



# 2024 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](https://rewards.okta.com).

# Medical and prescription drug coverage

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

	Blue Shield HDHP + HSA		Blue Shield PPO		Blue Shield EPO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
<b>Deductible</b> (Individual/Family)	\$3,200/\$6,400*	\$3,700/\$7,400*	\$500/\$1,500*	\$1,500/\$4,500*	\$0/\$0
<b>Out-of-Pocket Maximum</b> (Individual/Family)	\$3,700/\$7,400*	\$7,400/\$14,800*	\$3,500/\$7,000*	\$7,000/\$14,000*	\$2,000/\$4,000
<b>Coinsurance</b>	No charge	20%	20%	40%	
<b>Office Visits</b> (Primary/Specialist)	No charge**	20%**	\$20	40%**	\$15/\$30
<b>Mental Health and Substance Use Disorder Services</b>	No charge**	Office visits: 20%** Other services: 20%**	Office visits: \$20 Other services: 20%**	Office visits: 40%** Other services: 40%**	Office visits: \$15 Other services: No charge
<b>Telehealth Consultation</b>	\$0**	Not covered	\$0	Not covered	\$0
<b>Chiropractic Services</b>	No charge,** up to 24 visits per member, per calendar year	20% per visit,** up to 24 visits per member, per calendar year	\$20 per visit, up to 24 visits per member, per calendar year	40,** up to 24 visits per member, per calendar year	\$15 per visit, up to 20 visits per member, per calendar year
<b>Acupuncture Services</b>	No charge,** up to 12 visits per member, per calendar year	20% per visit,** up to 12 visits per member, per calendar year	\$20 per visit, up to 12 visits per member, per calendar year	40,** up to 12 visits per member, per calendar year	\$15 per visit, up to 20 visits per member, per calendar year

## Prescription Drugs (available through Express Scripts)

<b>Retail 30-Day Supply</b>	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
<b>Retail 90-Day Supply</b>	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
<b>Mail Order 90-Day Supply</b>	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/out-of-pocket maximum prior to the family meeting the family deductible/out-of-pocket maximum within a calendar year.

\*\*After deductible.

In addition to the Blue Shield plans, Okta offers two Kaiser plans. The following table compares what you will pay for services under both Kaiser plans.

	Kaiser HDHP + HSA	Kaiser HMO
	In-Network Only	In-Network Only
<b>Deductible</b> (Individual/Family)	CA, GA, MAS, WA: \$3,200/\$6,400	CA, GA, MAS, WA: \$0/\$0
<b>Out-of-Pocket Maximum</b> (Individual/Family)	CA, GA, MAS: \$3,200/\$6,400 WA: \$3,500/\$7,000	CA, GA, WA: \$1,500/\$3,000 MAS: \$1,300/\$2,600
<b>Office Visits</b> (Primary/Specialist)	No charge*	CA, GA, MAS, WA: \$20/\$20
<b>Mental Health and Substance Use Disorder Services**</b>	No charge*	CA, GA, MAS, WA: \$20
<b>Telehealth Consultation</b>	CA, GA, MAS, WA: No charge*	CA, GA, MAS, WA: No charge
<b>Chiropractic Services</b>	CA, GA, MAS, WA: No charge,* up to 20 visits per member, per calendar year	CA, GA: \$15 per visit, up to 30 visits per member, per calendar year MAS, WA: \$20 per visit, up to 30 visits per member, per calendar year
<b>Acupuncture Services</b>	GA: No charge,* up to 20 visits per member, per calendar year WA: No charge,* up to 12 visits per member, per calendar year CA, MAS: Not covered	GA: \$15 per visit, up to 30 visits per member, per calendar year CA, MAS: Not covered WA: \$20 per visit, up to 12 visits per member, per calendar year

