

# 2025 Medical Plan Highlights

## HEALTH SAVINGS PLAN OPTION WITH HSA (HSPO)

Please refer to plan materials for complete details. If there are any inconsistencies between this summary of medical benefits and the official plan documents, the plan documents will govern.

Plan Provision	In-Network	Out-of-Network
<b>Benefits &amp; Provisions</b>		
<b>Calendar Year Deductible</b>	The amount you must pay prior to plan paying any benefits, except when copay applies or where otherwise noted. Combined for in and out-of-network.	
<ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> </ul>	\$2,000 \$4,000	\$4,000 \$8,000
<b>Coinsurance (Percent paid by you)</b>	<b>Your share of the Maximum Allowed Amount (MAA) charges once the annual deductible has been satisfied</b>	
% Coinsurance after deductible	10%	40%
<b>Annual out-of-pocket maximum (OOPM)</b>	<b>Once the annual OOPM has been met, plan will pay 100% of the MAA charges for the remainder of the year. Copays, deductibles and coinsurance apply to the OOPM. OOPMs are not combined for in and out-of-network.</b>	
<ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> </ul>	\$4,000 \$8,000	\$7,200 \$14,400
<b>Health Savings Account – annual limit</b> <ul style="list-style-type: none"> <li>• Individual</li> <li>• Individual + Dependent(s)</li> </ul> If age 55 or older may contribute an an extra \$1,000	Individual - \$4,300 Family - \$8,550 Over 55 - \$5,300/\$9,550	
<b>Employer Contribution (partners not eligible)</b> <ul style="list-style-type: none"> <li>• Individual</li> <li>• Individual + Dependent(s)</li> </ul>	Employer contribution included in annual limit \$850 \$1,500	
<b>Office Visits</b>		
Office Visit: Primary Care	10% after deductible	40% of MAA after deductible
Office Visit: Specialist	10% after deductible	40% of MAA after deductible
Allergy testing/injections	10% after deductible	40% of MAA after deductible
Second surgical opinion	10% after deductible	40% of MAA after deductible
<b>Preventive Care</b>		
Routine exams, screenings, immunizations, X-ray and lab for routine physicals	\$0	40% of MAA after deductible
Well-child checkups (through age 17 - includes routine immunizations)	\$0	40% of MAA after deductible
Routine GYN exam (one per calendar year)	\$0	40% of MAA after deductible
Mammography screening (per ACS schedule)	\$0	40% of MAA after deductible
Colon/prostate screening	\$0	40% of MAA after deductible
Osteoporosis screening	\$0	40% of MAA after deductible
Colonoscopy	\$0	40% of MAA after deductible

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<b>Diagnostic Services</b>		
Advanced Imaging (CT Scan, MRI, PET Scan, Nuclear Med.)	10% after deductible	40% of MAA after deductible
Other Imaging (x-ray, sonogram)	10% after deductible	40% of MAA after deductible
Labs and other services	10% after deductible	40% of MAA after deductible
<b>Emergency Services/Urgent Care</b>		
Emergency Room	10% of MAA after deductible	
Ambulance	10% of MAA after deductible	
Urgent Care	10% after deductible	40% of MAA after deductible
<b>Hospital Facility/Surgical Procedures (Requires Pre-Authorization)</b>		
Inpatient Hospitalization (room & board; services & supplies)	10% after deductible	40% of MAA after deductible
Outpatient Facility or Ambulatory Surgical Facility	10% after deductible	40% of MAA after deductible
<b>Hospital Physician Charges</b>		
Inpatient	10% after deductible	40% of MAA after deductible
Outpatient	10% after deductible	40% of MAA after deductible
<b>Reproductive Health</b>		
<b>Maternity</b>		
Initial visit	10% after deductible	40% of MAA after deductible
Prenatal and postpartum office visits	10% after deductible	40% of MAA after deductible
Physician charges for delivery - inpatient (vaginal/ cesarean)	10% after deductible	40% of MAA after deductible
Hospital care - room & board, services & supplies (inpatient admission requires pre-authorization)	10% after deductible	40% of MAA after deductible
<b>Infertility</b>		
For comprehensive assistance and information, enroll in Maven at <a href="https://mavenclinic.com/join/takecare">mavenclinic.com/join/takecare</a> and reach out to <a href="mailto:support@mavenclinic.com">support@mavenclinic.com</a> with any questions.		
Evaluation and consultation	10% after deductible	40% of MAA after deductible
Invitro hospital care - room & board, services & supplies	10% after deductible	40% of MAA after deductible
Invitro physician charges	10% after deductible	40% of MAA after deductible
	\$30,000 lifetime maximum (combined with Artificial Insemination)	
Artificial insemination hospital care - Room & board, services & supplies	10% after deductible	40% of MAA after deductible
Artificial insemination physician charges	10% after deductible	40% of MAA after deductible
	\$30,000 lifetime maximum (combined with Invitro)	
Other reproductive health services such as abortion and sterilization services are covered as any other Inpatient, Outpatient, or Office Based procedure. Reversal of Sterilization is not covered.		
DLA families enrolled in a firm-sponsored medical plan will have free access to Maven as your virtual health benefit for fertility and family building, pregnancy, postpartum, parenting and menopause support. Maven lets you meet and message with 35+ provider types 24/7 – saving you time and money with same-day access to specialists. Enroll in Maven at <a href="https://mavenclinic.com/join/takecare">mavenclinic.com/join/takecare</a> and reach out to <a href="mailto:support@mavenclinic.com">support@mavenclinic.com</a> with any questions.		

