



## **FY25** plan comparison chart

This is a snapshot of how the medical, dental, and vision plans work. For a complete list of covered services, see the summary plan descriptions (SPDs).

Learn more at [intuitbenefits.com](https://intuitbenefits.com).

# Summary of medical benefits

	Cigna Choice Fund with HSA Plan	Cigna Managed Network Plan	UHC Network Plan	Kaiser (CA & GA)		
<b>Full-time employee biweekly paycheck deductions</b>						
Employee only	\$14.50	\$15.00	\$16.00	CA North \$15.50	CA South \$12.00	GA \$13.50
Employee + spouse/DP	\$79.50	\$83.00	\$93.00	\$79.50	\$60.00	\$68.50
Employee + children	\$58.50	\$61.00	\$67.00	\$58.00	\$44.00	\$50.00
Employee + family	\$101.00	\$105.50	\$118.00	\$101.00	\$76.00	\$86.50
<b>Plan features</b>						
<b>Provider network</b>	Cigna Open Access Plus network; <b>use any in-network or out-of-network provider</b>	Use any provider in the Open Access Plus network, but pay less when you use Tier 1 specialists; <b>out-of-network services not covered unless specified</b>	UnitedHealthcare Choice network; <b>out-of-network services not covered unless specified</b>	Kaiser Permanente doctors and facilities only; <b>out-of-network services not covered unless specified</b>		
<b>Plan-year deductible</b> (August 1-July 31)	<i>In-network:</i> Individual: \$1,600 Family: \$3,200  <i>Out-of-network:</i> Individual: \$2,500 Family: \$5,000 Includes prescription drugs	No deductible	No deductible	No deductible		
<b>Intuit's HSA contribution</b> (if applicable)	<b>Salary less than \$80,000</b> Individual: \$1,000 Family: \$2,000  <b>Salary \$80,000 or more</b> Individual: \$750 Family: \$1,500	N/A	N/A	N/A		
<b>Coinsurance</b>	<b>After deductible:</b> <i>In-network:</i> Plan pays 90% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup>	Plan pays 100%	Plan pays 100%	Plan pays 100%		
<b>Plan-year out-of-pocket maximum</b> (“Family” refers to two or more people)	<i>In-network:</i> Individual: \$2,600 Family: \$5,200  <i>Out-of-network:</i> Individual: \$2,600 Family: \$5,200 Includes deductibles, coinsurance, and prescription drugs	Individual: \$2,000 Family: \$6,000 Includes your medical copays, but does not include non-compliance penalties	Individual: \$2,000 Family: \$6,000 Includes your medical copays	Individual: \$1,500 Family: \$3,000 Includes your medical and pharmacy copays		
<b>Physician services</b>						
<b>Preventive exams</b> (such as routine physicals, immunizations, annual ob-gyn exams, and one mammogram per year for women starting at age 40)	<i>In-network:</i> Plan pays 100% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup> after deductible; guidelines apply; call Cigna for details	Plan pays 100%; guidelines apply; call Cigna for details	Plan pays 100%; guidelines apply; call UHC for details	Plan pays 100%; guidelines apply; call Kaiser for details		
<b>Well-baby/well-child care</b> (includes immunizations)	<i>In-network:</i> Plan pays 100% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup> after deductible	Plan pays 100%	Plan pays 100%	Plan pays 100%		
<b>Telehealth</b>	Board-certified doctors are available 24/7 by phone or secure video to diagnose conditions and prescribe medicine. Use your plan's telehealth service for allergies, asthma, bronchitis, cold and flu, pinkeye, and back pain.  No cost to you through MDLIVE	No cost to you through MDLIVE	No cost to you through Teladoc, Doctor On Demand, and Walmart Health Center.	No cost to you through Kaiser providers		
<b>Virtual primary care</b> (employees and dependents age 18 and older)	Preventive exams through MDLIVE: Plan pays 100% PCP visits (non-preventive): Plan pays 90% after deductible	Preventive exams through MDLIVE: Plan pays 100% PCP visits (non-preventive): \$20 copay	Preventive exams: Plan pays 100% PCP visits (non-preventive): \$15 copay	N/A		
<b>Doctor's office visits</b>	<b>After deductible:</b> <i>In-network:</i> Plan pays 90% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup>	PCP: \$20 copay Tier 1 <sup>2</sup> specialist: \$30 copay Non-Tier 1 <sup>2</sup> specialist: \$40 copay	PCP: \$15 copay Specialist: \$30 copay	PCP: \$20 copay Specialist: \$20 copay		
<b>Non-hospital X-ray &amp; lab services</b>	<b>After deductible:</b> <i>In-network:</i> Plan pays 90% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup>	Plan pays 100%; copays apply for services rendered in a physician's office	Plan pays 100%; copays apply for services rendered in a physician's office	Plan pays 100%		

