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

CORE: HSA $3,000 PLAN

IN-NETWORK BENEFITS – Independence Blue Cross	
ANNUAL DEDUCTIBLE	
Individual / Family	$3,000 / $6,000*
*If enrolled as a family, the individual deductible does not apply, and one member can satisfy the full deductible	
MAXIMUM OUT-OF-POCKET	
Individual / Family	$6,750 / $13,500
REFERRAL NEEDED FOR SPECIALIST	
	No
PREVENTIVE CARE AT PREVENTIVE PLUS PROVIDERS	
Annual Well Check, Immunizations, and Other Related Services	$0
VISITS	
Primary Care	$30 copay after deductible
Specialist	$60 copay after deductible
Urgent Care	$100 copay after deductible
Emergency Room	$300 copay after deductible
Inpatient Hospital	$500/day after deductible
Outpatient Surgery	$500 copay after deductible
Telemedicine - Teladoc	$0 after deductible
OUTPATIENT DIAGNOSTIC SERVICES	
Lab Services and X-Ray	$60 copay after deductible
CT/PET Scan, MRI	$200 copay after deductible
PRESCRIPTIONS	
Tier 1 – Low-Cost Generic	$3 copay after deductible
Tier 2 – Generic	$20 copay after deductible
Tier 3 – Preferred Brand	$40 copay after deductible
Tier 4 – Non-Preferred Brand	$70 copay after deductible
Tier 5 – Self-Administered Specialty	50% up to $500 copay after deductible
Mail order – 90-Day Supply (does not apply to Tier 5)	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
Employee + Spouse	Up to $496.63
Employee + Child(ren)	Up to $334.73
Employee + Family	Up to $694.50