

**Plan Year: October 1, 2024 –
September 30, 2025**

**PPO HSA
\$4,000 PLAN**

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

IN-NETWORK BENEFITS – Independence Blue Cross

ANNUAL DEDUCTIBLE

Individual / Family	\$4,000 / \$8,000*	\$3,000 / \$6,000**
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*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
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REFERRAL NEEDED FOR SPECIALIST

No

No

PREVENTIVE CARE

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

Primary Care	\$40 copay after deductible	\$30 copay
Specialist	\$70 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	\$250/day after deductible	You pay 10% after deductible
Outpatient Surgery – facility fee	\$250 copay after deductible	\$300 copay after deductible
Outpatient Surgery – physician fee	\$0 after deductible	10% coinsurance
Telemedicine - Teladoc	\$0 after deductible	\$0

OUTPATIENT DIAGNOSTIC SERVICES

Lab Services	Freestanding: \$70 copay after deductible Hospital: \$140 copay after deductible	Freestanding: \$60 copay Hospital: \$120 copay
X-Ray	\$70 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 \$80.33	Up to \$100.00
Employee + Spouse	Up to \$253.93	Up to \$341.68
Employee + Child(ren)	Up to \$196.77	Up to \$264.76
Employee + Family	Up to \$323.79	Up to \$435.67