

**Plan Year: November 1, 2024
– October 31, 2025**

**Plan 1
PPO 2000**

**Plan 2
QHDHP 3500**

IN-NETWORK – Allied, using the Aetna network

DEDUCTIBLE

Individual / Family	\$2,000 / \$4,000	\$3,500 / \$7,000*
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**If enrolled as a family, the entire family deductible must be satisfied by one individual or collectively before benefits will be paid at the coinsurance rate*

MAXIMUM OUT-OF-POCKET

Individual / Family	\$4,000 / \$8,000	\$3,500 / \$7,000
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PREVENTIVE CARE

Preventive Care – Annual Well Check, Immunizations, and Other Related Services	\$0	\$0
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FACILITY VISITS

Telemedicine – Eden Health	\$0	You pay \$0 after deductible
Primary Care	\$10 copay	You pay \$0 after deductible
Specialist	\$40 copay	You pay \$0 after deductible
Urgent Care	\$40 copay	You pay \$0 after deductible
Emergency Room	\$300 copay	You pay \$0 after deductible
Inpatient Hospital	You pay 20% after deductible	You pay \$0 after deductible
Outpatient Surgery	You pay 20% after deductible	You pay \$0 after deductible
Physical Therapy/Chiropractic	\$40 copay	You pay \$0 after deductible

OUTPATIENT DIAGNOSTIC SERVICES

X-Ray Services, CT/PET Scan, MRI	You pay 20% after deductible	You pay \$0 after deductible
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PRESCRIPTIONS – SmithRx

Tier 1 – Generic	\$10 copay	You pay \$0 after deductible
Tier 2 – Preferred Brand	\$55 copay	You pay \$0 after deductible
Tier 3 – Non-Preferred Brand	\$90 copay	You pay \$0 after deductible
Mail Order	2x retail after deductible	You pay \$0 after deductible
Tier 4 – Specialty	\$125 copay	You pay \$0 after deductible

OUT-OF-NETWORK - Refer to Summary of Benefits and Coverage

WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE

Wellness Credit

Employee Only	\$77.80	\$13.44
2 Party	\$155.32	\$15.51
Employee + Family	\$223.95	\$32.84

No Wellness Credit

Employee Only	\$107.80	\$43.44
2 Party	\$225.32	\$85.51
Employee + Family	\$313.95	\$122.84

Half-Wellness

2 Party	\$190.32	\$50.51
Employee + Family	\$268.95	\$77.84