

Health Plan Summary Comparison Chart (excluding MA-PD plans)

Costs	Standard				High Deductible (Pair with Health Savings Account)			
	HMO		PPO		HMO and PPO		PPO Only	
Annual Deductible*	None		In Network \$250 Single \$500 Family	Out-of-Network \$750 Single \$1,500 Family	\$1,650 Single \$3,300 Family		\$2,500 Single \$5,000 Family	
Global In-Network Annual Out-of-Pocket Maximum	\$9,200 Per Individ. \$18,400 Per Family Combined Pharmacy and Medical		\$9,200 Per Individ. \$18,400 Per Family Combined Pharmacy and Medical		N/A		N/A	
Preventive Care ¹	No Charge		No Charge No Deductible	Amount between charge and out-of-network allowance; No Deductible	No Charge; No Deductible		Amount between charge and out-of-network allowance; No Deductible	
Primary Care	\$20 Copayment		\$15 Copayment		Deductible then 20% of network allowed amount	Deductible then 40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance		
Specialist	\$40 Copayment		\$25 Copayment					
Urgent Care	\$40 Copayment		\$25 Copayment					
Emergency Room	\$100 Copayment		\$100 Copayment					
Hospital Stay	\$250 Copayment		20% After \$250 Copayment		40% of out-of-network allowance plus the amount between the charge and the out-of-network allowance		Deductible then 20% of network allowed amount	
Prescription Drug	\$7 Generic \$30 Preferred \$50 Non-Preferred		\$7 Generic \$30 Preferred \$50 Non-Preferred		Pay in Full; File Claim for Reimbursement		After Paying Deductible, 30% Network Retail and Mail Order	
Up to 90-Day Supply	\$14 Generic \$60 Preferred \$100 Non-Preferred		\$14 Generic \$60 Preferred \$100 Non-Preferred				Pay in Full; File Claim for Reimbursement	

Monthly Premium ²	Standard						High Deductible Health Plan					
	Single	Spouse	Family	Over Age Dependent (Age 26-30)	COBRA	Retiree <Age 65	Single	Spouse	Family	Over Age	COBRA	Retiree <Age 65
Career Service	\$50	\$30	\$180	\$813.46	\$829.73	\$813.46	\$15	\$30	\$64.20	\$736.80	\$751.54 Single	\$736.80 Single
Select Exempt/ Sr. Mngmt. Service	\$8.34	\$30	\$30				\$8.34	\$30	\$30		\$1,664.69 Family	\$1,632.05 Family

Medicare Tiers ³	Medicare I	Medicare II	Medicare III	Medicare I	Medicare II	Medicare III
Retiree > 65 or SSI Disability	\$430.18	\$1,243.63	\$860.35	\$324.26	\$1,061.06	\$648.52
Capital Health Plan	\$290.66	\$1,241.33	\$581.32	\$264.55	\$1,110.12	\$529.10

1 Preventive care based on age and gender.

2 We deduct your premium in advance (e.g., December 2024 for Jan. 1, 2025 coverage).

3 Medicare I = single coverage for retired participant eligible for Medicare. Medicare II = family coverage for two or more and at least one is Medicare eligible. Medicare III = family coverage for retiree and one dependent, and both are Medicare eligible.