

2025 HEALTH BENEFIT PLAN COMPARISON



	PLATINUM		PLATINUM EPO		GOLD		GOLD EPO		SILVER		SILVER EPO	
	TIER 1	TIER 2	TIER 1	TIER 2	TIER 1	TIER 2	TIER 1	TIER 2	TIER 1	TIER 2	TIER 1	TIER 2
Individual Deductible	\$750	\$2,500	\$750	N/A	\$1,500	\$3,000	\$1,500	N/A	\$3,000	\$6,000	\$3,000	N/A
Family Deductible	\$1,500	\$5,000	\$1,500	N/A	\$3,000	\$6,000	\$3,000	N/A	\$6,000	\$12,000	\$6,000	N/A
	Embedded		Embedded		Embedded		Embedded		Embedded		Embedded	
OOP Max - Individual	\$4,500	\$9,000	\$4,500	N/A	\$5,500	\$11,000	\$5,500	N/A	\$6,000	\$12,000	\$6,000	N/A
OOP Max - Family	\$9,000	\$18,000	\$9,000	N/A	\$11,000	\$22,000	\$11,000	N/A	\$12,000	\$24,000	\$12,000	N/A
PCP Office Visit	\$0 copay	\$50 copay	\$0 copay	N/A	\$0 copay	\$50 copay	\$0 copay	N/A	\$0 copay	\$50 copay	\$0 copay	N/A
Specialist Office Visit	\$0 copay	\$100 copay	\$0 copay	N/A	\$0 copay	\$100 copay	\$0 copay	N/A	\$0 copay	\$100 copay	\$0 copay	N/A
Virtual Office Visit	No cost	N/A	No cost	N/A	No cost	N/A	No cost	N/A	No cost	N/A	No cost	N/A
Independent Lab Services	\$0 copay	Deductible + 30%	\$0 copay	N/A	\$0 copay	Deductible + 30%	\$0 copay	N/A	\$0 copay	Deductible + 40%	\$0 copay	N/A
Inpatient Services	Deductible + 20%	Deductible + 30%	Deductible + 20%	N/A	Deductible + 20%	Deductible + 30%	Deductible + 20%	N/A	Deductible + 30%	Deductible + 40%	Deductible + 30%	N/A
Outpatient Services	Deductible + 20%	Deductible + 30%	Deductible + 20%	N/A	Deductible + 20%	Deductible + 30%	Deductible + 20%	N/A	Deductible + 30%	Deductible + 40%	Deductible + 30%	N/A
Independent X-Ray	\$0 copay	Deductible + 30%	\$0 copay	N/A	\$0 copay	Deductible + 30%	\$0 copay	N/A	\$0 copay	Deductible + 40%	\$0 copay	N/A
Advanced Radiology	\$350 copay	Deductible + 30%	\$350 copay	N/A	\$350 copay	Deductible + 30%	\$350 copay	N/A	\$350 copay	Deductible + 40%	\$350 copay	N/A
Urgent Care	\$75 Copay	\$150 copay	\$75 Copay	\$75 copay	\$75 Copay	\$150 copay	\$75 Copay	\$75 copay	\$75 Copay	\$150 copay	\$75 Copay	\$75 copay
Emergency Room	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 30%	Deductible + 30%	Deductible + 30%	Deductible + 30%
Maternity Care:												
Prenatal Visits	\$0	\$250	\$0	N/A	\$0	\$250	\$0	N/A	\$0	\$250	\$0	N/A
Facility/Physician Services	\$0	Deductible + 30%	\$0	N/A	\$0	Deductible + 30%	\$0	N/A	\$0	Deductible + 40%	\$0	N/A
Prescription Drugs	\$0/\$50/\$100	N/A	\$0/\$50/\$100	N/A	\$0/\$50/\$100	N/A	\$0/\$50/\$100	N/A	\$0/\$50/\$100	N/A	\$0/\$50/\$100	N/A
Mail Order	\$0/\$125/\$250	N/A	\$0/\$125/\$250	N/A	\$0/\$125/\$250	N/A	\$0/\$125/\$250	N/A	\$0/\$125/\$250	N/A	\$0/\$125/\$250	N/A
Specialty Drugs	\$250/30%	N/A	\$250/30%	N/A	\$250/30%	N/A	\$250/30%	N/A	\$250/30%	N/A	\$250/30%	N/A
Formulary	Value Plus		Value Plus		Value Plus		Value Plus		Value Plus		Value Plus	

- All Tier 1's uses Centrus Network.
- HDHP plans carry embedded Deductible and OOP Max.

