

2025 Cost Share Changes and Plan Mapping

Compare the benefits between your 2024 plan and the most similar 2025 plan

| | Current 2024 Plan | 2025 Plan |
|--|--------------------------------------|--------------------------------------|
| Core Network | Bronze HSA | Bronze HSA |
| Deductible | \$6,000 individual/\$12,000 family | \$6,000 Individual/\$12,000 Family |
| Member coinsurance | 40% | 40% |
| Out-of-pocket maximum | \$7,200 Individual/\$14,400 Family | \$7,000 Individual/\$14,000 Family |
| Office visit | 40% after deductible | 40% after deductible |
| Urgent care | 40% after deductible | 40% after deductible |
| Retail prescription drugs ¹ | 50%/50%/50%/50% all after deductible | 45%/50%/50%/50% all after deductible |
| Lab and basic X-ray | 40% after deductible | 40% after deductible |
| Core Network | Silver HSA | Silver HSA |
| Deductible | \$3,500 individual/\$7,000 family | \$3,500 Individual/\$7,000 Family |
| Member coinsurance | 20% | 20% |
| Out-of-pocket maximum | \$7,500 Individual/\$15,000 Family | \$7,000 Individual/\$14,000 Family |
| Office visit | 20% after deductible | 20% after deductible |
| Urgent care | 20% after deductible | 20% after deductible |
| Retail prescription drugs ¹ | 20%/40%/50%/50% all after deductible | 20%/40%/50%/50% all after deductible |
| Lab and basic X-ray | 20% after deductible | 20% after deductible |

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|--|--|--|
| Core Network | Silver | Silver |
| Deductible | \$1,800 individual/\$3,600 family | \$1,800 Individual/\$3,600 Family |
| Member coinsurance | 30% | 30% |
| Out-of-pocket maximum | \$8,400 individual/\$16,800 family | \$8,000 Individual/\$16,000 Family |
| Office visit | Primary: \$30 after deductible Specialty: \$60 after deductible | Primary: \$30 after deductible Specialty: \$60 after deductible |
| Urgent care | \$60 after deductible | \$60 after deductible |
| Retail prescription drugs ¹ | \$30/\$60/50%/50% ² | \$30/\$60/50%/50% ² |
| Lab and basic X-ray | 30% after deductible | 30% after deductible |
| Core Network | Core VisitsPlus Silver LX | Core VisitsPlus Silver LX |
| Deductible | \$2,900 individual/\$5,800 family | \$2,500 Individual/\$5,000 Family |
| Member coinsurance | 30% | 30% |
| Out-of-pocket maximum | \$8,400 Individual/\$16,800 Family | \$8,000 Individual/\$16,000 Family |
| Office visit | Primary: \$35/ Specialty: \$65 | Primary: \$30/ Specialty: \$65 |
| Urgent care | \$65 | \$65 |
| Retail prescription drugs ¹ | \$30/\$65/50%/50% ² | \$30/\$65/50%/50% ² |
| Lab and basic X-ray | \$55 | \$55 |
| Core Network | Core VisitsPlus Silver LX - EO | Core VisitsPlus Silver LX - EO |
| Deductible | \$2,900 individual/\$5,800 family | \$2,500 Individual/\$5,000 Family |
| Member coinsurance | 30% | 30% |
| Out-of-pocket maximum | \$8,400 Individual/\$16,800 Family | \$8,000 Individual/\$16,000 Family |
| Office visit | Primary: \$35/ Specialty: \$65 | Primary: \$30/ Specialty: \$65 |
| Urgent care | \$65 | \$65 |
| Retail prescription drugs ¹ | \$30/\$65/50%/50% ² | \$30/\$65/50%/50% ² |
| Lab and basic X-ray | \$55 | \$55 |

