

MEDICAL AND PRESCRIPTION DRUG PLANS

See the summary of your medical and prescription benefits below. For complete details, exclusions and limitations, and out-of-network benefits, see the Certificates of Coverage which are available from Human Resources or your benefits website.

	BLUECHOICE 0317	BLUEOPTIONS 03900	BLUEOPTIONS 05912 – HSA EE ONLY	BLUEOPTIONS 05913 – HSA EE + DEP
MEDICAL BENEFITS	In-Network	In-Network	In-Network	In-Network
Calendar Year Deductible Per Individual Family	\$1,000 \$3,000	\$2,000 \$6,000	\$2,500 N/A	\$5,000 \$5,000
Out-of-Pocket Maximum Per Individual Family Aggregate	\$3,000 \$9,000	\$6,350 \$12,700	\$5,800 N/A	\$6,850 \$11,600
Coinsurance (% the member pays)	20%	30%	20%	20%
Preventive Services	\$0	\$0	\$0	\$0
Office Visits Primary Care Physician Specialist	\$20 copay \$50 copay	\$20 copay \$50 copay	Ded + Coinsurance Ded + Coinsurance	Ded + Coinsurance Ded + Coinsurance
Urgent Care	\$20 copay	\$60 copay	Ded + Coinsurance	Ded + Coinsurance
Emergency Room	\$250 + Ded + Coinsurance	\$250 + Ded + Coinsurance	Ded + Coinsurance	Ded + Coinsurance
Inpatient Hospital	Ded + Coinsurance	Ded + Coinsurance	Ded + Coinsurance	Ded + Coinsurance
Outpatient Procedures Hospital Ambulatory Surgery Center	Ded + Coinsurance Ded + Coinsurance	\$300 copay Ded + Coinsurance	Ded + Coinsurance Ded + Coinsurance	Ded + Coinsurance Ded + Coinsurance
Outpatient Diagnostic Tests Independent Clinical Lab Out-Patient Diagnostic Testing (Freestanding)	Coinsurance Ded + Coinsurance	\$0 Ded + Coinsurance	Deductible Ded + Coinsurance	Deductible Ded + Coinsurance
Advanced Imaging MRI, CT, PET, etc.	Ded + Coinsurance	\$200 copay	Ded + Coinsurance	Ded + Coinsurance
Access to PanCare Wellness Clinic? (see details on page 13)	Yes	Yes	No	No
PRESCRIPTION BENEFITS				
Retail Pharmacy Generic / Preferred Brand / Non-Preferred Brand / Specialty	\$10 / \$30 / \$50 / \$100	\$10 / \$50 / \$100 / 20% of cost of Rx up to max of \$2,000	Ded, then \$10 / \$30 / \$50 / N/A	Ded, then \$10 / \$30 / \$50 / N/A
Mail Order (90-day supply) Generic / Preferred Brand / Non-Preferred Brand / Specialty	\$14 / \$28 / \$28	\$25 / 20% or \$150 whichever is greater	Ded, then \$25 / \$75 / \$125 / N/A	Ded, then \$25 / \$75 / \$125 / N/A

MEDICAL PLAN PREMIUMS

Your employee contributions for this plan year are based on your choice of plan and coverage tier. Listed below are per-pay-period costs for you and your dependents effective January 1, 2025 – December 31, 2025:

	BLUECHOICE 0317	BLUEOPTIONS 03900	BLUEOPTIONS 05192 / 05193 - HSA
EMPLOYEE PREMIUMS PER PAYCHECK			
Administrative (12x per year)			
Employee	\$187.14	\$0	\$0
Employee + Spouse	\$1,072.90	\$590.24	\$650.88
Employee + Child(ren)	\$576.90	\$233.15	\$355.62
Employee + Family	\$1,727.34	\$1,061.34	\$1,055.46
Instructional & Licensed (24x per year)			
Employee	\$93.57	\$0	\$0
Employee + Spouse	\$536.45	\$295.12	\$325.44
Employee + Child(ren)	\$288.45	\$116.58	\$177.81
Employee + Family	\$863.67	\$530.67	\$527.73
Support & Confidential (24x per year)			
Employee	\$78.99	\$0	\$0
Employee + Spouse	\$521.87	\$280.54	\$310.86
Employee + Child(ren)	\$273.87	\$102.00	\$163.23
Employee + Family	\$849.09	\$516.09	\$513.15

	BLUECHOICE 0317	BLUEOPTIONS 03900	BLUEOPTIONS 05913 -HSA
EMPLOYER CONTRIBUTIONS PER MONTH			
Administrative (12x per year)			
Employee	\$650.35	\$602.90	\$584.98 (to HSA \$65.37)
Employee + Spouse	\$650.35	\$650.35	\$650.35
Employee + Child(ren)	\$650.35	\$650.35	\$650.35
Employee + Family	\$650.35	\$650.35	\$650.35
Instructional & Licensed (24x per year)			
Employee	\$650.35	\$602.90	\$584.98 (to HSA \$65.37)
Employee + Spouse	\$650.35	\$650.35	\$650.35
Employee + Child(ren)	\$650.35	\$650.35	\$650.35
Employee + Family	\$650.35	\$650.35	\$650.35
Support & Confidential (24 per year)			
Employee	\$679.51	\$602.90	\$584.98 (to HSA \$94.53)
Employee + Spouse	\$679.51	\$679.51	\$679.51
Employee + Child(ren)	\$679.51	\$679.51	\$679.51
Employee + Family	\$679.51	\$679.51	\$679.51