

	MyChoice		Enhanced		Basic	
Annual Deductible	None		\$1,800 employee only	\$3,600 employee + other(s)	\$3,000 employee only	\$6,000 employee + other(s)
Eaton HSA/HRA Contribution	None		\$500 employee only	\$1,000 employee + other(s)	\$500 employee only	\$1,000 employee + other(s)
Coinsurance	None: you pay copays based on services provided		You pay 20%		You pay 20%	
Out-of-Pocket Maximum	Employee only: \$5,500	Employee + other(s): \$5,500 for individual \$11,000 for family	Employee only: \$4,500	Employee + other(s): \$7,650 for individual \$9,000 for family	Employee only: \$5,700	Employee + other(s): \$7,650 for individual \$11,400 for family
Preventive Care	You pay \$0		You pay \$0 (covered at 100% with no deductible)		You pay \$0 (covered at 100% with no deductible)	
Coverage Requiring Activation	Copay: \$0-\$4,000	Paycheck deductions: \$500-\$8,400	N/A		N/A	

Your monthly contributions for 2024 are shown below, assuming you (and your spouse/domestic partner, if covered by the plan) earn both Healthy Incentives credits:¹

Coverage Level	Base Pay — Under \$75,000			Base Pay — \$75,000 to \$149,999			Base Pay — \$150,000 or More		
	MyChoice	Enhanced	Basic	MyChoice	Enhanced	Basic	MyChoice	Enhanced	Basic
Employee Only	\$43	\$71	\$37	\$58	\$86	\$52	\$76	\$104	\$70
Employee + Child(ren)	\$85	\$155	\$74	\$112	\$184	\$101	\$138	\$213	\$127
Employee + Spouse/ Domestic Partner	\$193	\$255	\$180	\$232	\$295	\$219	\$274	\$336	\$261
Employee + Family	\$235	\$337	\$217	\$286	\$387	\$268	\$337	\$440	\$319

¹ To see the monthly contributions if you do not earn both Healthy Incentives credits, please click on the 2024 Employee Contributions link on JOE > Employee Center > My Apps > Fidelity NetBenefits.