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| | Current 2024 Plan | 2025 Plan |
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| Core Network | Core VisitsPlus Gold HD LX | Core VisitsPlus Gold HD LX |
| Deductible | \$1,500 individual/\$3,000 family | \$1,500 individual/\$3,000 family |
| Member coinsurance | 30% | 30% |
| Out-of-pocket maximum | \$7,900 individual/\$15,800 family | \$6,500 individual/\$13,000 family |
| Office visit | Primary: \$25/Specialty: \$60 | Primary: \$25/Specialty: \$60 |
| Urgent care | \$60 | \$60 |
| Retail prescription drugs ¹ | \$15/\$45/40%/40% ² | \$20/\$45/40%/40% ² |
| Lab and basic X-ray | \$20 | \$20 |
| Core Network | Core VisitsPlus Gold LX | Core VisitsPlus Gold LX |
| Deductible | \$600 individual/\$1,200 family | \$600 individual/\$1,200 family |
| Member coinsurance | 25% | 25% |
| Out-of-pocket maximum | \$7,900 individual/\$15,800 family | \$7,500 individual/\$15,000 family |
| Office visit | Primary: \$15/Specialty: \$35 | Primary: \$15/Specialty: \$35 |
| Urgent care | \$35 | \$35 |
| Retail prescription drugs ¹ | \$15/\$45/40%/40% ² | \$15/\$45/40%/40% ² |
| Lab and basic X-ray | \$25 | \$25 |
| Core Network | Core VisitsPlus Gold LX - EO | Core VisitsPlus Gold LX - EO |
| Deductible | \$600 individual/\$1,200 family | \$600 individual/\$1,200 family |
| Member coinsurance | 25% | 25% |
| Out-of-pocket maximum | \$7,900 individual/\$15,800 family | \$7,500 individual/\$15,000 family |
| Office visit | Primary: \$15/Specialty: \$35 | Primary: \$15/Specialty: \$35 |
| Urgent care | \$35 | \$35 |
| Retail prescription drugs ¹ | \$15/\$45/40%/40% ² | \$15/\$45/40%/40% ² |
| Lab and basic X-ray | \$25 | \$25 |
| Core Network | Core VisitsPlus Platinum LX | Core VisitsPlus Platinum LX |
| Deductible | \$250 individual/\$500 family | \$250 individual/\$500 family |
| Member coinsurance | 10% | 10% |
| Out-of-pocket maximum | \$2,500 individual/\$5,000 family | \$2,500 individual/\$5,000 family |
| Office visit | Primary: \$5/Specialty: \$20 | Primary: \$5/Specialty: \$20 |
| Urgent care | \$20 | \$20 |
| Retail prescription drugs ¹ | \$5/\$20/40%/40% ² | \$5/\$20/40%/40% ² |
| Lab and basic X-ray | \$10 | \$10 |

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| | Current 2024 Plan | 2025 Plan |
|--|-------------------|---|
| Options Network | N/A | Kaiser Permanente Plus™ Silver |
| Deductible | | In-network: \$2,500 Individual/\$5,000 Family Out-of-network: None |
| Member coinsurance | | In-network: 30% Out-of-network: 40% |
| Out-of-pocket maximum | | In-network: \$8,000 Individual/\$16,000 Family Out-of-network: None |
| Office visit | | In-network: \$30 primary/\$65 specialty Out-of-network¹: \$50 primary/\$85 specialty |
| Urgent care | | In-network: \$65 Out-of-network: 30% after in-network deductible |
| Retail prescription drugs ² | | In-network: \$30/\$65/50% ³ /50% ³ Out-of-network¹: \$50/\$85/50%/not covered |
| Lab and basic X-ray | | In-network: \$55 Out-of-network¹: \$75 |
| Options Network | | Kaiser Permanente Plus™ Gold |
| Deductible | | In-network: \$600 Individual/\$1,200 Family Out-of-network: None |
| Member coinsurance | | In-network: 25% Out-of-network: 35% |
| Out-of-pocket maximum | | In-network: \$7,500 Individual/\$15,000 Family Out-of-network: None |
| Office visit | | In-network: \$15 primary/\$35 specialty Out-of-network¹: \$35 primary/\$55 specialty |
| Urgent care | | In-network: \$35 Out-of-network: 25% after in-network deductible |
| Retail prescription drugs ² | | In-network: \$15/\$45/40% ³ /40% ³ Out-of-network¹: \$35/\$65/50%/not covered |
| Lab and basic X-ray | | In-network: \$25 Out-of-network¹: \$45 |

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¹ Out-of-network is limited to 10 covered services per year, combined; and 5 prescription fills up to a 30 day supply.

