

# 2025 Medical Plan Highlights

## PLUS POINT BRONZE 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
<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 \$5,000</li> <li>• Family \$10,000</li> </ul>		<ul style="list-style-type: none"> <li>\$10,000</li> <li>\$20,000</li> </ul>
<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	30%	50%
<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>	
<b>Medical OOPM</b> <ul style="list-style-type: none"> <li>• Individual \$8,500</li> <li>• Family \$17,000</li> </ul>		<ul style="list-style-type: none"> <li>\$17,000</li> <li>\$34,000</li> </ul>
<b>Prescription drug OOPM</b> <ul style="list-style-type: none"> <li>• Individual \$1,600</li> <li>• Family \$3,200</li> </ul>		Not applicable
<b>Office Visits</b>		
Office Visit: Primary Care	\$50 copay	50% of MAA after deductible
Office Visit: Specialist	\$75 copay	50% of MAA after deductible
Allergy testing/injections	\$50 copay	50% of MAA after deductible
Second surgical opinion	\$50 copay	50% of MAA after deductible
<b>Preventive Care</b>		
Routine exams, screenings, immunizations, X-ray and lab for routine physicals	\$0	50% of MAA after deductible
Well-child checkups (through age 17 - includes routine immunizations)	\$0	50% of MAA after deductible
Routine GYN exam (one per calendar year)	\$0	50% of MAA after deductible
Mammography screening (per ACS schedule)	\$0	50% of MAA after deductible
Colon/prostate screening	\$0	50% of MAA after deductible
Osteoporosis screening	\$0	50% of MAA after deductible
Colonoscopy	\$0	50% of MAA after deductible
<b>Diagnostic Services</b>		
Advanced Imaging (CT Scan, MRI, PET Scan, Nuclear Med.)	30% after deductible	50% of MAA after deductible
Other Imaging (x-ray, sonogram)	30% after deductible	50% of MAA after deductible
Labs and other services	30% after deductible	50% of MAA after deductible

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<b>Emergency Services/Urgent Care</b>		
Emergency Room (copays waived if admitted)	\$250 copay (plan will pay 100% MAA after copay)	
Ambulance	\$0 (plan will pay 100% of MAA)	
Urgent Care	30% after meeting deductible	50% of MAA after deductible
<b>Hospital Facility/Surgical Procedures (Requires Pre-Authorization)</b>		
Inpatient Hospitalization (room & board; services & supplies)	30% after deductible	50% of MAA after deductible
Outpatient Facility or Ambulatory Surgical Facility	30% after deductible	50% of MAA after deductible
<b>Hospital Physician Charges</b>		
Inpatient	30% after deductible	50% of MAA after deductible
Outpatient	30% after deductible	50% of MAA after deductible
<b>Reproductive Health</b>		
<b>Maternity</b>		
Initial visit	30% after deductible	50% of MAA after deductible
Prenatal and postpartum office visits	\$0	50% of MAA after deductible
Physician charges for delivery - inpatient (vaginal/ cesarean)	30% after deductible	50% of MAA after deductible
Hospital care - room & board, services & supplies (inpatient admission requires pre-authorization)	30% after deductible	50% 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	30% after deductible	50% of MAA after deductible
Invitro hospital care - room & board, services & supplies	<u>Inpatient:</u> 30% after deductible <u>Outpatient:</u> 30% after deductible <u>Office Based:</u> 30% after deductible	50% of MAA after deductible
Invitro physician charges	0% after deductible \$30,000 lifetime maximum (combined with Artificial Insemination)	50% of MAA after deductible
Artificial insemination hospital care - Room & board, services & supplies	<u>Inpatient:</u> 30% after deductible <u>Outpatient:</u> 30% after deductible <u>Office Based:</u> 30% after deductible	50% of MAA after deductible
Artificial insemination physician charges	30% after deductible \$30,000 lifetime maximum (combined with Invitro)	50% of MAA after deductible
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	30% after deductible	50% 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	30% after deductible	
	24 visits per calendar year maximum Maximum combines acupuncture/massage/CS/DT	
Acupuncture	30% after deductible	50% of MAA after deductible
	24 visits per calendar year maximum Maximum combines acupuncture/massage/CS/DT	
Speech therapy	30% after deductible	50% 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> 30% after deductible <u>Inpatient Physican Charges:</u> 30% after deductible	<u>Inpatient Hospital Charges:</u> 50% of MAA after deductible <u>Inpatient Physican Charges:</u> 50% of MAA after deductible
Outpatient	<u>Office Based:</u> \$50/copay <u>Other Outpatient:</u> 30% after deductible	50% of MAA after deductible
Pervasive Developmental Disorder or Autism (requires pre-authorization)	<u>Outpatient:</u> 30% after deductible <u>Applied Behavioral Analysis:</u> 30% after deductible	50% of MAA after deductible
<b>Medical Equipment</b>		
Prosthetic appliance (requires pre-authorization)	30% after deductible	50% of MAA after deductible
	No calendar year maximum	
Durable medical equipment	30% after deductible	50% 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	30% after deductible	50% of MAA after deductible
Health care - facility (rehabilitation/chronic care) - must be pre-authorized (skilled nursing facility)	30% after deductible	50% of MAA after deductible
	120 day maximum per calendar year	
Home health care (requires pre-authorization)	30% after deductible	50% of MAA after deductible
Hospice care - facility & respite care (requires pre-authorization)	30% after deductible 210 day lifetime maximum	50% of MAA after deductible 210 day lifetime maximum

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Plan Provision	In-Network	Out-of-Network <sup>2</sup>
<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>		
<b>Annual prescription OOPM</b> • Individual • Family	\$1,600 \$3,200	Not applicable
<b>Generic</b>	\$15 for up to 30-day supply	Not applicable
<b>Brand name/formulary<sup>1</sup></b>	\$50	Not applicable
<b>Brand name/non-formulary<sup>1</sup></b>	\$100	Not applicable
<b>Specialty</b>	\$150	Not applicable
<b>Mail-order (90-day supply)</b>		
<b>Generic</b>	\$30	Not applicable
<b>Brand name/formulary<sup>1</sup></b>	\$100	Not applicable
<b>Brand name/non-formulary<sup>1</sup></b>	\$200	Not applicable
<b>Specialty</b>	\$150	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.