

## Medical Plans effective July 1, 2024 - June 30, 2025

Health Care Plan Option through UMR	2024-2025	2024-2025	2024-2025
In-Network Benefit Plan Design	PPO	EPO	HSA
Deductible (ind/ind+1 dep/fam)	\$100/\$300/\$600	\$750/\$1,500/\$2,000	\$2,500/\$3,750/\$5,000
Coinsurance (plan paid)	100%	80%	100%
Out-of-Pocket Maximum (ind/ind+1dep/fam)	\$2,000/\$4,000/\$6,000	\$2,500/\$5,000/\$7,500	\$4,000/\$6,000/\$8,000
Primary Care Office Visit Copay	\$30 copay	\$30 after ded	100% after ded
Specialist Office Visit Copay	\$45 copay	\$40 after ded	100% after ded
Preventive Care Office Visit	100% covered	100% covered	100% covered no ded
Inpatient Hospital	90% after ded	25% after ded	100% after ded
Outpatient Hospital	\$30 copay	90% after ded	100% after ded
Emergency Room	\$350 copay	\$150 after ded	100% after ded
Urgent Care	\$50 copay	\$40 copay	100% after ded
Lab Services	100% covered	100% covered after ded	100% after ded
X-Ray / Imaging (MRI, CT, PET)	100% covered	100% covered after ded	100% after ded
Out-of-Network Benefit Plan Design			
Deductible (ind/ind+1 dep/fam)	\$500/1,000/\$1,500	n/a	\$3,500/\$5,250/\$7,000
Coinsurance (plan paid)	70%	n/a	70%
Out-of-Pocket Maximum (ind/ind+1dep/fam)	\$3,000/\$5,000/6,500	n/a	\$5,000/\$7,500/\$10,000
Pharmacy- Rx Benefits/Optum Rx			
Retail (30-day supply)	\$20/\$50/\$75/\$50 max \$100	\$20/\$50/\$75/\$50 max \$100	\$15/\$35/\$60 after ded
Mail Service (90-day supply)	\$40/\$100/\$150	\$40/\$100/\$150	\$30/\$70/\$120 after ded
Out-of-Pocket Maximum (ind/ind+1dep/fam)	Integrated with Medical	Integrated with Medical	Integrated with Medical

Red font indicate benefits that changed