² Tiers are preferred generic, preferred brand, nonpreferred generic and brand, and specialty. Specialty tier is not covered out-of-network.

³ Tiers 3 and 4 in-network prescription drugs are subject to deductible. No deductible applies out of network.

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| | Current 2024 Plan | 2025 Plan |
|--|-------------------|---|
| Options Network | N/A | Kaiser Permanente Plus™ Platinum |
| Deductible | | In-network: \$250 Individual/\$500 Family Out-of-network: None |
| Member coinsurance | | In-network: 10% Out-of-network: 20% |
| Out-of-pocket maximum | | In-network: \$2,500 Individual/\$5,000 Family Out-of-network: None |
| Office visit | | In-network ¹ : \$5 primary/\$20 specialty Out-of-network: \$25 primary/\$40 specialty |
| Urgent care | | In-network: \$20 Out-of-network: 10% after in-network deductible |
| Retail prescription drugs ² | | In-network: \$5/\$20/40% ³ /40% ³ Out-of-network ¹ : \$25/\$40/50%/not covered |
| Lab and basic X-ray | | In-network: \$10 Out-of-network ¹ : \$30 |

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| | Current 2024 Plan | 2025 Plan |
|--|--|--|
| Access PPO Network | Access PPO Bronze HSA | Access PPO Bronze HSA |
| Deductible | In-network: \$6,000 individual/\$12,000 family Out-of-network: \$12,000 individual/\$24,000 family | In-network: \$6,000 Individual/\$12,000 Family Out-of-network: \$12,000 Individual/\$24,000 Family |
| Member coinsurance | In-network: 40% Out-of-network: 50% | In-network: 40% Out-of-network: 50% |
| Out-of-pocket maximum | In-network: \$7,250 Individual/\$14,500 Family Out-of-network: No limit | In-network: 7,000 Individual/\$14,000 Family Out-of-network: No limit |
| Office visit | In-network: 40% after deductible Out-of-network: 50% after deductible | In-network: 40% after deductible Out-of-network: 50% after deductible |
| Urgent care | In-network: 40% after deductible Out-of-network: 50% after deductible | In-network: 40% after deductible Out-of-network: 50% after deductible |
| Retail prescription drugs¹ | In-network – Enhanced: 30%/30%/40%/50% all after deductible In-network – Standard: 50%/50%/50%/50% all after deductible Out-of-network: Not covered | In-network – Enhanced: 30%/30%/40%/50% all after deductible In-network – Standard: 50%/50%/50%/50% all after deductible Out-of-network: Not covered |
| Lab and basic X-ray | In-network: 40% after deductible Out-of-network: 50% after deductible | In-network: 40% after deductible Out-of-network: 50% after deductible |
| Access PPO Network | Access PPO Silver HSA | Access PPO Silver HSA |
| Deductible | In-network: \$3,500 individual/\$7,000 family Out-of-network: \$7,000 individual/\$14,000 family | In-network: \$3,300 Individual/\$6,600 Family Out-of-network: \$7,000 Individual/\$14,000 Family |
| Member coinsurance | In-network: 35% Out-of-network: 50% | In-network: 35% Out-of-network: 50% |
| Out-of-pocket maximum | In-network: \$7,200 individual/\$14,400 family Out-of-network: No limit | In-network: \$7,000 Individual/\$14,000 Family Out-of-network: No limit |
| Office visit | In-network: 35% after deductible Out-of-network: 50% after deductible | In-network: 35% after deductible Out-of-network: 50% after deductible |
| Urgent care | In-network: 35% after deductible Out-of-network: 50% after deductible | In-network: 35% after deductible Out-of-network: 50% after deductible |
| Retail prescription drugs¹ | In-network – Enhanced: 10%/20%/40%/50% all after deductible In-network – Standard: 20%/30%/50%/50% all after deductible Out-of-network: Not covered | In-network – Enhanced: 10%/20%/40%/50% all after deductible In-network – Standard: 20%/30%/50%/50% all after deductible Out-of-network: Not covered |
| Lab and basic X-ray | In-network: 35% after deductible Out-of-network: 50% after deductible | In-network: 35% after deductible Out-of-network: 50% after deductible |

