

2024-2025 Health Insurance Benefit	Standard	Value - Select	HDP Select (high deductible plan)	PPO – Out of Area Only
	In Network / Out of Network	In Network only	In Network only	In Network / Out of Network
Calendar Year Deductible-Single	\$1,000 / \$2,000	\$1,500	\$5,000	\$1,000 / \$2,000
Calendar Year Deductible-Family	\$2,000 / \$4,000	\$3,000	\$10,000	\$2,000 / \$4,000
Medical Out of Pocket-Single	\$1,500 plus deductible / \$3,000 plus deductible	\$2,500 plus deductible	Deductible	\$1,500 plus deductible / \$3,000 plus deductible
Medical Out of Pocket-Family	\$3,000 plus deductible / \$6,000 plus deductible	\$5,000 plus deductible	Deductible	\$3,000 plus deductible / \$6,000 plus deductible
Total Medical Annual Expense Risk	\$2,500 ind / \$5,000 fam	\$4,000 ind / \$8,000 fam	\$5,000 ind / \$10,000 fam	\$2,500 ind / \$5,000 fam
Plan Coinsurance	80% / 50%	80%	100%	80% / 50%
Primary Physician Office Copay Telehealth SJ & SF \$0 copay	\$40 copay / deductible and coinsurance	\$40 copay	\$40 copay 3 VISIT LIMIT	\$40 copay / deductible and coinsurance
Specialist Physician Office Copay Telehealth SJ & SF \$40 copay	\$40 copay / deductible and coinsurance	\$40 copay	Deductible	\$40 copay / deductible and coinsurance
Pediatrician Office Copay Through Age 18	\$25 copay / deductible and coinsurance	\$25 copay	\$25 copay 3 VISIT LIMIT	\$25 copay / deductible and coinsurance
Most Preventive Care	100% no copay / deductible and coinsurance	100% no copay	100% no copay	100% no copay / deductible and coinsurance
Mental Health Therapy (Synergy \$20)	\$40 copay / deductible and coinsurance	\$40 copay	Combined with 3 PCP visit limit / Deductible	\$40 copay / deductible and coinsurance
Urgent Care (Med Wise \$40)	\$60 copay / deductible and coinsurance	\$60 copay	Deductible	\$60 copay / deductible and coinsurance
Emergency Care	Deductible and coinsurance / same as in network	Deductible and coinsurance in or out of network	Deductible	Deductible and coinsurance / same as in network
Hospital Inpatient per admission	Deductible and coinsurance / Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible and coinsurance / same as in network
CareATC Clinics IF ENROLLED IN THE CLINIC OPTION	\$0 copay for services and drugs at clinic	\$0 copay for services and drugs at clinic	\$0 copay for services and drugs at clinic	\$0 copay for services and drugs at clinic
Generic	\$15	\$15	\$15	\$15
Preferred Brand	\$35	\$35	\$35	\$35
Non Preferred Brand	\$60	\$60	\$60	\$60
Specialty Prescriptions \$1000 or > Mail Order & Retail	\$200 copay for < \$1000 script 20% coinsurance 90 days for 2X copay	\$200 copay for < \$1000 script 20% coinsurance 90 days for 2X copay	\$200 copay for < \$1000 script 20% coinsurance 90 days for 2X copay	\$200 copay for < \$1000 script 20% coinsurance 90 days for 2X copay
Prescription Out of Pocket Single/Family	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000

2024-2025 Monthly Health Insurance Benefit Rates	Standard	Value - Select	HDP Select	PPO – Out of area Only
ACTIVE BASIC Single Family	\$226 \$672	\$188 \$588	\$100 \$406	\$226 \$672
ACTIVE WITH WELLNESS Single Family	\$126 \$472	\$88 \$388	\$0 \$206	\$126 \$472
RETIREE BASIC Single Family	\$406 \$1082	\$392 \$1009	\$327 \$847	\$406 \$1082
RETIREE WITH WELLNESS Single Family	\$306 \$882	\$292 \$809	\$227 \$647	\$306 \$882
SPOUSE/DEP CONT. BASIC Single Family	\$468 \$1215	\$441 \$1140	\$378 \$958	\$468 \$1215
SPOUSE/DEP CONT. WITH WELLNESS Single Family	\$368 \$1015	\$341 \$940	\$278 \$758	\$368 \$1015
COBRA BASIC Single Family	\$753 \$1972	\$695 \$1804	\$608 \$1551	\$753 \$1972
COBRA WITH WELLNESS Single Family	\$653 \$1772	\$595 \$1604	\$508 \$1351	\$653 \$1772

2024-2025 Monthly Health Insurance Benefit Rates	Standard WITH CLINIC ACCESS	Value – Select WITH CLINIC ACCESS	HDP Select WITH CLINIC ACCESS	PPO - Out of Area Only WITH CLINIC ACCESS
ACTIVE BASIC Single Family	\$252 \$698	\$214 \$614	\$126 \$432	\$252 \$698
ACTIVE WITH WELLNESS Single Family	\$152 \$498	\$114 \$414	\$26 \$232	\$152 \$498
RETIREE BASIC Single Family	\$432 \$1108	\$418 \$1035	\$353 \$873	\$432 \$1108
RETIREE WITH WELLNESS Single Family	\$332 \$908	\$318 \$835	\$253 \$673	\$332 \$908
SPOUSE/DEP CONT. BASIC Single Family	\$494 \$1241	\$467 \$1166	\$404 \$984	\$494 \$1241
SPOUSE/DEP CONT. WITH WELLNESS Single Family	\$394 \$1041	\$367 \$966	\$304 \$784	\$394 \$1041
COBRA BASIC Single Family	\$779 \$1998	\$721 \$1830	\$634 \$1577	\$779 \$1998
COBRA WITH WELLNESS Single Family	\$679 \$1798	\$621 \$1630	\$534 \$1377	\$679 \$1798