

GENESEO PLAN CHANGES 2024-2026

MEDICAL & RX BENEFITS	2023 Plan	2024 Plan	2025 Changes	2026 Changes
Median Deductible				
In-Network (Single/Family)	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000
Out-of-Network (Single/Family)	\$900/ \$1,800	\$1,000/ \$2,000	\$1,500/ \$3,000	\$2,000/ \$4,000
Median Out of Pocket Maximums				
In-Network (Single/Family)	\$1,500 / \$3,000	\$1,850 / \$3,700	\$2,250 / \$4,500	\$2,500 / \$5,000
Out-of-Network (Single/Family)	\$4,000 / \$8,000	\$5,100 / \$10,200	\$5,500 / \$11,000	\$6,000 / \$12,000
Office Visit Copay				
In-Network (PCP/Specialist)	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance
Out-of-Network	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance	deductible/coinsurance
ER Copay	\$150 + ded/coins	\$250 + ded/coins	\$250 + ded/coins	\$300 + ded/coins
Coinsurance				
In-Network (Plan Pays/Employee Pays)	80% / 20%	80% / 20%	80% / 20%	80% / 20%
Out-of-Network (Plan Pays/Employee Pays)	50% / 50%	50% / 50%	50% / 50%	50% / 50%
Prescription Benefits				
RX Out of Pocket separate from Medical	\$1,000/\$2,000	\$1,500/\$2,500	\$1,500/\$2,500	\$2,000/\$4,000
Generic	\$10	\$5	\$5	\$5
Preferred	\$25	\$15	\$15	\$15
Non-Preferred	\$40	\$50	\$50	\$50
Preferred Specialty/Non Preferred	\$100/50%	\$200/50%	\$250/50%	\$350/50%
Minimum Value Bases On ACA	90.6%	90.0%	89.6%	88.8%