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| | Current 2024 Plan | 2025 Plan |
|--|--|--|
| Access PPO Network | Access PPO VisitsPlus Silver HD | Access PPO VisitsPlus Silver HD |
| Deductible | In-network: \$6,000 individual/\$12,000 family Out-of-network: \$12,000 individual/\$24,000 family | In-network: \$6,000 individual/\$12,000 family Out-of-network: \$12,000 individual/\$24,000 family |
| Member coinsurance | In-network: 40%/ Out-of-network: 50% | In-network: 40%/ Out-of-network: 50% |
| Out-of-pocket maximum | In-network: \$8,450 individual/\$16,900 family Out-of-network: No limit | In-network: \$8,000 Individual/\$16,000 Family Out-of-network: No limit |
| Office visit | In-network: \$40 primary/\$65 specialty Out-of-network: 50% after deductible | In-network: \$40 primary/\$65 specialty Out-of-network: 50% after deductible |
| Urgent care | In-network: \$65 Out-of-network: 50% after deductible | In-network: \$65 Out-of-network: 50% after deductible |
| Retail prescription drugs¹ | In-network - Enhanced: \$25/\$60/45% ² /50% ² In-network - Standard: \$35/\$70/50% ² /50% ² Out-of-network: Not covered | In-network - Enhanced: \$25/\$60/45% ² /50% ² In-network - Standard: \$35/\$70/50% ² /50% ² Out-of-network: Not covered |
| Lab and basic X-ray | In-network: 40% after deductible Out-of-network: 50% after deductible | In-network: 40% after deductible Out-of-network: 50% after deductible |
| Access PPO Network | Access PPO VisitsPlus Silver LD LX | Access PPO VisitsPlus Silver LD LX |
| Deductible | In-network: \$2,500 individual/\$5,000 family Out-of-network: \$5,000 individual/\$10,000 family | In-network: \$2,500 individual/\$5,000 family Out-of-network: \$5,000 individual/\$10,000 family |
| Member coinsurance | In-network: 35%/ Out-of-network: 50% | In-network: 35%/ Out-of-network: 50% |
| Out-of-pocket maximum | In-network: \$8,700 individual/\$17,400 family Out-of-network: No limit | In-network: \$8,000 Individual/\$16,000 Family Out-of-network: No limit |
| Office visit | In-network: \$35 primary/\$65 specialty Out-of-network: 50% after deductible | In-network: \$35 primary/\$65 specialty Out-of-network: 50% after deductible |
| Urgent care | In-network: \$65 Out-of-network: 50% after deductible | In-network: \$65 Out-of-network: 50% after deductible |
| Retail prescription drugs¹ | In-network – Enhanced: \$20/\$60/40% ² /50% ² In-network – Standard: \$40/\$75/50% ² /50% ² Out-of-network: Not covered | In-network – Enhanced: \$20/\$60/40% ² /50% ² In-network – Standard: \$40/\$75/50% ² /50% ² Out-of-network: Not covered |
| Lab and basic X-ray | In-network: \$55 Out-of-network: 50% after deductible | In-network: \$55 Out-of-network: 50% after deductible |

