

<b>PPO, EPO and Select PPO Plans</b>	<b>Benefit Category</b>	<b>2024 Benefit</b>	<b>2025 Benefit</b>
<b>PPO/Select PPO HSA PRx 1600</b>	Plan Name	<ul style="list-style-type: none"> <li>HSA 1600</li> </ul>	<ul style="list-style-type: none"> <li>HSA PRx 1650</li> </ul>
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> <li>\$1,600 individual</li> <li>\$3,200 family, embedded</li> <li>\$3,200 per member</li> </ul>	<ul style="list-style-type: none"> <li>\$1,650 individual</li> <li>\$3,300 family, embedded</li> <li>\$3,300 per member</li> </ul>
	Calendar Year Deductible: Out-of-Network	<ul style="list-style-type: none"> <li>\$3,200 individual</li> <li>\$6,400 family</li> </ul>	<ul style="list-style-type: none"> <li>\$3,300 individual</li> <li>\$6,600 family</li> </ul>
<b>PPO/Select PPO HSA PRx 1800</b>	Plan Name	<ul style="list-style-type: none"> <li>HSA 1800</li> </ul>	<ul style="list-style-type: none"> <li>HSA PRx 1850</li> </ul>
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> <li>\$1,800 individual</li> <li>\$3,600 family, embedded</li> <li>\$3,200 per member</li> </ul>	<ul style="list-style-type: none"> <li>\$1,850 individual</li> <li>\$3,700 family, embedded</li> <li>\$3,300 per member</li> </ul>
	Calendar Year Deductible: Out-of-Network	<ul style="list-style-type: none"> <li>\$3,600 individual</li> <li>\$7,200 family</li> </ul>	<ul style="list-style-type: none"> <li>\$3,700 individual</li> <li>\$7,400 family</li> </ul>
<b>PPO/Select PPO HSA PRx 2000</b>	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> <li>\$4,000 family, embedded</li> <li>\$3,200 per member</li> </ul>	<ul style="list-style-type: none"> <li>\$4,000 family, embedded</li> <li>\$3,300 per member</li> </ul>
<b>PPO/Select PPO/EPO HSA PRx 3000</b>	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> <li>\$6,000 family, embedded</li> <li>\$3,200 per member</li> </ul>	<ul style="list-style-type: none"> <li>\$6,000 family, embedded</li> <li>\$3,300 per member</li> </ul>
<b>PPO/Select PPO HSA PRx 5000</b>	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> <li>\$7,900 individual</li> <li>\$15,800 family</li> </ul>	<ul style="list-style-type: none"> <li>\$8,300 individual</li> <li>\$16,600 family</li> </ul>
	Out-of-Pocket Maximum: Out-of-Network	<ul style="list-style-type: none"> <li>\$15,800 per member</li> </ul>	<ul style="list-style-type: none"> <li>\$16,600 per member</li> </ul>
<b>PPO/Select PPO HSA PRx 6350</b>	Plan Name	HSA PRx 6350	HSA PRx 6500
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> <li>\$6,350 individual</li> <li>\$12,700 family</li> </ul>	<ul style="list-style-type: none"> <li>\$6,500 individual</li> <li>\$13,000 family</li> </ul>
	Calendar Year Deductible: Out-of-Network	<ul style="list-style-type: none"> <li>\$12,700 individual</li> <li>\$25,400 family</li> </ul>	<ul style="list-style-type: none"> <li>\$13,000 individual</li> <li>\$26,000 family</li> </ul>
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> <li>\$7,900 individual</li> <li>\$15,800 family</li> </ul>	<ul style="list-style-type: none"> <li>\$8,300 individual</li> <li>\$16,600 family</li> </ul>
	Out-of-Pocket Maximum: Out-of-Network	<ul style="list-style-type: none"> <li>\$15,800 member</li> </ul>	<ul style="list-style-type: none"> <li>\$16,600 per member</li> </ul>
<b>PPO/Select PPO 30/1250</b>	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> <li>\$7,750 individual</li> <li>\$15,500 family</li> </ul>	<ul style="list-style-type: none"> <li>\$7,500 individual</li> <li>\$15,000 family</li> </ul>
	Out-of-Pocket Maximum: Out-of-Network	<ul style="list-style-type: none"> <li>\$15,500 per member</li> </ul>	<ul style="list-style-type: none"> <li>\$15,000 per member</li> </ul>
	In-Network Coinsurance	<ul style="list-style-type: none"> <li>30%</li> </ul>	<ul style="list-style-type: none"> <li>25%</li> </ul>
<b>PPO/Select PPO 75/7250</b>	Plan Name	<ul style="list-style-type: none"> <li>75/7250</li> </ul>	<ul style="list-style-type: none"> <li>75/7250/OV1</li> </ul>
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> <li>Applies to all office visits</li> </ul>	<ul style="list-style-type: none"> <li>Waived for the 1<sup>st</sup> office visit (applies to PCP, Specialist and Urgent Care combined)</li> </ul>
<b>Dental PPO Plans</b>	<b>Benefit Category</b>	<b>2024 Benefit</b>	<b>2025 Benefit</b>
<b>Dental PPO</b>	Annual Plan Maximum	<ul style="list-style-type: none"> <li>\$1,500 per person</li> </ul>	<ul style="list-style-type: none"> <li>\$2,000 per person</li> </ul>

**Note: Family Deductibles and Out-of-Pockets have an embedded amount equivalent to the Individual amounts unless specified otherwise.**

**No change to the following renewing plans:**Medical/Rx Plans:

- PPO and Select PPO HSA PRx 3900
- PPO and Select PPO 10/0
- PPO, Select PPO and EPO 25/750
- PPO and Select PPO 30/1000
- PPO and Select PPO 45/1850
- PPO and Select PPO 45/2250
- PPO and Select PPO 45/2850
- PPO and Select PPO 65/4250
- PPO and Select PPO 50/6250/OV3
- HMO and Select HMO 10/0
- HMO and Select HMO 35/0
- HMO and Select HMO 25/1500
- HMO and Select HMO 30/3000

Vision Plans: All vision plans renewing with no benefit changes.

Life/LTD Plans: All Life/LTD policies renewing with no benefit changes.

**Terminated plans:**

- PPO, EPO and Select PPO 50/2500

**New plan for 2025**

- EPO 45/2850: Please see Summary of Benefits for an overview of the benefits.

**Note: Family Deductibles and Out-of-Pockets have an embedded amount equivalent to the Individual amounts unless specified otherwise.**