

2025 Plan Summary

Plan	Network											Non-Network					Prescription Drugs				
	Office Visit PCP	Office Visit SCP	Deductible Single	Deductible Family	Inpatient Facility/Services	Outpatient Facility/Services	IP/OP Professional	Out of Pocket Limit Single	Out of Pocket Limit Family	Urgent Care	Emergency Room Services	Deductible Single	Deductible Family	Covered Services Co-Insurance	Out of Pocket Limit Single	Out of Pocket Limit Family	Network Retail Pharmacy	Home Delivery	Non-Network Pharmacy	Deductible	Out of Pocket Limit
PPO 1000	\$25	\$440	\$1,250	\$2,500	20%*	20%*	20%*	\$3,500	\$7,000	20%*	20%*	\$2,000	\$4,000	50%*	\$10,000	\$20,000	\$15/\$45/\$75/25% w \$200 max	\$15/\$115/\$225/25% w \$200 max	Not covered		\$2,000 Single \$4,000 Family
HSA-HDHP 2000 (non-embedded)	20%*	20%*	\$2,250	\$4,500	20%*	20%*	20%*	\$4,500	\$9,000	20%*	20%*	\$4,000	\$8,000	40%*	\$12,000	\$24,000	20% w \$200 max	20% w \$200 max	Not covered	Medical Deductible applies before copayments	Accumulates to overall medical plan OOP & 100% coverage afterwards
HSA-HDHP 3000 (embedded)	20%*	20%*	\$3,500	\$7,000	20%*	20%*	20%*	\$5,500	\$11,000	20%*	20%*	\$6,000	\$12,000	40%*	\$15,000	\$30,000	20% w \$200 max	20% w \$200 max	Not covered	Medical Deductible applies before copayments	Accumulates to overall medical plan OOP & 100% coverage afterwards
HSA-HDHP 4000 (embedded)	20%*	20%*	\$4,000	\$8,000	20%*	20%*	20%*	\$6,000	\$12,000	20%*	20%*	\$8,000	\$16,000	40%*	\$20,000	\$40,000	20% w \$200 max	20% w \$200 max	Not covered	Medical Deductible applies before copayments	Accumulates to overall medical plan OOP & 100% coverage afterwards

* Coinsurance applies after deductible is satisfied

Non-embedded deductible -This means for coverage other than single, there is no individual deductible. The family deductible must be met before the plan begins to pay. (Preventive care is not subject to the deductible).

Embedded deductible - Each family member has an individual deductible in addition to the overall family deductible before the plan begins to pay. (Preventive care is not subject to the deductible). If one family member reaches the individual deductible, additional medical expenses incurred by that individual will be covered by the plan.