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|--|--|--|
| Access PPO Network | Access PPO VisitsPlus Silver LX | Access PPO VisitsPlus Silver LX |
| Deductible | In-network: \$3,000 individual/\$6,000 family Out-of-network: \$6,000 individual/\$12,000 family | In-network: \$3,000 individual/\$6,000 family Out-of-network: \$6,000 individual/\$12,000 family |
| Member coinsurance | In-network: 35%/ Out-of-network: 50% | In-network: 35%/ Out-of-network: 50% |
| Out-of-pocket maximum | In-network: \$8,500 individual/\$17,000 family Out-of-network: No limit | In-network: \$7,500 Individual/\$15,000 Family Out-of-network: No limit |
| Office visit | In-network: \$45 primary/\$65 specialty Out-of-network: 50% after deductible | In-network: \$45 primary/\$65 specialty Out-of-network: 50% after deductible |
| Urgent care | In-network: \$65 Out-of-network: 50% after deductible | In-network: \$65 Out-of-network: 50% after deductible |
| Retail prescription drugs¹ | In-network – Enhanced: \$20/\$50/40% ² /50% ² In-network – Standard: \$30/\$60/50% ² /50% ² Out-of-network: Not covered | In-network – Enhanced: \$20/\$50/40% ² /50% ² In-network – Standard: \$30/\$60/50% ² /50% ² Out-of-network: Not covered |
| Lab and basic X-ray | In-network: \$50 Out-of-network: 50% after deductible | In-network: \$50 Out-of-network: 50% after deductible |
| Access PPO Network | Access PPO VisitsPlus Silver LX-EO | Access PPO VisitsPlus Silver LX-EO |
| Deductible | In-network: \$3,000 individual/\$6,000 family Out-of-network: \$6,000 individual/\$12,000 family | In-network: \$3,000 individual/\$6,000 family Out-of-network: \$6,000 individual/\$12,000 family |
| Member coinsurance | In-network: 35%/ Out-of-network: 50% | In-network: 35%/ Out-of-network: 50% |
| Out-of-pocket maximum | In-network: \$8,500 individual/\$17,000 family Out-of-network: No limit | In-network: \$7,500 Individual/\$15,000 Family Out-of-network: No limit |
| Office visit | In-network: \$45 primary/\$65 specialty Out-of-network: 50% after deductible | In-network: \$45 primary/\$65 specialty Out-of-network: 50% after deductible |
| Urgent care | In-network: \$65 Out-of-network: 50% after deductible | In-network: \$65 Out-of-network: 50% after deductible |
| Retail prescription drugs¹ | In-network – Enhanced: \$20/\$50/40% ² /50% ² In-network – Standard: \$30/\$60/50% ² /50% ² Out-of-network: Not covered | In-network – Enhanced: \$20/\$50/40% ² /50% ² In-network – Standard: \$30/\$60/50% ² /50% ² Out-of-network: Not covered |
| Lab and basic X-ray | In-network: \$50 Out-of-network: 50% after deductible | In-network: \$50 Out-of-network: 50% after deductible |

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| Access PPO Network | Access PPO VisitsPlus Gold LX | Access PPO VisitsPlus Gold LX |
| Deductible | In-network: \$600 individual/\$1,200 family Out-of-network: \$1,200 individual/\$2,400 family | In-network: \$600 individual/\$1,200 family Out-of-network: \$1,200 individual/\$2,400 family |
| Member coinsurance | In-network: 20%/ Out-of-network: 50% | In-network: 20%/ Out-of-network: 50% |
| Out-of-pocket maximum | In-network: \$5,500 individual/\$11,000 family Out-of-network: No limit | In-network: \$5,500 individual/\$11,000 family Out-of-network: No limit |
| Office visit | In-network: \$30 primary/\$50 specialty Out-of-network: 50% after deductible | In-network: \$25 primary/\$50 specialty Out-of-network: 50% after deductible |
| Urgent care | In-network: \$50 Out-of-network: 50% after deductible | In-network: \$50 Out-of-network: 50% after deductible |
| Retail prescription drugs ¹ | In-network – Enhanced: \$15/\$45/35% ² /40% ² In-network – Standard: \$25/\$50/40% ² /40% ² Out-of-network: Not covered | In-network – Enhanced: \$15/\$45/35% ² /40% ² In-network – Standard: \$25/\$50/40% ² /40% ² Out-of-network: Not covered |
| Lab and basic X-ray | In-network: \$40 Out-of-network: 50% after deductible | In-network: \$40 Out-of-network: 50% after deductible |
| Access PPO Network | Access PPO VisitsPlus Gold HD LX | Access PPO VisitsPlus Gold HD LX |
| Deductible | In-network: \$1,500 individual/\$3,000 family Out-of-network: \$3,000 individual/\$6,000 family | In-network: \$1,500 individual/\$3,000 family Out-of-network: \$3,000 individual/\$6,000 family |
| Member coinsurance | In-network: 20%/ Out-of-network: 50% | In-network: 20%/ Out-of-network: 50% |
| Out-of-pocket maximum | In-network: \$6,000 individual/\$12,000 family Out-of-network: No limit | In-network: \$6,500 Individual/\$13,000 Family Out-of-network: No limit |
| Office visit | In-network: \$35 primary/\$55 specialty Out-of-network: 50% after deductible | In-network: \$30 primary/\$50 specialty Out-of-network: 50% after deductible |
| Urgent care | In-network: \$55 Out-of-network: 50% after deductible | In-network: \$50 Out-of-network: 50% after deductible |
| Retail prescription drugs ¹ | In-network – Enhanced: \$10/\$30/30% ² /40% ² In-network – Standard: \$25/\$50/40% ² /40% ² Out-of-network: Not covered | In-network – Enhanced: \$15/\$25/30% ² /40% ² In-network – Standard: \$20/50/40% ² /40% ² Out-of-network: Not covered |
| Lab and basic X-ray | In-network: \$40 Out-of-network: 50% after deductible | In-network: \$30 Out-of-network: 50% after deductible |

