

2025 NATIONAL PPO PLANS

National Plan Summaries for plans administered by AETNA and ANTHEM

Aetna Network: Aetna Premier Care

Anthem Network: BlueCard PPO (Traditional Network for Utah only)



| | \$400 DEDUCTIBLE PPO | | \$900 DEDUCTIBLE PPO | | \$1,850 DEDUCTIBLE WITH HSA ** | | \$3,300 DEDUCTIBLE WITH HSA | |
|--|--|--------------------------------|--|--------------------------------|--|--------------------------------|--|--------------------------------|
| | IN-NETWORK | OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* |
| Deductible (Single/Family) | \$400/\$800 | \$2,500/\$5,000 | \$900/\$1,800 | \$3,000/\$6,000 | \$1,850/\$3,700 | \$3,700/\$7,400 | \$3,300/\$6,600 | \$6,600/\$13,200 |
| Out-of-Pocket Max (Single/Family) | \$2,200/\$4,400 | \$4,400/\$8,800 | \$3,000/\$6,000 | \$6,000/\$12,000 | \$3,500/\$6,500 | \$7,000/\$13,000 | \$5,500/\$11,000 | \$11,000/\$22,000 |
| Coinsurance | 80% | 60% | 80% | 60% | 80% | 60% | 70% | 50% |
| Preventive Care | Plan pays 100% | Plan pays 60% after deductible | Plan pays 100% | Plan pays 60% after deductible | Plan pays 100% | Plan pays 60% after deductible | Plan pays 100% | Plan pays 50% after deductible |
| PCP Office Visit | You pay \$20 | Plan pays 60% after deductible | You pay \$40 | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 70% after deductible | Plan pays 50% after deductible |
| Specialist Office Visit | You pay \$40 | Plan pays 60% after deductible | You pay \$80 | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 70% after deductible | Plan pays 50% after deductible |
| LiveHealth Online Telehealth Consultation | You pay \$10 | Not applicable | You pay \$10 | Not applicable | You pay \$55, or \$10 after you have met your deductible | Not applicable | You pay \$55, or \$10 after you have met your deductible | Not applicable |
| Prenatal Office Visits | You pay \$40 first visit, then covered in full | Plan pays 60% after deductible | You pay \$80 first visit, then covered in full | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 70% after deductible | Plan pays 50% after deductible |

*Out-of-network reimbursement up to Reasonable and Customary limits.

**True Family Deductible: Under the \$1,850 Deductible Plan, the plan begins to pay benefits for any person covered under a family plan only after the entire family deductible has been met.

| | \$400 DEDUCTIBLE PPO | | \$900 DEDUCTIBLE PPO | | \$1,850 DEDUCTIBLE WITH HSA ** | | \$3,300 DEDUCTIBLE WITH HSA | |
|--|--|---|--|-----------------------------------|--|-----------------------------------|--|-----------------------------------|
| | IN-NETWORK | OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* |
| Urgent Care Visit | You pay \$50 | You pay \$50 | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 70% after deductible | Plan pays 70% after deductible |
| Lab/Radiology Annual Preventive | Plan pays 100% | Plan pays 60% after deductible | Plan pays 100% | Plan pays 60% after deductible | Plan pays 100% | Plan pays 60% after deductible | Plan pays 100% | Plan pays 50% after deductible |
| Lab/Radiology Other | Plan pays 100% in doctor's office, copay applies; 80% after deductible outside doctor's office (including maternity) | Plan pays 60% after deductible | Plan pays 100% in doctor's office, copay applies; 80% after deductible outside doctor's office (including maternity) | Plan pays 60% after deductible | Plan pays 80% after deductible (including maternity) | Plan pays 60% after deductible | Plan pays 70% after deductible (including maternity) | Plan pays 50% after deductible |
| Emergency Room | You pay \$150 copay and deductible, then Plan pays 100% | You pay \$150 copay and deductible, then Plan pays 100% | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 70% after deductible | Plan pays 70% after deductible |
| | Non-emergency care is not covered | Non-emergency care is not covered | Non-emergency care is not covered | Non-emergency care is not covered | Non-emergency care is not covered | Non-emergency care is not covered | Non-emergency care is not covered | Non-emergency care is not covered |
| Ambulance (Emergency only) | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 70% after deductible | Plan pays 70% after deductible |
| Hospitalization (Including maternity) | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 70% after deductible | Plan pays 50% after deductible |
| Surgery (Inpatient & Outpatient) | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 70% after deductible | Plan pays 50% after deductible |

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**True Family Deductible: Under the \$1,850 Deductible Plan, the plan begins to pay benefits for any person covered under a family plan only after the entire family deductible has been met.

