



2025

BENEFITS

HEALTH PLAN COMPARISON

| Weekly Premiums | CORE PPO PLAN | | | | HEALTH INVESTMENT PLAN | | | |
|--|--------------------------------|---------|---------|-----------|---|----------|---------|-----------|
| | EMP | EMP/SP | EMP/CH | EMP/SP/CH | EMP | EMP/SP | EMP/CH | EMP/SP/CH |
| Medical/Rx | \$11.53 | \$50.57 | \$44.50 | \$68.48 | \$40.35 | \$101.14 | \$89.00 | \$136.97 |
| Deductible | In-Network | | | | In-Network | | | |
| Individual | \$4,000 | | | | \$2,000 | | | |
| 2 Individuals | \$8,000 | | | | \$3,400 | | | |
| 3+ Individuals | \$8,000 | | | | \$4,000 | | | |
| Out-of-Pocket Max (includes deductible) | | | | | | | | |
| Individual | \$7,000 | | | | \$4,000 | | | |
| 2 Individuals | \$14,000 | | | | \$7,000 | | | |
| 3+ Individuals | \$14,000 | | | | \$8,000 | | | |
| Office Visits & Specialist | | | | | | | | |
| Preventive-Care Visit | Covered 100% | | | | Covered 100% | | | |
| PCP Office Visit | \$40 copay | | | | 80% after deductible | | | |
| Virtual PCP Office Visit | \$0 copay | | | | \$144 or less | | | |
| Specialists Office Visit | \$60 copay | | | | 80% after deductible | | | |
| Emergency & Hospitalization | | | | | | | | |
| Inpatient Hospital | 70% after deductible | | | | 80% after deductible | | | |
| Emergency Room | 70% after deductible | | | | 80% after deductible | | | |
| Urgent Care | \$75 copay | | | | 80% after deductible | | | |
| Prescriptions | | | | | | | | |
| Preventive Medications (Blood Pressure and Cholesterol Lowering) | Subject to copay below | | | | Covered 100% | | | |
| Generic | \$10 copay | | | | \$10 copay after deductible | | | |
| Preferred | 30% - \$25/\$75 | | | | 30% - \$25/\$75 after deductible | | | |
| Non-Preferred | 50% - \$50/\$100 | | | | 50% - \$50/\$100 after deductible | | | |
| Specialty Medications | 50% to \$250 copay | | | | 50% to \$250 copay after deductible | | | |
| Retail 90-Day Supply and Mail Order 90-Day Supply | | | | | | | | |
| Preventive Medications (Blood Pressure and Cholesterol Lowering) | Subject to copay below | | | | Covered 100% | | | |
| Generic | \$25 copay | | | | \$25 copay after deductible | | | |
| Preferred | 30% - \$62.50 min/\$187.50 max | | | | 30% - \$62.50 min/\$187.50 max after deductible | | | |
| Non-Preferred | 50% - \$125 min/\$250 max | | | | 50% - \$125 min/\$250 max after deductible | | | |