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| Access PPO Network | Access PPO VisitsPlus Platinum HD LX | Access PPO VisitsPlus Platinum HD LX |
| Deductible | In-network: \$500 individual/\$1,000 family Out-of-network: \$1,000 individual/\$2,000 family | In-network: \$500 individual/\$1,000 family Out-of-network: \$1,000 individual/\$2,000 family |
| Member coinsurance | In-network: 20%/ Out-of-network: 50% | In-network: 20%/ Out-of-network: 50% |
| Out-of-pocket maximum | In-network: \$2,700 individual/\$5,400 family Out-of-network: No limit | In-network: \$3,000 Individual/\$6,000 Family Out-of-network: No limit |
| Office visit | In-network: \$10 primary/\$25 specialty Out-of-network: 50% after deductible | In-network: \$10 primary/\$25 specialty Out-of-network: 50% after deductible |
| Urgent care | In-network: \$25 Out-of-network: 50% after deductible | In-network: \$25 Out-of-network: 50% after deductible |
| Retail prescription drugs ¹ | In-network – Enhanced: \$5/\$15/35%/40% ² In-network – Standard: \$10/\$20/40%/40% ² Out-of-network: Not covered | In-network – Enhanced: \$5/\$15/35%/40% ² In-network – Standard: \$10/\$20/40%/40% ² Out-of-network: Not covered |
| Lab and basic X-ray | In-network: \$20 Out-of-network: 50% after deductible | In-network: \$20 Out-of-network: 50% after deductible |
| Access PPO Network | Access PPO VisitsPlus Platinum LX | Access PPO VisitsPlus Platinum LX |
| Deductible | In-network: \$250 individual/\$500 family Out-of-network: \$500 individual/\$1,000 family | In-network: \$250 individual/\$500 family Out-of-network: \$500 individual/\$1,000 family |
| Member coinsurance | In-network: 10%/ Out-of-network: 50% | In-network: 10%/ Out-of-network: 50% |
| Out-of-pocket maximum | In-network: \$2,500 individual/\$5,000 family Out-of-network: No limit | In-network: \$2,500 individual/\$5,000 family Out-of-network: No limit |
| Office visit | In-network: \$20 primary/\$35 specialty Out-of-network: 50% after deductible | In-network: \$20 primary/\$35 specialty Out-of-network: 50% after deductible |
| Urgent care | In-network: \$35 Out-of-network: 50% after deductible | In-network: \$35 Out-of-network: 50% after deductible |
| Retail prescription drugs ¹ | In-network – Enhanced: \$5/\$15/35%/40% ² In-network – Standard: \$10/\$20/40%/40% ² Out-of-network: Not covered | In-network – Enhanced: \$5/\$15/35%/40% ² In-network – Standard: \$10/\$20/40%/40% ² Out-of-network: Not covered |
| Lab and basic X-ray | In-network: \$20 Out-of-network: 50% after deductible | In-network: \$20 Out-of-network: 50% after deductible |

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¹ Tiers are preferred generic, preferred brand, nonpreferred generic and brand, and specialty.

² Tier 3 and 4 prescription drug cost shares are subject to plan deductible.

