

2025 Plan Comparison

The deductible must be met before coinsurance rates apply.

Deductible, copays, and coinsurance apply to the out-of-pocket maximum.

All tiers cross-accumulate. The provider tier determines payment for the claim. The amount of the claim that applies to the deductible and out-of-pocket maximum will apply to all tiers.

Prescription drug deductible, copays, and coinsurance apply to Tier 1.

	CDHP 1			CDHP 2			Traditional		
	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network
Deductible									
Single	\$3,000	\$3,500	\$3,500	\$2,000	\$2,500	\$2,500	\$1,000	\$1,500	\$1,500
Family	\$6,000	\$7,000	\$7,000	\$4,000	\$5,000	\$5,000	\$2,000	\$3,000	\$3,000
Out-of-Pocket Maximum									
Single	\$4,500	\$5,000	\$5,000	\$3,500	\$4,000	\$4,000	\$2,500	\$3,000	\$3,000
Family	\$9,000	\$10,000	\$10,000	\$7,000	\$8,000	\$8,000	\$5,000	\$6,000	\$6,000
*Individual embedded	n/a	\$9,200	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Coinsurance Rates									
Office Visit	10%	30%	50%	10%	30%	50%	10%	30%	50%
Inpatient	10%	30%	50%	10%	30%	50%	10%	30%	50%
Emergency Room	10%	10%	10%	10%	10%	10%	10%	10%	10%
Urgent Care	10%	30%	50%	10%	30%	50%	10%	30%	50%
Wellness Prevention	0%	0%	50%	0%	0%	50%	0%	0%	50%

	CDHP 1		CDHP 2		Traditional	
	Base	Non-Tobacco Use	Base	Non-Tobacco Use	Base	Non-Tobacco Use
Employee Premium						
Single	\$68.06	\$33.06	\$82.58	\$47.58	\$141.02	\$106.02
Family	\$135.32	\$100.32	\$188.66	\$153.66	\$399.08	\$364.08
Employer Premium						
Single	\$295.86		\$308.82		\$339.12	
Family	\$879.60		\$905.52		\$966.12	
Employer HSA Contribution						
Single	\$1,124.76		\$787.80		\$0	
Family	\$2,249.52		\$1,575.60		\$0	

	Prescription Drug Coverage		
	Deductible must be met before coinsurance rates apply		
	Retail Pharmacy Network (Up to 30-day supply)	Mail Order Pharmacy (Up to 90-day supply)	Retail Pharmacy Network (Up to 90-day supply)
Preventive Medicines (mandated by the ACA)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)
Generic Medicines	\$10 copay	\$20 copay	\$30 copay
Preferred Brand-Name Medicines	20% Min \$30, Max \$50	20% Min \$60, Max \$100	20% Min \$90, Max \$150
Non-Preferred Brand-Name Medicines	40% Min \$50, Max \$70	40% Min \$100, Max \$140	40% Min \$150, Max \$210
Specialty Medicines	40% Min \$75, Max \$150 (30-day supply)		

