

Medical Benefits Quick Overview



Your Plan Choices

	\$1,500 PPO In-network	\$2,500 PPO In-network	\$3,300 HDHP In-network	\$5,000 HDHP In-network
Calendar year deductible				
Individual	\$1,500	\$2,500	\$3,300	\$5,000
Family	\$3,000	\$5,000	\$6,000	\$10,000
Coinsurance (you pay)	20%	20%	10%	20%
Out-of-pocket maximum				
Individual	\$5,500	\$7,000	\$5,500	\$6,850
Family	\$11,000	\$14,000	\$11,000	\$13,700
Physician office visits				
Preventive services	100%	100%	100%	100%
Primary care	\$25	\$30	10% after deduct.	20% after deduct.
Specialist	\$50	\$60	10% after deduct.	20% after deduct.
Urgent care	\$85	\$85	10% after deduct.	20% after deduct.
Hospital services				
Emergency	20% after deduct.	20% after deduct.	10% after deduct.	20% after deduct.
Inpatient/outpatient	20% after deduct.	20% after deduct.	10% after deduct.	20% after deduct.
Prescription Drugs				
Retail (30-day supply)				
Tier 1 (preferred generic)	\$3	\$3	\$3 after deduct.	\$3 after deduct.
Tier 2 (nonpreferred generic)	\$10	\$10	\$10 after deduct.	\$10 after deduct.
Tier 3 (preferred brand)	\$45	\$45	\$45 after deduct.	\$45 after deduct.
Tier 4 (nonpreferred brand)	\$70	\$70	\$70 after deduct.	\$70 after deduct.
Tier 5 (preferred specialty)	30% up to \$300 max	30% up to \$300 max	30% up to \$300 max after deduct.	30% up to \$300 max after deduct.
Tier 6 (nonpreferred specialty)	50% up to \$500 max	50% up to \$500 max	50% up to \$500 max after deduct.	50% up to \$500 max after deduct.
Mail order (90-day supply)				
All Tiers	2x retail copy	2x retail copy	2x retail copy	2x retail copy

Your Monthly Cost

Effective Jan. 1, 2025	\$1,500 PPO	\$2,500 PPO	\$3,300 QHDHP	\$5,000 QHDHP
Employee only	\$325.00	\$250.00	\$225.00	\$100.00
Employee + spouse	\$900.00	\$785.00	\$725.00	\$460.00
Employee + child(ren)	\$725.00	\$615.00	\$535.00	\$315.00
Family	\$1,295.00	\$1,120 .00	\$1,000.00	\$630.00