**Prescription Drugs (available through Kaiser network pharmacies)**

<b>Retail</b>	No charge*	CA: Tier 1: \$10, Tier 2: \$20, Tier 3: \$20, Specialty: 20%, up to \$200 GA: Tier 1: \$10, Tier 2: \$20, Tier 3: Not covered, Specialty: \$20 MAS: Tier 1: \$10, Tier 2: \$20, Tier 3: \$35, Specialty: \$10-\$35 WA: Tier 1: \$10, Tier 2: \$20, Tier 3: Not covered
<b>Mail Order</b>	No charge*	CA: Tier 1: \$20, Tier 2: \$40, Tier 3: \$40 GA: Tier 1: \$20, Tier 2: \$40, Tier 3: Not covered MAS: Tier 1: \$20, Tier 2: \$35, Tier 3: \$50 WA: Tier 1: \$20, Tier 2: \$40, Tier 3: Not covered

\*After deductible.

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

# Dental coverage

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

	MetLife Dental	
	In-Network	Out-of-Network
<b>Deductible</b> (Individual/Family)	\$50/\$150	\$50/\$150
<b>Annual Maximum</b> (Per Person)	\$3,250	\$2,250
<b>Diagnostic &amp; Preventive Care</b> (Includes 3 Annual Cleanings)	No charge	No charge
<b>Basic Services</b>	10%*	20%*
<b>Major Services</b>	40%*	50%*
<b>Orthodontics</b> (Adult & Children)	50%	50%
<b>Lifetime Maximum</b> (Orthodontics)	\$2,500	\$2,500

\*After deductible.

# Vision coverage

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

	VSP Vision	
	In-Network	Out-of-Network*
<b>Coverage Frequency</b> (Exam/Lens/Frames)	Every calendar year	Every calendar year
<b>Eye Exam</b>	\$10	Up to \$50
<b>Single Lens</b>	Included in prescription glasses, after \$25	Up to \$50
<b>Bifocal Lens</b>	Included in prescription glasses, after \$25	Up to \$75
<b>Trifocal Lens</b>	Included in prescription glasses, after \$25	Up to \$100
<b>Impact-Resistant Lenses</b> (Dependent Children)	Included in prescription glasses, after \$25	N/A
<b>Standard Progressive Lenses</b>	No charge	Up to \$75
<b>Tints/Light-Reactive Lenses</b>	No charge	Up to \$5
<b>Premium Progressive Lenses</b>	\$80-\$90	Up to \$75
<b>Custom Progressive Lenses</b>	\$120-\$160	Up to \$75
<b>UV Protection</b>	No charge	No charge
<b>Frames</b>	\$180 allowance; \$100 allowance when dispensed at Walmart®/Sam's Club®/Costco®	Up to \$70
<b>Contacts</b> (Instead of Glasses)	\$150 allowance, copay does not apply up to \$60 for contact lens exam	\$210 for necessary contact lenses

\*Copay applies.

# Per-paycheck healthcare plan premiums

The amount you'll pay per paycheck for medical, dental, and vision coverage in 2024 is listed below. For premiums on other plans, go to [rewards.okta.com](https://rewards.okta.com).

Plan	Employee Only	Employee + Spouse/Domestic Partner	Employee + Child(ren)	Employee + Family
Blue Shield HDHP + HSA*	\$0.00	\$64.62	\$48.46	\$108.46
Blue Shield EPO*	\$60.00	\$175.38	\$133.85	\$274.62
Blue Shield PPO*	\$62.31	\$189.23	\$152.31	\$274.62
Kaiser HDHP + HSA (CA, GA, MAS, WA)	\$0.00	\$64.62	\$48.46	\$108.46
Kaiser HMO (CA, GA, MAS, WA)	\$46.15	\$136.15	\$117.69	\$210.00
MetLife Dental	\$0.00	\$8.46	\$11.69	\$20.16
VSP Vision	\$0.00	\$0.85	\$0.90	\$2.17

\*Available nationwide, except Hawaii.

Employees in Hawaii can find monthly premiums for HMSA at [rewards.okta.com](https://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 at [rewards.okta.com](https://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.