Rates and plans are subject to Office of the Insurance Commissioner (OIC) approval.

2025 Cost Share Changes and Plan Mapping

Compare the benefits between your 2024 plan and the most similar 2025 plan

| | Current 2024 Plan | 2025 Plan |
|--|--|--|
| Summit PPO Network | Summit PPO Bronze HSA | Summit PPO Bronze HSA |
| Deductible | In-network: \$6,500 Individual/\$13,000 Family Out-of-network: \$13,000 Individual/\$26,000 Family | In-network: \$6,500 Individual/\$13,000 Family Out-of-network: \$13,000 Individual/\$26,000 Family |
| Member coinsurance | In-network Tier 1: 20% In-network Tier 2: 40% Out-of-network: 50% | In-network Tier 1: 20% In-network Tier 2: 40% Out-of-network: 50% |
| Out-of-pocket maximum | In-network: \$7,500 Individual/\$15,000 Family Out-of-network: No limit | In-network: \$7,250 Individual/\$14,500 Family Out-of-network: No limit |
| Office visit | In-network Tier 1: 20% after deductible In-network Tier 2: 40% after deductible Out-of-network: 50% after deductible | In-network Tier 1: 20% after deductible In-network Tier 2: 40% after deductible Out-of-network: 50% after deductible |
| Urgent care | In-network Tier 1: 20% after deductible In-network Tier 2: 40% after deductible Out-of-network: 50% after deductible | In-network Tier 1: 20% after deductible In-network Tier 2: 40% after deductible Out-of-network: 50% after deductible |
| Retail prescription drugs ¹ | In-network Tier 1: 20%/20%/40%/50% all after deductible In-network Tier 2: 50%/50%/50%/50% all after deductible Out-of-network: Not covered | In-network Tier 1: 20%/20%/40%/50% all after deductible In-network Tier 2: 50%/50%/50%/50% all after deductible Out-of-network: Not covered |
| Lab and basic X-ray | In-network Tier 1: 20% after deductible In-network Tier 2: 40% after deductible Out-of-network: 50% after deductible | In-network Tier 1: 20% after deductible In-network Tier 2: 40% after deductible Out-of-network: 50% after deductible |
| Summit PPO Network | Summit PPO VisitsPlus Silver LX | Summit PPO VisitsPlus Silver LX |
| Deductible | In-network: \$3,500 Individual/\$7,000 Family Out-of-network: \$7,000 Individual/\$14,000 Family | In-network: \$3,500 Individual/\$7,000 Family Out-of-network: \$7,000 Individual/\$14,000 Family |
| Member coinsurance | In-network Tier 1: 20% In-network Tier 2: 40% Out-of-network: 50% | In-network Tier 1: 20% In-network Tier 2: 40% Out-of-network: 50% |
| Out-of-pocket maximum | In-network: \$8,900 Individual/\$17,800 Family Out-of-network: No limit | In-network: \$8,000 Individual/\$16,000 Family Out-of-network: No limit |
| Office visit | In-network Tier 1: \$25 Primary/\$45 Specialty In-network Tier 2: \$45 Primary/\$65 Specialty Out-of-network: 50% after deductible | In-network Tier 1: \$25 Primary/\$45 Specialty In-network Tier 2: \$45 Primary/\$65 Specialty Out-of-network: 50% after deductible |
| Urgent care | In-network Tier 1: \$45 In-network Tier 2: \$65 Out-of-network: 50% after deductible | In-network Tier 1: \$45 In-network Tier 2: \$65 Out-of-network: 50% after deductible |
| Retail prescription drugs ¹ | In-network Tier 1: \$20/\$50/30% ² /50% ² In-network Tier 2: \$40/\$70/50% ² /50% ² Out-of-network: Not covered | In-network Tier 1: \$20/\$50/30% ² /50% ² In-network Tier 2: \$40/\$70/50% ² /50% ² Out-of-network: Not covered |
| Lab and basic X-ray | In-network Tier 1: \$30 In-network Tier 2: \$50 Out-of-network: 50% after deductible | In-network Tier 1: \$30 In-network Tier 2: \$50 Out-of-network: 50% after deductible |

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² Tier 3 and 4 prescription drug cost shares are subject to plan deductible.

