



2025 Medical/Rx Plan Offerings

Effective January 1, 2025

	Deductibles apply unless otherwise noted. Copays are not applied to deductible. Coinsurance is applied to deductible.				
	2025 PLATINUM POS	2025 GOLD POS	2025 SILVER POS	2025 GOLD HDHP	2025 BRONZE HDHP
Recommended Employer Contributions to HSA	N/A	N/A	N/A	Recommend \$1,000 Individual/\$2,000 Family	Recommend \$1,000 Individual/\$2,000 Family
Medical Plan Annual Deductibles: Individual/Two-Person/Family	\$500/\$1000/\$1,450	\$1,100/\$2,200/\$2,950	\$1,850/\$3,700/\$5,350	\$3,300/\$6,600 Combined Medical & Rx Deductible	\$6,200/\$12,400 Combined Medical & Rx Deductible
Prescription Drug Plan Annual Deductibles: Individual/Two-Person/Family	\$0/\$0/\$0	\$200/\$400/\$500	\$250/\$500/ \$700		
Co-Insurance: (after deductible) Plan pays/Individual pays	90%/10%	80%/20%	70%/30%	80%/20%	60%/40%
Maximum out-of-pocket (in-network services only, including deductible, co-pays, and co-insurance, combined Medical/Rx): Individual/Two-Person/Family	\$3,000/\$6,000/\$6,000	\$5,200/\$10,400/ \$10,400	\$6,850/\$13,700/ \$13,700	\$6,850/\$13,700	\$6,850/\$13,700
Wellness and Preventive Care Visits (Not subject to deductible) See Preventive Care Schedule for list of covered services.	\$0	\$0	\$0	\$0	\$0
98point6: On-demand primary care via private, secure in-app messaging	\$0	\$0	\$0	\$8	\$8
Primary Care Visit	\$25	\$25	\$30	20%	40%
Retail Clinic	\$35	\$40	\$50	20%	40%
MinuteClinic * (CVS & Target)	\$0	\$0	\$0	20%**	40%**
Specialist Visit	\$55	\$65	\$65	20%	40%
Urgent Care	\$55	\$65	\$65	20%	40%
Emergency room services (per visit) (deductible does not apply for POS plans)	\$225	\$300	\$300	20%	40%
Freestanding outpatient diagnostic facility (Diagnostic Imaging)	5% (Deductible Waived)	10%	15%	10%	20%
Outpatient Surgery/Outpatient Services (CT Scan, MRI, Diagnostic)	10%	20%	30%	20%	40%
Hospital inpatient (including maternity)	10% after \$250 Co-Pay	20% after \$250 Co-Pay	30% after \$250 Co-Pay	20% after \$250 Co-Pay	40% after \$250 Co-Pay
Inpatient Mental Health/Substance Abuse	10% after \$250 Co-Pay	20% after \$250 Co-Pay	30% after \$250 Co-Pay	20% after \$250 Co-Pay	40% after \$250 Co-Pay
Outpatient Mental Health/Substance Abuse (office and professional services)	\$55 Co-Pay	\$65 Co-Pay	\$65 Co-Pay	20%	40%
Habilitative Services (with limitations)	10%	20%	30%	20%	40%
Rehabilitative and Therapy Services (for Medical Necessity) Maximum 30 Visits	10%	20%	30%	20%	40%
Chiropractic Services (Institute Limits-35 annually in and out of network combined)	50%	50%	50%	50%	30%

