

2024-2025 Health Insurance Proposal. Current Employees hired prior to 07/01/2024

	2023/2024	2024/2025 - Proposed	2023/2024	2024/2025 Proposed
	<b>Local Plus - Plan A</b>		<b>HRA - Plan B</b>	<b>HDHP w/HSA-Plan B**</b>
Network	<b>Local Network</b>		<b>National Network with Out of network</b>	
Mental Health Parity	Not Included	<b>Included</b>	Not Included	<b>Included</b>
Deductible (Individual/Family)	\$500/\$1,000	\$500/\$1,000	\$3,000/\$6,000	\$1,750/\$3,500
Coinsurance	20%	20%	20%	20%
Medical Out of Pocket Max	\$6,500/\$13,000	\$4,500/\$9,000	\$6,500/\$13,000	\$4,500/\$9,000
RX Out of Pocket Max	\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000	\$4,000/\$8,000
PCP/Specialist Copays	\$35/\$55	\$15/\$55	\$30/\$45*/\$65**	\$15^/\$30^^/\$45^/\$65^^
ER Copayment	\$400	\$400	\$400 + 20%	\$400
RX - Retail (30 days)				
Generic	\$9	\$9	\$9	\$9
Brand - Preferred	10%, minimum of \$55	10%, minimum of \$60	10%, minimum of \$55	10%, minimum of \$60
Brand - Non-Preferred	10%, minimum of \$60	10%, minimum of \$90	10%, minimum of \$60	10%, minimum of \$90
Specialty	10%, minimum \$90	10%, minimum \$100	10%, minimum \$90	10%, minimum \$100
MdLive/Virtual Care	\$10	\$0	\$10	\$0
Mental / Behavioral Health / Substance Use Disorder Inpatient Services	10% after deductible	20% after deductible	10% after deductible	20% after deductible
Mental / Behavioral Health / Substance Use Disorder Outpatient Services	Visits 1-5: No charge Visits 6-10: \$10 copay/visit Visits 11-20: \$20 copay/visit	\$55	Visits 1-5: No charge Visits 6-10: \$10 copay/visit Visits 11-20: \$20 copay/visit	\$55
Out of Network Coverage	None	None	\$3,000/\$6,000; Coinsurance 70%/30%	\$5,000/\$10,000; Coinsurance 60%/40%
<b>Annual - Board</b>	\$9,289	\$10,555	\$9,289	\$10,555
Employee	\$0	\$545	\$525	\$1,172
Employee + Spouse	\$3,522	\$4,754	\$11,837	\$14,690
Employee + Child(ren)	\$705	\$1,387	\$8,504	\$10,706
Employee + Family	\$4,227	\$5,596	\$14,947	\$18,406
<b>Per Month (10 months)</b>				
Employee	\$0	\$55	\$53	\$117
Employee + Spouse	\$352	\$475	\$1,184	\$1,469
Employee + Child(ren)	\$71	\$139	\$850	\$1,071
Employee + Family	\$423	\$560	\$1,495	\$1,841
<b>Per 20 check (20 checks)</b>				
Employee	\$0	\$27	\$26	\$59
Employee + Spouse	\$176	\$238	\$592	\$735
Employee + Child(ren)	\$35	\$69	\$425	\$535
Employee + Family	\$211	\$280	\$747	\$920

^Cigna Care Network (CCN) provider;  
^^ non-CCN provider

\*\*Employees can contribute \$3,850 for EE coverage; or \$7,750 when covering dependent(s)

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2024-2025 Health Insurance Proposal. Current Employees hired prior to 07/01/2024.

