

**Plan Year: October 1, 2024 –  
September 30, 2025**

**BASE PLAN  
(with HSA)**

**PREMIUM PLAN**

**IN-NETWORK – Allied**

**DEDUCTIBLE**

Individual / Family	\$3,200 / \$6,400*	\$1,500 / \$3,000*
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\*If enrolled as a family, each covered member only needs to satisfy their individual deductible / out-of-pocket max

**MAXIMUM OUT-OF-POCKET**

Individual / Family	\$5,000 / \$10,000*	\$3,000 / \$6,000*
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**PREVENTIVE CARE**

Preventive Care – Annual Well Check, Immunizations, and Other Related Services	\$0
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Diabetic Medications – Select Diagnostic Products, Antidiabetics, and Medical Devices	\$0
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**FACILITY VISITS**

Teladoc	\$0	\$0
Primary Care	You pay 15% after deductible	\$30 copay
Specialist Visits	You pay 15% after deductible	\$50 copay
Inpatient Hospital	You pay 15% after deductible	\$250 copay per day; 5-day max.
Outpatient Surgery	You pay 15% after deductible	You pay 5% after deductible
Emergency Room	You pay 15% after deductible	\$250 copay, waived if admitted
Urgent Care	You pay 15% after deductible	\$50 Copay
Imaging or Procedure through KISx Card	You pay \$0 after deductible	\$0

**OUTPATIENT DIAGNOSTIC SERVICES (Freestanding)**

X-Ray Services	You pay 15% after deductible	\$50 copay
CT/PET Scan, MRI	You pay 15% after deductible	US Imaging: \$0 Other Provider: \$200 copay

**PRESCRIPTIONS**

Maximum Out-of-Pocket for Prescriptions	Combined with medical	\$1,000 / \$2,000
Rx Deductible – Retail	Combined with medical	\$100 per family unit
Tier 1 – Generic	You pay \$15 after deductible	You pay \$15 after deductible
Tier 2 – Preferred	You pay \$35 after deductible	You pay \$35 after deductible
Tier 3 – Nonpreferred	You pay \$60 after deductible	You pay \$60 after deductible
Specialty – Administered by PaydHealth	You pay 20% or \$250 after deductible, whichever is greater	You pay 20% or \$250, whichever is greater

**OUT-OF-NETWORK – Refer to Summary of Benefits and Coverage**

**BI-WEEKLY COST FOR MEDICAL, VISION & PRESCRIPTION COVERAGE**

Team Member Only	\$68.29	\$121.39
Team Member + Spouse	\$168.82	\$287.97
Team Member + Child(ren)	\$134.63	\$237.75
Team Member + Family	\$238.37	\$400.27

**Successful completion of the Passport to Health Wellness Program allows you to save \$38.46 per pay (\$1,000 per year) on your medical, vision & prescription coverage.**