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2025 Cost Share Changes and Plan Mapping

Compare the benefits between your 2024 plan and the most similar 2025 plan

| | Current 2024 Plan | 2025 Plan |
|--|--|--|
| Summit PPO Network | Summit PPO VisitsPlus Gold LX | Summit PPO VisitsPlus Gold LX |
| Deductible | In-network: \$1,500 Individual/\$3,000 Family Out-of-network: \$3,000 Individual/\$6,000 Family | In-network: \$1,500 Individual/\$3,000 Family Out-of-network: \$3,000 Individual/\$6,000 Family |
| Member coinsurance | In-network Tier 1: 10% In-network Tier 2: 30% Out-of-network: 50% | In-network Tier 1: 10% In-network Tier 2: 30% Out-of-network: 50% |
| Out-of-pocket maximum | In-network: \$6,500 Individual/\$13,000 Family Out-of-network: No limit | In-network: \$6,000 Individual/\$12,000 Family Out-of-network: No limit |
| Office visit | In-network Tier 1: \$10 Primary/\$30 Specialty In-network Tier 2: \$30 Primary/\$50 Specialty Out-of-network: 50% after deductible | In-network Tier 1: \$10 Primary/\$30 Specialty In-network Tier 2: \$30 Primary/\$50 Specialty Out-of-network: 50% after deductible |
| Urgent care | In-network Tier 1: \$30 In-network Tier 2: \$50 Out-of-network: 50% after deductible | In-network Tier 1: \$30 In-network Tier 2: \$50 Out-of-network: 50% after deductible |
| Retail prescription drugs¹ | In-network Tier 1: \$10/\$30/25% ² /45% ² In-network Tier 2: \$20/\$50/45% ² /45% ² Out-of-network: Not covered | In-network Tier 1: \$10/\$30/25% ² /45% ² In-network Tier 2: \$20/\$50/45% ² /45% ² Out-of-network: Not covered |
| Lab and basic X-ray | In-network Tier 1: \$20 In-network Tier 2: \$40 Out-of-network: 50% after deductible | In-network Tier 1: \$20 In-network Tier 2: \$40 Out-of-network: 50% after deductible |
| Summit PPO Network | Summit PPO VisitsPlus Platinum LX | Summit PPO VisitsPlus Platinum LX |
| Deductible | In-network: \$300 Individual/\$600 Family Out-of-network: \$600 Individual/\$1,200 Family | In-network: \$300 Individual/\$600 Family Out-of-network: \$600 Individual/\$1,200 Family |
| Member coinsurance | In-network Tier 1: 5% In-network Tier 2: 25% Out-of-network: 50% | In-network Tier 1: 5% In-network Tier 2: 25% Out-of-network: 50% |
| Out-of-pocket maximum | In-network: \$2,450 Individual/\$4,900 Family Out-of-network: No limit | In-network: \$2,450 Individual/\$4,900 Family Out-of-network: No limit |
| Office visit | In-network Tier 1: \$5 Primary/\$25 Specialty In-network Tier 2: \$25 Primary/\$40 Specialty Out-of-network: 50% after deductible | In-network Tier 1: \$5 Primary/\$25 Specialty In-network Tier 2: \$25 Primary/\$40 Specialty Out-of-network: 50% after deductible |
| Urgent care | In-network Tier 1: \$25 In-network Tier 2: \$40 Out-of-network: 50% after deductible | In-network Tier 1: \$25 In-network Tier 2: \$40 Out-of-network: 50% after deductible |
| Retail prescription drugs¹ | In-network Tier 1: \$5/\$10/30% ² /30% ² In-network Tier 2: \$25/\$30/50% ² /30% ² Out-of-network: Not covered | In-network Tier 1: \$5/\$10/30% ² /30% ² In-network Tier 2: \$25/\$30/50% ² /30% ² Out-of-network: Not covered |
| Lab and basic X-ray | In-network Tier 1: \$5 In-network Tier 2: \$25 Out-of-network: 50% after deductible | In-network Tier 1: \$5 In-network Tier 2: \$25 Out-of-network: 50% after deductible |

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