2025 HEALTH BENEFIT PLAN COMPARISON



	BRONZE		BRONZE EPO		BRONZE HDHP		BRONZE HDHP EPO		SILVER HDHP		SILVER HDHP EPO	
	TIER 1	TIER 2	TIER 1	TIER 2	TIER 1	TIER 2	TIER 1	TIER 2	TIER 1	TIER 2	TIER 1	TIER 2
Individual Deductible	\$5,000	\$10,000	\$5,000	N/A	\$4,500	\$6,000	\$4,500	N/A	\$3,300	\$4,500	\$3,300	N/A
Family Deductible	\$10,000	\$20,000	\$10,000	N/A	\$9,000	\$12,000	\$9,000	N/A	\$6,600	\$9,000	\$6,600	N/A
	Embedded		Embedded		Embedded		Embedded		Embedded		Embedded	
OOP Max - Individual	\$7,000	\$14,000	\$7,000	N/A	\$4,500	\$10,000	\$4,500	N/A	\$6,600	\$8,000	\$6,600	N/A
OOP Max - Family	\$14,000	\$28,000	\$14,000	N/A	\$9,000	\$20,000	\$9,000	N/A	\$13,200	\$16,000	\$13,200	N/A
PCP Office Visit	\$0 copay	\$50 copay	\$0 copay	N/A	Deductible	Deductible + 20%	Deductible	N/A	Deductible + 20%	Deductible + 30%	Deductible + 20%	N/A
Specialist Office Visit	\$0 copay	\$100 copay	\$0 copay	N/A	Deductible	Deductible + 20%	Deductible	N/A	Deductible + 20%	Deductible + 30%	Deductible + 20%	N/A
Virtual Office Visit	No cost	N/A	No cost	N/A	No cost	N/A	No cost	N/A	No cost	N/A	No cost	N/A
Independent Lab Services	\$0 copay	Deductible + 40%	\$0 copay	N/A	Deductible	Deductible + 20%	Deductible	N/A	Deductible + 20%	Deductible + 30%	Deductible + 20%	N/A
Inpatient Services	Deductible + 30%	Deductible + 40%	Deductible + 30%	N/A	Deductible	Deductible + 20%	Deductible	N/A	Deductible + 20%	Deductible + 30%	Deductible + 20%	N/A
Outpatient Services	Deductible + 30%	Deductible + 40%	Deductible + 30%	N/A	Deductible	Deductible + 20%	Deductible	N/A	Deductible + 20%	Deductible + 30%	Deductible + 20%	N/A
Independent X-Ray	\$0 copay	Deductible + 40%	\$0 copay	N/A	Deductible	Deductible + 20%	Deductible	N/A	Deductible + 20%	Deductible + 30%	Deductible + 20%	N/A
Advanced Radiology	\$400 copay	Deductible + 40%	\$400 copay	N/A	Deductible	Deductible + 20%	Deductible	N/A	Deductible + 20%	Deductible + 30%	Deductible + 20%	N/A
Urgent Care	\$100 Copay	\$150 copay	\$100 Copay	\$100 copay	Deductible	Deductible + 20%	Deductible	Deductible	Deductible + 20%	Deductible + 30%	Deductible + 20%	Deductible + 20%
Emergency Room	Deductible + 30%	Deductible + 30%	Deductible + 30%	Deductible + 30%	Deductible	Deductible	Deductible	Deductible	Deductible + 20%	Deductible + 30%	Deductible + 20%	Deductible + 20%
Maternity Care:												
Prenatal Visits	\$0	\$250	\$0	N/A	Deductible	Deductible + 20%	Deductible	N/A	Deductible + 20%	Deductible + 30%	Deductible + 20%	N/A
Facility/Physician Services	\$0	Deductible + 40%	\$0	N/A	Deductible	Deductible + 20%	Deductible	N/A	Deductible + 20%	Deductible + 30%	Deductible + 20%	N/A
Prescription Drugs	\$0/\$50/\$100	N/A	\$0/\$50/\$100	N/A	Deductible	N/A	Deductible	N/A	Deductible + 20%	N/A	Deductible + 20%	N/A
Mail Order	\$0/\$125/\$250	N/A	\$0/\$125/\$250	N/A	Deductible	N/A	Deductible	N/A	Deductible + 20%	N/A	Deductible + 20%	N/A
Specialty Drugs	\$250/30%	N/A	\$250/30%	N/A	Deductible	N/A	Deductible	N/A	Deductible + 20%	N/A	Deductible + 20%	N/A
Formulary	Value Plus		Value Plus		Value		Value		Value		Value	

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- HDHP plans carry embedded Deductible and OOP Max.