	2023/2024	2024/2025 Proposed	2023/2024	2024/2025 Proposed
	<b>OAPIN – Plan C</b>		<b>SureFit - Plan D</b>	
Network	<b>National Network</b>		<b>AdventHealth/CVS</b>	
Mental Health Parity	Not Included	<b>Included</b>	Not Included	<b>Included</b>
Deductible (Individual/Family)	\$400/\$800	\$400/\$800	\$300/\$600	\$300/\$600
Coinsurance	20%	20%	10%	10%
Medical Out of Pocket Max	\$6,500/\$13,000	\$4,500/\$9,000	\$5,500/\$11,000	\$4,500/\$9,000
RX Out of Pocket Max	\$2,000/\$4,000	<b>\$4,000/\$8,000</b>	\$2,000/\$4,000	<b>\$2,500/\$5,000</b>
PCP/Specialist Copays	\$30/\$55	\$15 <sup>^</sup> /\$35 <sup>^^</sup> /\$30 <sup>^</sup> /\$65 <sup>^^</sup>	\$35/\$55	\$15/\$55
ER Copayment	\$400	\$400	\$400	\$400
RX - Retail (30 days)				
Generic	\$9	\$9	\$9	\$9
Brand - Preferred	10%, minimum of \$60	10%, minimum of \$60	\$60	\$60
Brand - Non-Preferred	10%, minimum of \$90	10%, minimum of \$90	\$90	\$90
Specialty	10%, minimum \$100	10%, minimum \$100	\$100	\$100
MdLive/Virtual Care	\$10	\$0	\$10	\$0
Mental / Behavioral Health / Substance Use Disorder Inpatient Services	10% after deductible	<b>20% after deductible</b>	10% after deductible	10% after deductible
Mental / Behavioral Health / Substance Use Disorder Outpatient Services	Visits 1-5: No charge Visits 6-10: \$10 copay/visit Visits 11-20: \$20 copay/visit	<b>\$55</b>	Visits 1-5: No charge Visits 6-10: \$10 copay/visit Visits 11-20: \$20 copay/visit	<b>\$55</b>
Out of Network Coverage	None	None	None	None
<b>Annual - Board</b>	\$9,289	\$10,555	\$9,289	\$10,555
Employee	\$525	\$1,172	\$0	\$0
Employee + Spouse	\$8,262	\$10,418	\$3,522	\$4,754
Employee + Child(ren)	\$5,217	\$6,780	\$500	\$1,142
Employee + Family	\$11,103	\$13,812	\$4,000	\$5,325
<b>Per Month (10 months)</b>				
Employee	\$53	\$117	\$0	\$0
Employee + Spouse	\$826	\$1,042	\$352	\$475
Employee + Child(ren)	\$522	\$678	\$50	\$114
Employee + Family	\$1,110	\$1,381	\$400	\$533
<b>Per 20 check (20 checks)</b>				
Employee	\$26	\$59	\$0	\$0
Employee + Spouse	\$413	\$521	\$176	\$238
Employee + Child(ren)	\$261	\$339	\$25	\$57
Employee + Family	\$555	\$691	\$200	\$266
	<b><sup>^</sup>Cigna Care Network (CCN) provider; <sup>^^</sup> non-CCN provider</b>			

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2024-2025 Health Insurance Proposal. For New Employees hired on and after 07/01/2024

