

2023 Healthcare Comparisons

Side-by-side comparisons of your Okta medical, dental,
and vision plans

For details about all of Okta's benefits, go to rewards.okta.com.

Medical and prescription drugs

The following table compares what you will pay for services under each of Okta's Blue Shield plans.

	HDHP + HSA Blue Shield		PPO Blue Shield		EPO Blue Shield
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY
Deductible (Individual/Family)	\$3,000/\$6,000*	\$3,700/\$7,400*	\$500/\$1,500*	\$1,500/\$4,500*	\$0/\$0
Out-of-Pocket Max (Individual/Family)	\$3,700/\$7,400	\$7,400/\$14,800	\$3,500/\$7,000	\$7,000/\$14,000	\$2,000/\$4,000
Coinsurance	No charge	20%	10%	30%	
Office Visits (Primary/Specialist)	No charge**	20%**	\$20	30%**	\$15/\$30
Mental Health and Substance Use Disorder Services	No charge**	Office visits: 20%** Other services: 20%**	Office visits: \$20 Other services: 10%**	Office visits: 30%** Other services: 30%**	Office visits: \$15 Other services: No charge
Prescription Drugs — Retail 30-day supply	Tier 1: \$10** Tier 2: \$25** Tier 3: \$40** Specialty: 30% up to \$200**	Tier 1: 25% plus \$10** Tier 2: 25% plus \$25** Tier 3: 25% plus \$40** Specialty: 30% up to \$200 plus 25% of purchase price**	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Specialty: 30% up to \$200	Tier 1: 25% plus \$10 Tier 2: 25% plus \$20 Tier 3: 25% plus \$40 Specialty: 30% up to \$200 plus 25% of purchase price	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 Specialty: 30% up to \$200
Prescription Drugs — Retail 90-day supply	Tier 1: \$30** Tier 2: \$75** Tier 3: \$120** Specialty: 30% up to \$600	Tier 1: Not covered Tier 2: Not covered Tier 3: Not covered Specialty: Not covered	Tier 1: \$30 Tier 2: \$60 Tier 3: \$120 Specialty: 30% up to \$600	Tier 1: Not covered Tier 2: Not covered Tier 3: Not covered Specialty: Not covered	Tier 1: \$30 Tier 2: \$60 Tier 3: \$120 Specialty: 30% up to \$600
Prescription Drugs — Mail Order 90-day supply	Tier 1: \$20** Tier 2: \$50** Tier 3: \$80** Specialty: 30% up to \$400*	Tier 1: Not covered Tier 2: Not covered Tier 3: Not covered Specialty: Not covered	Tier 1: \$10 Tier 2: \$40 Tier 3: \$80 Specialty: 30% up to \$400	Tier 1: Not covered Tier 2: Not covered Tier 3: Not covered Specialty: Not covered	Tier 1: \$10 Tier 2: \$40 Tier 3: \$80 Specialty: 30% up to \$400

*A member with family coverage will need to meet the individual deductible prior to the family meeting the family deductible within a calendar year.

**After deductible.

In addition to the Blue Shield plans, Okta also offers a Kaiser HDHP + HSA and a Kaiser HMO. The following table compares what you will pay for services under the Kaiser plans.

	HDHP + HSA Kaiser	HMO Kaiser
	In-Network ONLY	In-Network ONLY
Deductible (Individual/Family)	CA, CO, GA, OR, MAS, WA: \$3,000/\$6,000	\$0/\$0
Out-of-Pocket Max (Individual/Family)	CA, CO, GA, OR, MAS: \$3,000/\$6,000 WA: \$3,500/\$7,000	CA, CO, GA, WA: \$1,500/\$3,000 MAS: \$1,300/\$2,600 OR: \$2,000/\$4,000
Office Visits (Primary/Specialist)	No charge* OR: 20%*	CA, CO, GA, MAS, WA: \$20/\$20 OR: \$20/\$30
Mental Health and Substance Use Disorder Services**	No charge* OR: 20%*	\$20
Prescription Drugs — Retail	No charge* OR: Tier 1: \$15*, Tier 2: \$35*, Tier 3: \$70*, Specialty: 20%, up to \$250*	CA: Tier 1: \$10, Tier 2: \$20, Tier 3: \$20, Specialty: 20%, up to \$200 CO: Tier 1: \$10, Tier 2: \$20, Tier 3: \$35, Specialty: \$20 GA: Tier 1: \$10, Tier 2: \$20, Tier 3: Not covered, Specialty: \$20 OR: Tier 1: \$15, Tier 2: \$30, Tier 3: \$60, Specialty: 20%, up to \$250 MAS: Tier 1: \$10, Tier 2: \$20, Tier 3: \$35, Specialty: \$10-\$35 WA: Tier 1: \$10, Tier 2: \$20, Tier 3: \$10-\$20, Specialty: \$10-\$20
Prescription Drugs — Mail Order	No charge* OR: Tier 1: \$30*, Tier 2: \$70*, Tier 3: \$140*	CA: Tier 1: \$20, Tier 2: \$40, Tier 3: \$40 CO: Tier 1: \$20, Tier 2: \$40, Tier 3: \$70 GA: Tier 1: \$20, Tier 2: \$40, Tier 3: Not covered OR: Tier 1: \$30, Tier 2: \$60, Tier 3: \$120 MAS: Tier 1: \$20, Tier 2: \$35, Tier 3: \$50 WA: Tier 1: \$20, Tier 2: \$40, Tier 3: \$20-\$40