**Cigna Choice Fund  
with HSA Plan**

**Cigna Managed  
Network Plan**

**UHC Network Plan**

**Kaiser (CA & GA)**

**Urgent care & emergency room**

<b>Urgent care</b>	<b>After deductible:</b> <i>In- and out-of-network:</i> Plan pays 90%	<i>In- and out-of-network:</i> You pay \$40 copay	<i>In-network only:</i> You pay \$40 copay	You pay \$20 copay
<b>Emergency room</b>	<b>After deductible:</b> <i>In- and out-of-network:</i> Plan pays 90%; covered for true emergencies only	You pay \$250 copay (waived if admitted); covered for true emergencies only	You pay \$250 copay (waived if admitted); covered for true emergencies only	You pay \$100 copay (waived if admitted)
<b>Ambulance</b>	<b>After deductible:</b> <i>In- and out-of-network:</i> Plan pays 90%; only covered for true emergencies	Plan pays 100%; covered for true emergencies only	Plan pays 100%; covered for true emergencies only	You pay \$50 per trip

**Surgery**

<b>Inpatient surgery</b>	<b>After deductible:</b> <i>In-network:</i> Plan pays 90% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup>	Plan pays 100% after you pay \$200 facility copay per admission	Plan pays 100% after you pay \$150 hospital copay per admission	Plan pays 100% after you pay \$100 hospital copay per admission
<b>Outpatient surgery</b>	<b>After deductible:</b> <i>In-network:</i> Plan pays 90% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup>	Plan pays 100% after you pay \$100 facility copay per visit	Plan pays 100% after you pay \$30 facility copay per visit	Plan pays 100% after you pay \$20 copay per procedure

**Mental health & substance use disorder therapy**

**Employee Assistance Program (EAP)** You, your spouse, and your dependents age 2 and older have access to 12 coaching or therapy sessions per plan year at no cost to you.

**Telehealth** Licensed therapists and psychiatrists available 24/7 by phone or secure video for counseling related to stress, anxiety, depression, addiction, and abuse.

Available to employees and covered family members age 10 and older through MDLIVE. Plan pays 100%	Available to employees and covered family members age 10 and older through MDLIVE. Plan pays 100%	Available to employees and covered family members age 10+ for therapy; age 19+ for psychiatry through Amwell and Doctor On Demand. Plan pays 100%	No cost to you through Kaiser providers
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<b>Inpatient care</b>	<b>After deductible:</b> <i>In-network:</i> Plan pays 90% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup> ; you pay less when you use a Cigna Substance Use Center of Excellence	Plan pays 100% after you pay \$200 copay per admission; you pay less when you use a Cigna Substance Use Center of Excellence	Plan pays 100% after you pay \$150 copay per admission	Plan pays 100% after you pay \$100 copay per admission
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<b>Office visits/outpatient care</b>	<b>After deductible:</b> <i>In-network:</i> Plan pays 100% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup> ; you pay less when you use a Cigna Substance Use Center of Excellence	Plan pays 100% when you use a Cigna Substance Use Center of Excellence	Plan pays 100%	<i>Mental health:</i> Individual session: You pay \$20 copay Group session: You pay \$10 copay <i>Substance abuse:</i> Individual session: You pay \$20 copay Group session: You pay \$5 copay in CA; \$10 copay in GA
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**Other services**