	2023/2024	2024/2025 - Proposed	2023/2024	2024/2025 Proposed
	<b>Local Plus - Plan A</b>		<b>HRA - Plan B</b>	<b>HDHP w/HSA-Plan B**</b>
Network	<b>Local Network</b>		National Network with	Out of network Coverage
Mental Health Parity	Not Included	<b>Included</b>	Not Included	Included
Deductible (Individual/Family)	\$500/\$1,000	\$500/\$1,000	\$3,000/\$6,000	\$1,750/\$3,500
Coinsurance	20%	20%	20%	20%
Medical Out of Pocket Max	\$6,500/\$13,000	\$4,500/\$9,000	\$6,500/\$13,000	\$4,500/\$9,000
RX Out of Pocket Max	\$2,000/\$4,000	<b>\$4,000/\$8,000</b>	\$2,000/\$4,000	<b>\$4,000/\$8,000</b>
PCP/Specialist Copays	\$35/\$55	\$15/\$55	\$30/\$45*/\$65**	\$15^/\$30^^/\$45^/\$65^^
ER Copayment	\$400	\$400	\$400 + 20%	\$400
RX - Retail (30 days)				
Generic	\$9	\$9	\$9	\$9
Brand - Preferred	10%, minimum of \$55	10%, minimum of \$60	10%, minimum of \$55	10%, minimum of \$60
Brand - Non-Preferred	10%, minimum of \$60	10%, minimum of \$90	10%, minimum of \$60	10%, minimum of \$90
Specialty	10%, minimum \$90	10%, minimum \$100	10%, minimum \$90	10%, minimum \$100
MdLive/Virtual Care	\$10	\$0	\$10	\$0
Mental / Behavioral Health / Substance Use Disorder Inpatient Services	10% after deductible	<b>20% after deductible</b>	10% after deductible	<b>20% after deductible</b>
Mental / Behavioral Health / Substance Use Disorder Outpatient Services	Visits 1-5: No charge Visits 6-10: \$10 copay/visit Visits 11-20: \$20 copay/visit	<b>\$55</b>	Visits 1-5: No charge Visits 6-10: \$10 copay/visit Visits 11-20: \$20 copay/visit	<b>\$55</b>
Out of Network Coverage	None	None	\$3,000/\$6,000; Coinsurance 70%/30%	<b>\$5,000/\$10,000; Coinsurance 60%/40%</b>
<b>Annual - Board</b>	\$9,289	\$9,969	\$9,289	\$9,969
Employee	\$0	\$1,759	\$525	\$1,759
Employee + Spouse	\$3,522	\$5,341	\$11,837	\$11,293
Employee + Child(ren)	\$705	\$1,973	\$8,504	\$15,277
Employee + Family	\$4,227	\$6,183	\$14,947	\$18,993
<b>Per Month (10 months)</b>				
Employee	\$0	\$176	\$53	\$176
Employee + Spouse	\$352	\$534	\$1,184	\$1,129
Employee + Child(ren)	\$71	\$197	\$850	\$1,528
Employee + Family	\$423	\$618	\$1,495	\$1,899
<b>Per 20 check (20 checks)</b>				
Employee	\$0	\$88	\$26	\$88
Employee + Spouse	\$176	\$267	\$592	\$565
Employee + Child(ren)	\$35	\$99	\$425	\$764
Employee + Family	\$211	\$309	\$747	\$950

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Network	<b>National Network</b>		<b>AdventHealth/CVS</b>	
Mental Health Parity	Not Included	<b>Included</b>	Not Included	<b>Included</b>
Deductible (Individual/Family)	\$400/\$800	\$400/\$800	\$300/\$600	\$300/\$600
Coinsurance	20%	20%	10%	10%
Medical Out of Pocket Max	\$6,500/\$13,000	\$4,500/\$9,000	\$5,500/\$11,000	\$4,500/\$9,000
RX Out of Pocket Max	\$2,000/\$4,000	<b>\$4,000/\$8,000</b>	\$2,000/\$4,000	<b>\$2,500/\$5,000</b>
PCP/Specialist Copays	\$30/\$55	<b>\$15^/\$35^^/\$30^/\$65^^</b>	\$35/\$55	<b>\$15/\$55</b>
ER Copayment	\$400	\$400	\$400	\$400
RX - Retail (30 days)				
Generic	\$9	\$9	\$9	\$9
Brand - Preferred	10%, minimum of \$60	10%, minimum of \$60	\$60	\$60
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Specialty	10%, minimum \$100	10%, minimum \$100	\$100	\$100
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Out of Network Coverage	None	None	None	None
<b>Annual - Board</b>	\$9,289	\$9,969	\$9,289	\$9,969
Employee	\$525	\$1,759	\$0	\$0
Employee + Spouse	\$8,262	\$11,005	\$3,522	\$5,927
Employee + Child(ren)	\$5,217	\$7,366	\$500	\$2,315
Employee + Family	\$11,103	\$14,399	\$4,000	\$6,498
<b>Per Month (10 months)</b>				
Employee	\$53	\$176	\$0	\$0
Employee + Spouse	\$826	\$1,101	\$352	\$593
Employee + Child(ren)	\$522	\$737	\$50	\$232
Employee + Family	\$1,110	\$1,440	\$400	\$650
<b>Per 20 check (20 checks)</b>				
Employee	\$26	\$88	\$0	\$0
Employee + Spouse	\$413	\$550	\$176	\$296
Employee + Child(ren)	\$261	\$368	\$25	\$116
Employee + Family	\$555	\$720	\$200	\$325

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