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<b>Therapy Services (requires pre-authorization where noted)</b>		
Physical therapy, Occupational therapy, Chiropractic care	10% after deductible	40% of MAA after deductible
	24 visits per calendar year maximum – more than 24 visits must be pre-authorized and case managed. Maximum combines PT/OT/Chiropractic care	
Massage therapies, christian science practitioner and diet therapy	10% of MAA after deductible	
	24 visits per calendar year maximum Maximum combines acupuncture/massage/CS/DT	
Acupuncture	10% after deductible	40% of MAA after deductible
	24 visits per calendar year maximum Maximum combines acupuncture/massage/CS/DT	
Speech therapy	10% after deductible	40% of MAA after deductible
	24 visits per calendar year maximum - more than 24 visits per calendar year must be pre-authorized and case managed	
<b>Mental Health &amp; Substance Abuse</b>		
Inpatient care - (requires pre-authorization)	<u>Inpatient Hospital Charges</u> : 10% after deductible	<u>Inpatient Hospital Charges</u> : 40% of MAA after deductible
	<u>Inpatient Physican Charges</u> : 10% after deductible	<u>Inpatient Physican Charges</u> : 40% of MAA after deductible
Outpatient	<u>Office Based</u> : 10% after deductible <u>Other Outpatient</u> : 10% after deductible	40% of MAA after deductible
Pervasive Developmental Disorder or Autism (requires pre-authorization)	<u>Inpatient</u> : 10% after deductible <u>Outpatient</u> : 10% after deductible <u>Applied Behavioral Analysis</u> : 10% after deductible	40% of MAA after deductible
<b>Medical Equipment</b>		
Prosthetic appliance (requires pre-authorization)	10% after deductible	40% of MAA after deductible
	No calendar year maximum	
Durable medical equipment	10% after deductible	40% of MAA after deductible
	No calendar year maximum	
<b>Extended Care Services</b>		
Private duty nursing (pre-authorization required and case mgmt) 20% penalty if not authorized must be medically necessary or not covered	10% after deductible	40% of MAA after deductible
Health care - facility (rehabilitation/chronic care) - must be pre-authorized (skilled nursing facility)	10% after deductible	40% of MAA after deductible
	120 day maximum per calendar year	
Home health care (requires pre-authorization)	10% after deductible	40% of MAA after deductible
Hospice care - facility & respite care (requires pre-authorization)	10% after deductible 210 day lifetime maximum	40% of MAA after deductible 210 day lifetime maximum

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<b>Prescription Drugs (provided through Express Scripts)</b>		
<b>Retail (30-day supply; 90-day supply available for 2x copay for Generic and Brand Name Prescription Drugs)</b>		
Generic	\$10 for up to 30-day supply after deductible	Not applicable
Brand name/formulary <sup>1</sup>	10% after deductible	Not applicable
Brand name/non-formulary <sup>1</sup>	10% after deductible	Not applicable
Specialty	\$105 after deductible	Not applicable
<b>Mail-order (90-day supply)</b>		
Generic	\$20 after deductible	Not applicable
Brand name/formulary <sup>1</sup>	10% after deductible	Not applicable
Brand name/non-formulary <sup>1</sup>	10% after deductible	Not applicable
Specialty	\$105 after deductible	Not applicable
NOTE: Certain drugs require prior-authorization and others may be excluded. Please refer to Fusion for details.		

<sup>1</sup> If member requests brand medication when there is a generic available, the member will pay the copay plus the difference between the cost of the brand name medication and the generic medication.

<sup>2</sup> Prescriptions drugs obtained from an out-of-network pharmacy will not be covered under the plan.

### Many generic preventive medications are covered at 100%

Generic medications and supplies for conditions such as high blood pressure, high cholesterol, and diabetes to name a few, are covered in full even prior to meeting the deductible. For more information, refer to the Express Scripts 2025 HSA Preventive Drug List located on the Prescription Drug Plan page on Fusion.