

PHYSICAL HEALTH 2025 MEDICAL PLANS



You have three options to address your wellbeing needs. Including:

- **Nationwide network of providers**
- **Free preventive care**
- **HSA contributions**
 - **(\$250 individual/\$500 family) Traditional Smartsaver**
 - **(\$500 Individual/\$1000 family) Premium Consumer Choice**

**TRADITIONAL
SMARTSAVER**

- Lowest premiums
- Highest deductible
- Highest out-of-pocket maximum

**PREMIUM CONSUMER
CHOICE**

- Middle-of-the-road premiums, deductible and out-of-pocket maximum

**STANDARD
PPO**

- Highest premiums
- Lowest deductible
- Lowest out-of-pocket maximum

PREMIUMS

Employees Contribution Weekly	Traditional Smartsaver	Premium Consumer Choice	Standard PPO
Employee Only	\$10.31	\$21.91	\$38.39
Employee & Spouse	\$26.78	\$56.94	\$92.27
Employee & Child(ren)	\$21.69	\$46.12	\$77.73
Employee & Family	\$38.26	\$81.34	\$131.82

Employee Contribution Monthly	Traditional Smartsaver	Premium Consumer Choice	Standard PPO
Employee Only	\$44.66	\$94.94	\$166.34
Employee & Spouse	\$116.06	\$246.73	\$399.84
Employee & Child(ren)	\$94.01	\$199.85	\$336.82
Employee & Family	\$165.80	\$352.46	\$571.21

Benefit	Traditional SmartSaver with HSA		Premium ConsumerChoice with HSA		Standard PPO	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible (per calendar year)						
Individual	\$3,000	\$6,000	\$1,650	\$3,300	\$1,000	\$2,000
Family	\$6,000	\$12,000	\$3,300	\$6,600	\$2,000	\$4,000
Covered Expenses	70%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible	85%, after deductible	50%. After deductible
HSA Annual Contribution						
	\$250 Employee and or \$500 Family		\$500 Employee and or \$1,000 Family		~	
Coinsurance						
Individual or Family	30%	50%	20%	50%	15%	50%
Total Out-of-Pocket Maximums (OPM)						
Individual	\$6,000	\$12,000	\$5,150	\$10,300	\$3,500	\$7,000
Family	\$12,000	\$24,000	\$10,300	\$20,600	\$7,000	\$14,000
Physician Office Visit						
Primary Care Physician	25%, after deductible	50%, after deductible	15%, after deductible	50%, after deductible	\$35 copay	50%, after deductible
Specialist	25%, after deductible	50%, after deductible	15%, after deductible	50%, after deductible	\$55 copay	50%, after deductible
Urgent Care Facility	70%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible	\$80 copay	50%, after deductible
LiveHealth	70%, after deductible		80%, after deductible		\$10 copay	
Emergency Room Services						
Emergency Services	70%, after deductible	70%, after deductible	80%, after deductible	80%, after deductible	85%, after deductible	85%, after deductible
In-patient Hospital Services						
In-patient Services	70%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible	85%, after deductible	50%, after deductible
Rx Coverages (In-Network)						
Generic	Ded/Coins (max \$10)	~	Ded/Coins (max \$10)	~	\$10 copay	~
Brand Formulary	Ded/Coins (max \$40)	~	Ded/Coins (max \$40)	~	\$40 copay	~
Brand Non-Formulary	Ded/Coins (max \$80)	~	Ded/Coins (max \$80)	~	\$80 copay	~
Rx Mail Order (90 Day Fill)						
Generic	Ded/Coins (max \$20)	~	Ded/Coins (max \$20)	~	\$20 copay	~
Brand Formulary	Ded/Coins (max \$80)	~	Ded/Coins (max \$80)	~	\$80 copay	~
Brand Non-Formulary	Ded/Coins (max \$160)	~	Ded/Coins (max \$160)	~	\$160 copay	~
Rx Out-of-Pocket Maximum						
(Rx Out-of-Pocket Maximums are included in Medical!)						