



2025 Triple Choice Plan Summary of Options

	Tier 1	Tier 2	Tier 3
Deductible	\$200 individual* \$400 family*	\$1,000 individual* \$2,000 family*	\$5,000 individual* \$10,000 family*
Out-of-Pocket Max	\$7,350 individual** \$14,700 family**		\$8,700 individual** \$17,400 family**
In-Patient Hospital	You pay \$250 after deductible		You pay 50% after deductible
Primary Care	You pay \$20 after deductible		You pay 50% after deductible
Specialist	You pay \$40 after deductible		You pay 50% after deductible
Preventive Care	FREE		You pay 50% after deductible
Urgent Care	You pay \$75 after deductible		You pay 50% after deductible
Emergency Care	You pay \$200 after deductible		You pay 50% after deductible
Individual	Not Applicable		
Family	Not Applicable		

*Deductible is per individual, not to exceed the stated amount per family. Copay or coinsurance applies after deductible has been met. Deductible does not apply to preventive care or pharmacy. Tier 1 deductible applies to Tier 2 and Tier 2 deductible applies to Tier 1. Out-of-network deductible is separate and does not apply to Tier 1 or Tier 2 services.

**Deductible and copayments for covered medical and pharmacy services apply to the out-of-pocket maximum. Once the out-of-pocket maximum has been reached for the year, the Plan will pay 100% for all covered services the remainder of the year.