\$7,000 Family
Out-of-Pocket Maximum	\$4,000 Single \$8,000 Family	\$4,000 Single \$8,000 Family	\$5,000 Single \$10,000 Family
Preventive Care	100%	100%	100%
PCP	20% coinsurance after deductible	\$15 Copay – first 2 Diagnostic visits \$0 co-pay	\$15 Copay – first 2 Diagnostic visits \$0 co-pay
Telemedicine	\$5 per visit after deductible	\$5 per visit	\$5 per visit
Specialty Care	20% coinsurance after deductible	\$50 copay per visit	\$75 copay
Urgent Care	20% coinsurance after deductible	\$75 copay	\$100 copay
Emergency Care	20% coinsurance after deductible	\$200 copay then 20%	\$350 copay, then 30% coinsurance
Inpatient	20% coinsurance after deductible	\$350 copay then 20% coinsurance	\$500 copay then 30% coinsurance
Outpatient & Diagnostic (Imaging)/Lab	20% coinsurance after deductible	20% coinsurance	30% coinsurance
Mental/Behavioral Health	20% coinsurance after deductible office visits/20% outpatient and inpatient	\$15 copay office visit 20% inpatient 20% outpatient	\$15 copay office visit 30% inpatient 30% outpatient
Prescriptions			
Tier 1	Deductible then \$10	\$10 copay	\$10 copay
Tier 2	Deductible then \$30	\$30 copay	\$30 copay
Tier 3	Deductible then \$50	\$50 copay	\$50 copay
Specialty	30% (\$0 if enrolled in NEW PrudentRX (after deductible is met))	30% (\$0 if enrolled in PrudentRX)	30% (\$0 if enrolled in PrudentRX)
Preventive Drugs	CVS Preventive Drug List covered at 100%	CVS Preventive Drug List coverage at 100%	CVS Preventive Drug List coverage at 100%