

# 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*
<b>Deductible</b> (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
<b>Out-of-Pocket Max</b> (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
<b>Coinsurance</b>	80%	60%	80%	60%	80%	60%	70%	50%
<b>Preventive Care</b>	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
<b>PCP Office Visit</b>	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
<b>Specialist Office Visit</b>	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
<b>LiveHealth Online Telehealth Consultation</b>	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
<b>Prenatal Office Visits</b>	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*
<b>Urgent Care Visit</b>	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
<b>Lab/Radiology Annual Preventive</b>	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
<b>Lab/Radiology Other</b>	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
<b>Emergency Room</b>	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
<b>Ambulance (Emergency only)</b>	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
<b>Hospitalization (Including maternity)</b>	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
<b>Surgery (Inpatient &amp; Outpatient)</b>	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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	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
<b>Mental Health/ Substance Abuse Inpatient</b>	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
<b>Mental Health/ Substance Abuse Outpatient</b>	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
<b>Chiropractic Services</b>	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)
<b>Physical, Speech, Occupational, Pulmonary, Cognitive Therapies (Unlimited)</b>	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
<b>Acupuncture</b>	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
<b>Allergy Care/ Injections</b>	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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	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
<b>Assisted Reproductive Techniques</b> (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)
<b>Home Health Care</b>	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 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 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)
<b>Skilled Nursing Facility, Rehab Hospital, Sub-Acute Facility</b>	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 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 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)
<b>Durable Medical Equipment</b>	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
<b>Breastfeeding Equipment and Supplies</b> (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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	\$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*
<b>Hearing Aids</b> (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
<b>PCP Referral Required?</b>	No	No	No	No	No	No	No	No

### Prescription Drugs Administered by CVS Caremark<sup>(1)</sup>

<b>Retail (you pay)</b>	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
<b>Mail Order (you pay)</b>	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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<sup>(1)</sup>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.