

2025 Medical Plan Highlights

PPO

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
Benefits & Provisions		
Calendar Year Deductible	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"> • Individual \$1,000 • Family \$2,500 		<ul style="list-style-type: none"> \$2,000 \$5,000
Coinsurance (Percent paid by you)	Your share of the Maximum Allowed Amount (MAA) charges once the annual deductible has been satisfied	
% Coinsurance after deductible	20%	40%
Annual out-of-pocket maximum (OOPM)	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.	
Medical OOPM <ul style="list-style-type: none"> • Individual \$4,000 • Family \$10,000 		<ul style="list-style-type: none"> \$8,000 \$20,000
Prescription drug OOPM <ul style="list-style-type: none"> • Individual \$2,000 • Family \$4,000 		Not applicable
Office Visits		
Office Visit: Primary Care	\$25 copay	40% of MAA after deductible
Office Visit: Specialist	\$40 copay	40% of MAA after deductible
Allergy testing/injections	\$25 copay	40% of MAA after deductible
Second surgical opinion	\$25 copay	40% of MAA after deductible
Preventive Care		
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
Diagnostic Services		
Advanced Imaging (CT Scan, MRI, PET Scan, Nuclear Med.)	20% after deductible	40% of MAA after deductible
Other Imaging (x-ray, sonogram)	20% after deductible	40% of MAA after deductible
Labs and other services	20% after deductible	40% of MAA after deductible

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Emergency Services/Urgent Care		
Emergency Room (copays waived if admitted)	\$150 copay (plan will pay 100% MAA after copay)	
Ambulance	\$0 (plan will pay 100% of MAA)	
Urgent Care	\$40 copay	40% of MAA after deductible
Hospital Facility/Surgical Procedures (Requires Pre-Authorization)		
Inpatient Hospitalization (room & board; services & supplies)	20% after deductible	40% of MAA after deductible
Outpatient Facility or Ambulatory Surgical Facility	20% after deductible	40% of MAA after deductible
Hospital Physician Charges		
Inpatient	20% after deductible	40% of MAA after deductible
Outpatient	20% after deductible	40% of MAA after deductible
Reproductive Health		
Maternity		
Initial visit	\$25 copay	40% of MAA after deductible
Prenatal and postpartum office visits	\$0	40% of MAA after deductible
Physician charges for delivery - inpatient (vaginal/ cesarean)	20% after deductible	40% of MAA after deductible
Hospital care - room & board, services & supplies (inpatient admission requires pre-authorization)	20% after deductible	40% of MAA after deductible
Infertility For comprehensive assistance and information, enroll in Maven at mavenclinic.com/join/takecare and reach out to support@mavenclinic.com with any questions.		
Evaluation and consultation	\$25 copay	40% of MAA after deductible
Invitro hospital care - room & board, services & supplies	<u>Inpatient</u> : 20% after deductible <u>Outpatient</u> : 20% after deductible <u>Office Based</u> : 20% after deductible	40% of MAA after deductible
Invitro physician charges	20% after deductible	40% of MAA after deductible
	\$30,000 lifetime maximum (combined with Artificial Insemination)	
Artificial insemination hospital care - Room & board, services & supplies	<u>Inpatient</u> : 20% after deductible <u>Outpatient</u> : 20% after deductible <u>Office Based</u> : 20% after deductible	40% of MAA after deductible
Artificial insemination physician charges	20% 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 mavenclinic.com/join/takecare and reach out to support@mavenclinic.com with any questions.		

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Therapy Services (requires pre-authorization where noted)		
Physical therapy, Occupational therapy, Chiropractic care	\$25 copay + 20%	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	\$25 copay + 20%	
	24 visits per calendar year maximum Maximum combines acupuncture/massage/CS/DT	
Acupuncture	\$25 copay + 20%	40% of MAA after deductible
	24 visits per calendar year maximum Maximum combines acupuncture/massage/CS/DT	
Speech therapy	\$25 copay + 20%	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	
Mental Health & Substance Abuse		
Inpatient care - (requires pre-authorization)	<u>Inpatient Hospital Charges:</u> 20% after deductible	<u>Inpatient Hospital Charges:</u> 40% of MAA after deductible
	<u>Inpatient Physician Charges:</u> 20% after deductible	<u>Inpatient Physician Charges:</u> 40% of MAA after deductible
Outpatient	<u>Office Based:</u> \$0 copay <u>Other Outpatient:</u> 20%	40% of MAA after deductible
Pervasive Developmental Disorder or Autism (requires pre-authorization)	<u>Outpatient:</u> \$25 or \$40 copay depending upon specialty <u>Applied Behavioral Analysis:</u> 20% after deductible	40% of MAA after deductible
Medical Equipment		
Prosthetic appliance (requires pre-authorization)	20% after deductible	40% of MAA after deductible
	No calendar year maximum	
Durable medical equipment	20% after deductible	40% of MAA after deductible
	No calendar year maximum	
Extended Care Services		
Private duty nursing (pre-authorization required and case mgmt) 20% penalty if not authorized must be medically necessary or not covered	20% after deductible	40% of MAA after deductible
Health care - facility (rehabilitation/chronic care) - must be pre-authorized (skilled nursing facility)	20% after deductible	40% of MAA after deductible
	120 day maximum per calendar year	
Home health care (requires pre-authorization)	20% after deductible	40% of MAA after deductible
Hospice care - facility & respite care (requires pre-authorization)	\$0 after deductible 210 day lifetime maximum	40% of MAA after deductible 210 day lifetime maximum

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Plan Provision	In-Network	Out-of-Network ²
Prescription Drugs (provided through Express Scripts)		
Retail (30-day supply; 90-day supply available for 2x copay for Generic and Brand Name Prescription Drugs)		
Annual prescription OOPM		
• Individual	\$2,000	Not applicable
• Family	\$4,000	
Generic	\$10 for up to 30-day supply	Not applicable
Brand name/formulary¹	\$35	Not applicable
Brand name/non-formulary¹	\$60	Not applicable
Specialty	\$105	Not applicable
Mail-order (90-day supply)		
Generic	\$20	Not applicable
Brand name/formulary¹	\$70	Not applicable
Brand name/non-formulary¹	\$120	Not applicable
Specialty	\$105	Not applicable
NOTE: Certain drugs require prior-authorization and others may be excluded. Please refer to Fusion for details.		

¹ 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.

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