

# Compare medical plans

The chart below provides a comparison of key coverage features and costs.

Provider Network / Plan Name	HMO		POS 750	
	In-network	Out-of-network	In-network	Out-of-network
Annual deductible				
Per person/per family	\$0		\$750 Single	\$1500 Family
Out-of-pocket maximum				
Per person/per family	\$750 Single	\$1,500 Family	\$1,500 Single	\$3,000 Family
Medical coverage				
Office Visit - Designated PCP	\$5 Copay	Not Covered	\$10 Copay	Deductible, then 20% Coinsurance
Office Visit – Network PCP and MHCD Office Visits	\$10 Copay	Not Covered	\$15 Copay	Deductible, then 20% Coinsurance
Preventive – Includes Vision Exam	No Charge	Not Covered	No Charge	Not Covered
Specialist – Network Non-PCP	\$10 Copay	Not Covered	\$30 Copay	Deductible, then 20% Coinsurance
Telemedicine – Dr on Demand	\$10 Copay	Not Covered	\$15 Copay	Deductible, then 20% Coinsurance
Hospital Facility – Inpatient / Outpatient	10% Coinsurance	Not Covered	Deductible, then 10% Coinsurance	Deductible, then 20% Coinsurance
Emergency Room	\$50 Copay		Deductible, then 10% Coinsurance	
Diagnostic Tests (Labs and X-rays)	<u>Independent Lab</u> \$10 Copay <u>Facility</u> 10% Coinsurance	Not Covered	<u>Independent Lab</u> \$30 Copay <u>Facility</u> Deductible, then 10% Coinsurance	Deductible, then 20% Coinsurance
Infertility Services	Up to \$15,000 lifetime	Not Covered	Up to \$15,000 lifetime	
Retail prescription drugs (30-day supply)				
Tier 1	\$5 Copay	\$5 Copay	\$8 Copay	\$8 Copay
Tier 2	\$10 Copay	\$10 Copay	\$35 Copay	\$35 Copay
Tier 3	\$10 Copay	\$10 Copay	\$50 Copay	\$50 Copay
Mail Order Drug – 3 Copays for Retail 90 days supply    2 Copays for Mail Order Maintenance Drug 90-day supply				
Specialty Drugs				
Generic / Biosimilar	\$50 Copay	Not Covered	\$50 Copay	Not Covered
Preferred	\$85 Copay		\$85 Copay	
Non-Preferred	\$100 Copay		\$100 Copay	
Drug Card Out-of-Pocket Maximum (Accumulates Separate from Medical)	\$1,500 Single	\$3,000 Family	\$1,500 Single	\$3,000 Family

- **Primary Care Practitioner (PCP)** is defined as General Practice, Family Practice, Internal Medicine, Obstetrics/Gynecology, Pediatricians, Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants.
- **Network Primary Care Practitioner (PCP)** is defined as Chiropractors, Speech Pathologists, Physical Therapists, and Occupational Therapists. Includes Office Mental Health/Chemical Dependency.
- **Network Non-Primary Care Practitioners (Non-PCP)** includes All other providers.

# Compare medical plans

The chart below provides a comparison of key coverage features and costs.

Provider Network / Plan Name	Copay 1250 PPO (FROZEN) No new enrollment after June 30, 2025 Last year for this plan		HDHP 2500 PPO NEW PLAN –July 1, 2025	
	In-network	Out-of-network	In-network	Out-of-network
Annual deductible				
Per person/per family	\$1,250 Single	\$2,500 Family	\$2,500 Single	\$5,000 Family
Out-of-pocket maximum				
Per person/per family	\$2,500 Single	\$5,000 Family	\$2,500 Single	\$5,000 Family
Medical coverage				
Office Visit PCP	\$10 Copay	Deductible, then 30% Coinsurance	Deductible, then 0% Coinsurance	Deductible, then 0% Coinsurance
Preventive – Includes Vision Exam	No Charge	Deductible, then 30% Coinsurance	No Charge	Deductible, then 0% Coinsurance
Specialist	\$10 Copay	Deductible, then 30% Coinsurance	Deductible, then 0% Coinsurance	Deductible, then 0% Coinsurance
Telemedicine – Dr on Demand	\$10 Copay	Deductible, then 30% Coinsurance	Deductible, then 0% Coinsurance	Deductible, then 0% Coinsurance
Hospital Facility – Inpatient / Outpatient	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 0% Coinsurance	Deductible, then 0% Coinsurance
Emergency Room	Deductible, then 20% Coinsurance		Deductible, then 0% Coinsurance	
Diagnostic Tests (Labs and X-rays)	Deductible, then 20% Coinsurance	Deductible, then 30% Coinsurance	Deductible, then 0% Coinsurance	Deductible, then 0% Coinsurance
Infertility Services	Up to \$25,000 lifetime		Up to diagnosis	
Retail prescription drugs (30-day supply)				
Tier 1	\$10 Copay	\$10 Copay	Deductible, then 0% Coinsurance	Deductible, then 0% Coinsurance
Tier 2	\$20 Copay	\$20 Copay	Deductible, then 0% Coinsurance	Deductible, then 0% Coinsurance
Tier 3	\$30 Copay	\$30 Copay	Deductible, then 0% Coinsurance	Deductible, then 0% Coinsurance
Mail Order Drug Copay 1250 only – 3 Copays for Retail 90 days supply 2 Copays for Mail Order Maintenance Drug 90-day supply				
Specialty Drugs				
Generic	\$50 Copay	Not Covered	Deductible, then 0% Coinsurance	Not Covered
Preferred	\$85 Copay		Deductible, then 0% Coinsurance	
Non-Preferred	\$100 Copay		Deductible, then 0% Coinsurance	
Drug Card Out-of-Pocket Maximum (Accumulates Separate from Medical)	\$500 Single	\$1,000 Family	Not Applicable	

## Money-saving tips

To stretch your health care dollars, remember to:

- **See in-network providers** who have agreed to accept lower negotiated rates. Visit Wellmark's website [www.Wellmark.com](http://www.Wellmark.com) to search for in-network providers near you.
- **Use the mail-order pharmacy** to save time and money when refilling long-term prescriptions.