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|--|--|---|---|---|---|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* |
| Mental Health/ Substance Abuse Inpatient | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 70% after deductible | Plan pays 50% after deductible |
| Mental Health/ Substance Abuse Outpatient | You pay \$20 | Plan pays 60% after deductible | You pay \$40 | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 70% after deductible | Plan pays 50% after deductible |
| Chiropractic Services | You pay \$40 30 visits/year max (in and out-of-network combined) | Plan pays 60% after deductible 30 visits/year max (in and out-of-network combined) | You pay \$80 30 visits/year max (in and out-of-network combined) | Plan pays 60% after deductible 30 visits/year max (in and out-of-network combined) | Plan pays 80% after deductible 30 visits/year max (in and out-of-network combined) | Plan pays 60% after deductible 30 visits/year max (in and out-of-network combined) | Plan pays 70% after deductible 30 visits/year max (in and out-of-network combined) | Plan pays 50% after deductible 30 visits/year max (in and out-of-network combined) |
| Physical, Speech, Occupational, Pulmonary, Cognitive Therapies (Unlimited) | You pay \$40 | Plan pays 60% after deductible | You pay \$80 | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 70% after deductible | Plan pays 50% after deductible |
| Acupuncture | You pay \$40 | Plan pays 60% after deductible | You pay \$80 | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 70% after deductible | Plan pays 50% after deductible |
| Allergy Care/ Injections | 100% in doctor's office, copay may apply; 80% after deductible outside doctor's office | Plan pays 60% after deductible | 100% in doctor's office copay may apply; 80% after deductible outside doctor's office | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 70% after deductible | Plan pays 50% after deductible |

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**True Family Deductible: Under the \$1,850 Deductible Plan, the plan begins to pay benefits for any person covered under a family plan only after the entire family deductible has been met.

| | \$400 DEDUCTIBLE PPO | | \$900 DEDUCTIBLE PPO | | \$1,850 DEDUCTIBLE WITH HSA ** | | \$3,300 DEDUCTIBLE WITH HSA | |
|---|---|---|---|---|---|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* |
| Assisted Reproductive Techniques (Includes artificial insemination, GIFT, ZIFT and in-vitro) | Plan pays 60% after deductible \$15,000 lifetime maximum (in -and out-of-network combined) | Plan pays 80% after deductible \$15,000 lifetime maximum (in- and out-of-network combined) | Plan pays 60% after deductible \$15,000 lifetime maximum (in- and out-of-network combined) | Plan pays 60% after deductible \$15,000 lifetime maximum (in- and out-of-network combined) | Plan pays 80% after deductible \$15,000 lifetime maximum (in- and out-of-network combined) | Plan pays 60% after deductible \$15,000 lifetime maximum (in- and out-of-network combined) | Plan pays 70% after deductible \$15,000 lifetime maximum (in- and out-of-network combined) | Plan pays 50% after deductible \$15,000 lifetime maximum (in- and out-of-network combined) |
| Home Health Care | Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined) | Plan pays 60% after deductible 120-day max per year (in- and out-of-network combined) | Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined) | Plan pays 860% after deductible 120-day max per year (in- and out-of-network combined) | Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined) | Plan pays 60% after deductible 120-day max per year (in- and out-of-network combined) | Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined) | Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined) |
| Skilled Nursing Facility, Rehab Hospital, Sub-Acute Facility | Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined) | Plan pays 60% after deductible 120-day max per year (in- and out-of-network combined) | Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined) | Plan pays 860% after deductible 120-day max per year (in- and out-of-network combined) | Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined) | Plan pays 60% after deductible 120-day max per year (in- and out-of-network combined) | Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined) | Plan pays 80% after deductible 120-day max per year (in- and out-of-network combined) |
| Durable Medical Equipment | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 70% after deductible | Plan pays 50% after deductible |
| Breastfeeding Equipment and Supplies (Limited to one rental or purchase of one breast pump per birth) | Plan pays 100% | Not covered | Plan pays 100% | Not covered | Plan pays 100% | Not covered | Plan pays 100% | Not covered |

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|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| | IN-NETWORK | OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* | IN-NETWORK | OUT-OF-NETWORK* |
| Hearing Aids (Adults and children, one per ear every three years) | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 80% after deductible | Plan pays 60% after deductible | Plan pays 70% after deductible | Plan pays 50% after deductible |
| PCP Referral Required? | No | No | No | No | No | No | No | No |

Prescription Drugs Administered by CVS Caremark⁽¹⁾

| Retail (you pay) | ACA Preventative Drugs — Plan pays 100% | ACA Preventative Drugs — Plan pays 100% | ACA Preventative Drugs — Plan pays 100% | ACA Preventative Drugs — Plan pays 100% |
|-----------------------------|---|---|---|---|
| Generic | \$10 | \$10 | 20% after deductible | 30% after deductible |
| Preferred Brand | \$30 | 30% (min \$25/max \$50) | 20% after deductible | 30% after deductible |
| Non-Preferred Brand | \$60 | 45% (min \$40/max \$80) | 20% after deductible | 30% after deductible |
| Mail Order (you pay) | ACA Preventative Drugs — Plan pays 100% | ACA Preventative Drugs — Plan pays 100% | ACA Preventative Drugs — Plan pays 100% | ACA Preventative Drugs — Plan pays 100% |
| Generic | \$25 | \$25 | 20% after deductible | 0% after deductible |
| Preferred Brand | \$75 | 30% (min \$62.50/max \$125) | 20% after deductible | 30% after deductible |
| Non-Preferred Brand | \$150 | 45% (min \$100/max \$200) | 20% after deductible | 30% after deductible |

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⁽¹⁾CDHP Preventive Drug list (separate from the Affordable Care Act (ACA) preventive drug list) is covered at the applicable coinsurance level. This drug list does not apply to the \$400 or \$900 Deductible plans.