IN-NETWORK

PRESCRIPTION DRUG BENEFITS (All coinsurance and co-pays are effective after deductible is met)						
SHORT-TERM	Deductibles apply unless otherwise noted.	You will always pay the lesser of the stated co-pay or the actual cost of the drug			2025 GOLD HDHP	2025 BRONZE HDHP
		2025 PLATINUM POS	2025 GOLD POS	2025 SILVER POS		
	Generic Drug	\$15 for Generic up to a 30-Day Supply	\$15 for Generic up to a 30-Day Supply	\$15 for Generic up to a 30-Day Supply	20% (Plan pays 80%)	40% (Plan pays 60%)
	Formulary Brand	\$45 up to a 30-Day Supply	\$50 up to a 30-Day Supply	\$55 up to a 30-Day Supply		
Non-Formulary Brand	\$90 up to a 30-Day Supply	\$100 up to a 30-Day Supply	\$110 up to a 30-Day Supply			
LONG-TERM	Generic Drug	\$30 up to a 90-Day Supply	\$35 up to a 90-Day Supply	\$35 up to a 90-Day Supply	20% (Plan pays 80%)	40% (Plan pays 60%)
	Formulary Brand	\$90 up to a 90-Day Supply	\$105 up to a 90-Day Supply	\$110 up to a 90-Day Supply		
	Non-Formulary Brand	\$180 up to a 90-Day Supply	\$210 up to a 90-Day Supply	\$220 up to a 90-Day Supply		
SPECIALTY	Generic Drug	Participant pays 20% up to a max \$600 per 30-Day Supply	Participant pays 20% up to a max \$600 per 30-Day Supply	Participant pays 20% up to a max \$600 per 30-Day Supply	Participant pays 20% up to a max \$600 per 30-Day Supply	Participant pays 40% up to a max \$600 per 30-Day Supply
	Formulary Brand					
	Non-Formulary Brand					

OUT-OF-NETWORK MEDICAL BENEFITS						
OUT-OF-NETWORK	Deductibles apply unless otherwise noted.	2025 PLATINUM POS	2025 GOLD POS	2025 SILVER POS	2025 GOLD HDHP	2025 BRONZE HDHP
	Medical Plan Annual Deductibles: Individual/Two-Person/Family	\$1,350/\$2,700/ \$4,050	\$2,000/\$4,000/ \$6,000	\$3,800/\$7,600/ \$11,400	\$3,300/\$6,600 Combined Medical & Rx Deductible	N/A
	Co-Insurance: (after deductible) Plan pays/Individual pays	60%/40%	60%/40%	60%/40%	60%/40%	Not Covered
	Maximum out-of-pocket (out-of-network services only, including deductible, co-pays, and co-insurance, combined Medical/Rx): Individual/Two-Person/Family	\$4,200/\$8,400/ \$8,400	\$6,300/\$12,600/ \$12,600	\$7,900/\$15,800/ \$15,800	\$6,850/\$13,700	Not Covered
	Wellness and preventive care visits	40%	40%	40%	40%	Not Covered
	Primary Care Visit	40%	40%	40%	40%	Not Covered
	Specialist Visit	40%	40%	40%	40%	Not Covered
	Urgent Care	40%	40%	40%	40%	Not Covered
	Emergency Room Services (per visit) (Deductible does not apply for POS plans)	\$225	\$300	\$300	20%	40%
	Retail Clinic	40%	40%	40%	40%	Not Covered
	Outpatient Surgery/Outpatient Services (CT scan, MRI, Diagnostic) (after deductible)	40%	40%	40%	40%	Not Covered
	Hospital Inpatient (including maternity)	40% after \$250 Co-Pay	40% after \$250 Co-Pay	40% after \$250 Co-Pay	40% after \$250 Co-Pay	Not Covered
	Inpatient Mental Health/Substance Abuse (check for parity)	40% after \$250 Co-Pay	40% after \$250 Co-Pay	40% after \$250 Co-Pay	40% after \$250 Co-Pay	Not Covered
	Outpatient Mental Health/Substance Abuse (Office and professional services)	40%	40%	40%	40%	Not Covered
	Therapy and Rehabilitation Services (for Medical Necessity) Limit: 30 visits	40%	40%	40%	40%	Not Covered
	Habilitative Services (with limitations)	40%	40%	40%	40%	Not Covered
Chiropractic Services (Institute Limits-35 annually in and out of network combined)	50%	50%	50%	50%	Not Covered	

* MinuteClinic standard services were formerly covered under retail clinic benefit.

**Eligible members enrolled in high-deductible plans must meet their deductible. However, services are provided at a lower program cost than standard retail clinic fees. Once the deductible has been met, members will be able to access MinuteClinic services at no cost-share.