*After deductible.

**For some Kaiser regions, group visits costs vary and can be lower.

Dental

The following table lists what you will pay for services under Okta's MetLife dental plan.

MetLife Dental		
	In-Network	Out-of-Network
Deductible (individual/family)	\$50/\$150	\$50/\$150
Annual Maximum (per person)	\$3,250	\$2,250
Diagnostic & Preventive	No charge	No charge
Basic	10%*	20%*
Major	40%*	50%*
Orthodontics (adult & children)	50%	50%
Lifetime Maximum (orthodontics)	\$2,500	\$2,500

*After deductible.

Vision

The following table lists what you will pay for services under Okta's VSP vision plan.

	VSP Vision	
	In-Network	Out-of-Network*
Coverage Frequency (exam/lens/frames)	Every calendar year / Every calendar year / Every calendar year	Every calendar year / Every calendar year / Every calendar year
Eye Exam	\$10	Up to \$50
Single Lens	Included in prescription glasses, after \$25	Up to \$50
Bifocal Lens	Included in prescription glasses, after \$25	Up to \$75
Trifocal Lens	Included in prescription glasses, after \$25	Up to \$100
Impact-Resistant Lenses (for dependent children)	Included in prescription glasses, after \$25	N/A
Standard Progressive Lenses	No charge	Up to \$75
Tints/Light-Reactive Lenses	No charge	Up to \$5
Premium Progressive Lenses	\$80-\$90	Up to \$75
Custom Progressive Lenses	\$120-\$160	Up to \$75
Frames	\$150 allowance; \$80 allowance when dispensed at Walmart®/Sam's Club®/Costco®	Up to \$70
Contacts (instead of glasses)	\$150 allowance, copay does not apply up to \$60 for contact lens exam	\$105 allowance, copay does not apply

*Copay applies.

Monthly healthcare plan premiums

The amount you'll pay for monthly medical, dental, and vision coverage in 2023 has been listed below. For premiums on other plans, go to rewards.okta.com.

	Employee Only	Employee + Spouse/Partner	Employee + Child(ren)	Employee + Family
Blue Shield HDHP + HSA*	\$0.00	\$120.00	\$90.00	\$205.00
Blue Shield EPO*	\$120.00	\$350.00	\$270.00	\$550.00
Blue Shield PPO*	\$115.00	\$370.00	\$285.00	\$550.00
Kaiser HDHP + HSA (CA, CO, GA, MAS, OR, WA)	\$0.00	\$120.00	\$90.00	\$205.00
Kaiser HMO (CA, CO, GA, MAS, OR, WA)	\$85.00	\$255.00	\$220.00	\$390.00
MetLife Dental	\$0.00	\$16.77	\$23.16	\$39.93
VSP Vision	\$0.00	\$1.80	\$1.90	\$4.60

*Available nationwide, except Hawaii.

Employees in Hawaii can find monthly premiums for HMSA on rewards.okta.com.

Any descriptions of benefit plans contained in this document provide only general information. Employees should refer to their plan documents and summary plan descriptions on rewards.okta.com for full details of the plans' terms. If there is any discrepancy between the information provided in this document, and the plan documents and/or summary plan descriptions, the plan documents and/or summary plan descriptions will govern.