<b>Infertility</b> <i>Including elective egg freezing (cryopreservation, storage, and thawing)</i>	Testing and treatment for underlying conditions, testing to determine cause of infertility, procedures to restore fertility; includes artificial insemination, in vitro, GIFT and ZIFT, elective egg freezing (cryopreservation, storage, and thawing)	Testing and treatment for underlying conditions, testing to determine cause of infertility, procedures to restore fertility; includes artificial insemination, in vitro, GIFT and ZIFT, elective egg freezing (cryopreservation, storage, and thawing)	Testing and treatment for underlying conditions and to determine cause of infertility, procedures to restore fertility; includes artificial insemination, in vitro, GIFT and ZIFT, elective egg freezing (cryopreservation, storage, and thawing)	Testing and treatment for underlying conditions, testing to determine cause of infertility, procedures to restore fertility; includes artificial insemination, in vitro, GIFT and ZIFT. Elective egg freezing (cryopreservation, storage, and thawing) not covered.
	<b>After deductible:</b> <i>In-network:</i> Plan pays 90% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup> ; limited to \$30,000 lifetime maximum for medical and \$10,000 for prescriptions (through CVS Caremark)	You pay \$30 for Tier 1 <sup>2</sup> specialist or \$40 for non-Tier 1 <sup>2</sup> specialist per visit; limited to \$30,000 lifetime maximum for medical and \$10,000 for prescriptions (through CVS Caremark)	You pay \$30 specialist copay; 6 procedure limit for ART; limited to \$30,000 lifetime maximum for medical and \$10,000 for prescriptions (through CVS Caremark)	You pay \$20 copay per visit for outpatient services; 1 procedure limit for ART; \$100 copay per admission for inpatient services; limitations apply; check with Kaiser for more details on covered services

**Cigna Choice Fund  
with HSA Plan**

**Cigna Managed  
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**Kaiser (CA & GA)**

**Other services (continued)**

<b>Physical, speech, &amp; occupational therapy</b>	<b>After deductible:</b> <i>In-network:</i> Plan pays 90% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup>	Up to 60 visits per year <sup>3</sup> ; you pay \$40 for specialist per visit	Up to 60 visits per year <sup>4</sup> ; you pay \$30 copay per visit. For mental health-related visits, plan pays 100% (unlimited visits).	You pay \$20 copay per visit; physical therapy and speech therapy require authorization by your doctor
<b>Applied behavioral analysis (ABA) therapy</b>	<b>After deductible:</b> <i>In-network:</i> Plan pays 100% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup>	Plan pays 100%	Plan pays 100%	You pay \$20 copay per visit (CA), \$0 copay (GA); requires authorization by your doctor
<b>Music &amp; equine therapy</b>	<b>After deductible:</b> <i>In-network:</i> Plan pays 100% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup>	Plan pays 100%	Plan pays 100%	Not covered
<b>Acupuncture</b>	Up to 30 visits per year, combined in-network and out-of-network <b>After deductible:</b> <i>In-network:</i> Plan pays 90% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup>	Up to 20 visits per year; you pay \$20 copay for PCP or \$40 copay for specialist	Up to 30 visits per year; you pay \$30 copay per visit	You pay \$20 copay per visit; limitations apply, coverage determined by Plan MD (GA) - check with plan administrator; requires referral from your Kaiser doctor
<b>Chiropractic care</b>	Up to 30 visits per year, combined in-network and out-of-network <b>After deductible:</b> <i>In-network:</i> Plan pays 90% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup>	Up to 20 visits per year; you pay \$20 copay for PCP or \$40 copay for specialist	Up to 30 visits per year; you pay \$30 copay per visit	Up to 20 visits per year; you pay \$15 copay per visit; no referral required
<b>Medically necessary massage therapy</b>	Up to 30 visits per year, combined in-network and out-of-network <b>After deductible:</b> <i>In-network:</i> Plan pays 90% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup>	Up to 30 visits per year; you pay \$20 copay for PCP or \$40 copay for specialist	Up to 30 visits per year; you pay \$30 copay per visit	Not covered
<b>Nutritionists</b> <i>(If you have a chronic condition, all plans pay 100% for unlimited visits with a registered and licensed dietician or nutritionist.)</i>	Up to 5 visits per year with a registered and licensed dietician or nutritionist (covered in-network and out-of-network) <b>After deductible:</b> <i>In-network:</i> Plan pays 90% <i>Out-of-network:</i> Plan pays 70% of UCR <sup>1</sup>	Up to 5 visits per year with a registered and licensed dietician or nutritionist  You pay \$40 copay per visit (covered in-network and out-of-network)	Up to 5 visits per year with a registered and licensed dietician or nutritionist  You pay \$30 copay per visit (covered in-network and out-of-network)	Not covered

