

**Plan Year: October 1, 2025 –
September 30, 2026**

**CORE: HSA
\$3,000 PLAN**

**PPO PREMIER
\$3,000 PLAN**

IN-NETWORK BENEFITS – Independence Blue Cross

ANNUAL DEDUCTIBLE

Individual / Family	\$3,000 / \$6,000*	\$3,000 / \$6,000**
---------------------	--------------------	---------------------

*If enrolled as a family, the individual deductible does not apply, and one member can satisfy the full deductible
**If enrolled as a family, each enrolled family member must satisfy their own deductible before insurance begins

MAXIMUM OUT-OF-POCKET

Individual / Family	\$6,750 / \$13,500	\$7,900 / \$15,800
---------------------	--------------------	--------------------

REFERRAL NEEDED FOR SPECIALIST

No No

PREVENTIVE CARE AT PREVENTIVE PLUS PROVIDERS

Annual Well Check, Immunizations, and Other Related Services	\$0	\$0
---	-----	-----

VISITS

Primary Care	\$30 copay after deductible	\$30 copay
Specialist	\$60 copay after deductible	\$60 copay
Urgent Care	\$100 copay after deductible	\$100 copay
Emergency Room	\$300 copay after deductible	\$300 copay after deductible
Inpatient Hospital	\$500/day after deductible	You pay 10% after deductible
Outpatient Surgery	\$500 copay after deductible	\$300 copay after deductible
Telemedicine - Teladoc	\$0 after deductible	\$0

OUTPATIENT DIAGNOSTIC SERVICES

Lab Services and X-Ray	\$60 copay after deductible	\$60 copay
CT/PET Scan, MRI	\$300 copay after deductible	\$200 copay

PRESCRIPTIONS

Tier 1 – Lost-Cost Generic	\$3 copay after deductible	\$3 copay
Tier 2 – Generic	\$20 copay after deductible	\$20 copay
Tier 3 – Preferred Brand	\$40 copay after deductible	\$40 copay
Tier 4 – Non-Preferred Brand	\$70 copay after deductible	\$60 copay
Tier 5 – Self-Administered Specialty	50% up to \$500 copay after deductible	50% up to \$500 copay

Mail order – 90-Day Supply (does not apply to Tier 5)	2x retail	2x retail
--	-----------	-----------

OUT-OF-NETWORK - Refer to Summary of Benefits and Coverage found at www.doanebenefits.com

MEDICAL SEMI-MONTHLY PAYROLL DEDUCTIONS (24 PER YEAR)

Employee Only	Up to \$90.00	Up to \$112.00
Employee + Spouse	Up to \$496.63	Up to \$564.34
Employee + Child(ren)	Up to \$334.73	Up to \$384.24
Employee + Family	Up to \$694.50	Up to \$784.41