**Prescription drugs**

<b>Provider</b>	CVS Caremark: <a href="http://caremark.com">caremark.com</a> 888-797-8890			Kaiser pharmacy or mail order only
<b>Annual out-of-pocket maximum</b>	Prescription amounts count toward medical plan out-of-pocket maximum	Individual: \$4,100 Family: \$6,200	Individual: \$4,100 Family: \$6,200	Prescription copays count toward medical plan out-of-pocket maximum
<b>Generic</b>	<b>After deductible:</b> <i>Retail:</i> You pay \$5 or less for 30-day supply <sup>5</sup>  <i>Mail order:</i> You pay \$10 for 90-day supply	<i>Retail:</i> You pay \$5 or less for 30-day supply <sup>5</sup>  <i>Mail order:</i> You pay \$10 for 90-day supply	<i>Retail:</i> You pay \$5 or less for 30-day supply <sup>5</sup>  <i>Mail order:</i> You pay \$10 for 90-day supply	<i>Retail:</i> You pay \$10 at Kaiser pharmacy for up to 30-day supply <i>Mail order:</i> You pay \$20 for up to 100-day supply (CA), 90-day supply (GA)
<b>Preferred brand name</b>	<b>After deductible:</b> <i>Retail:</i> You pay 10% (\$15 minimum) for 30-day supply <sup>5</sup> <i>Mail order:</i> You pay 10% (\$30 minimum) for 90-day supply	<i>Retail:</i> You pay 30% (\$30 minimum/\$90 maximum) for 30-day supply <sup>5</sup> <i>Mail order:</i> You pay 30% (\$60 minimum/\$180 maximum) for 90-day supply	<i>Retail:</i> You pay \$30 for 30-day supply <sup>5</sup>  <i>Mail order:</i> You pay \$60 for 90-day supply	<i>Retail:</i> You pay \$20 at Kaiser pharmacy for up to 30-day supply <i>Mail order:</i> You pay \$40 for up to 100-day supply (CA), 90-day supply (GA)
<b>Non-preferred brand name</b>	<b>After deductible:</b> <i>Retail:</i> You pay 10% (\$30 minimum) for 30-day supply <sup>5</sup> <i>Mail order:</i> You pay 10% (\$60 minimum) for 90-day supply	<i>Retail:</i> You pay 50% (\$50 minimum/\$150 maximum) for 30-day supply <sup>5</sup> <i>Mail order:</i> You pay 50% (\$100 minimum/\$300 maximum) for 90-day supply	<i>Retail:</i> You pay \$60 for 30-day supply <sup>5</sup>  <i>Mail order:</i> You pay \$120 for up to 90-day supply	<i>Retail:</i> You pay \$20 (CA), \$30 (GA) at Kaiser pharmacy for up to 30-day supply <i>Mail order:</i> You pay \$40 for up to 100-day supply (CA), \$60 for up to 90-day supply (GA)

<sup>1</sup> A fee is considered to be usual, customary, and reasonable (UCR) if it falls within the parameters of the average or commonly charged fee for the particular service within a specific community.

<sup>2</sup> You pay less when you use Tier 1 specialists. Contact Cigna for details.

<sup>3</sup> Visit limit will not apply to treatment of mental health and substance use disorder conditions.

<sup>4</sup> Some services, such as outpatient detox, covered at 100% with no copay.

<sup>5</sup> After two retail fills of maintenance medications, you must go through mail order or use a CVS pharmacy and fill a 90-day supply. Otherwise, a penalty copay is charged \$15 for generic, \$20 for preferred brand name, and \$40 for non-preferred brand name. Specialty medications must be filled through CVS Specialty® pharmacy and have a 30-day limit.

## Summary of dental benefits

	Aetna PPO Dental Plan		Aetna Dental Maintenance Organization (DMO) Plan
<b>Biweekly paycheck deductions for full-time employees</b>	Employee only: \$5.00 Employee + spouse/DP: \$12.50 Employee + children: \$10.00 Employee + family: \$15.00		Employee only: \$1.50 Employee + spouse/DP: \$3.50 Employee + children: \$3.00 Employee + family: \$4.50
<b>Plan features</b>	<b>In-network</b>	<b>Out-of-network*</b>	<b>In-network only</b>
<b>Provider network</b>	Use any Aetna PPO network dentist, specialist, or orthodontist who has agreed to charge Aetna's negotiated rates for services.		You must see an Aetna DMO dentist. When you enroll, you will select and use a primary care dentist (PCD).
<b>Plan-year deductible</b> (August 1–July 31)	Individual: \$25 Family: \$50	Individual: \$50 Family: \$150	None
<b>Plan-year maximum**</b>	\$2,500	\$2,000	None
<b>Preventive care</b>	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Basic care</b>	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 100%
<b>Major care</b>	Plan pays 60% after deductible	Plan pays 50% after deductible	Plan pays 60%
<b>Orthodontia</b>	Plan pays 60%, up to \$3,000 lifetime maximum	Plan pays 50%, up to \$1,500 lifetime maximum	Plan pays 50%, up to 24-month lifetime maximum for comprehensive treatment and maintenance

\* Out-of-network services are covered at usual, customary, and reasonable (UCR) rates.

\*\* Comprehensive plan-year maximum applies only to basic and major care.

## Summary of vision benefits

	VSP provider	Non-VSP provider
<b>Biweekly paycheck deduction for full-time employees</b>	Employee only: \$1.50 Employee + spouse/DP: \$4.00 Employee + children: \$3.00 Employee + family: \$4.50	
<b>Plan features</b>	Benefits are available on a rolling 12-month schedule, so you'll be eligible for a benefit 12 months after you last received it.	
<b>Exam—essential medical eye care</b>	\$10 copay	\$50 reimbursement*
	\$20 copay for additional exams and services beyond routine care to treat immediate issues from pinkeye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Retinal screening covered for eligible members with diabetes.	
<b>Prescription glasses</b>	\$10 copay Frames: \$250 frame allowance Lenses: Single vision, lined bifocal, lined trifocal	Frames: \$70 reimbursement* Lenses: \$50 single vision, \$75 lined bifocal, \$100 lined trifocal reimbursement*
<b>Contact lenses</b>	Up to \$60 copay for contact lens exam (fitting and evaluation); \$300 allowance for contact lens materials	\$105 reimbursement*
<b>Computer glasses (for employees only)</b>	\$10 copay; every 12 months; \$200 frame allowance	N/A
<b>Laser vision care</b>	\$0 copay; \$1,500 total allowance; once per lifetime	Up to \$450 reimbursement*
<b>Non-prescription sunglasses</b>	\$250 frame allowance; every 12 months. Employees and covered family members can select ready-made, non-prescription sunglasses or ready-made non-prescription blue-light-filtering glasses instead of prescription glasses or contact lenses	N/A

Note: The plan includes either frames and lenses **or** contact lenses once every 12 months.

\* Copays apply.

**This is intended to be a high-level summary of benefits. Please refer to the summary plan description (SPD) for detailed benefit information. If there is a discrepancy with any information herein provided, the provisions of the appropriate SPD will prevail.**