

# State Health Benefit Plan

2025				
Gold Plan				
Silver Plan				
Bronze Plan				
	Network Provider		Out-of-Network	
<b>Deductible</b>				
You	\$1,500	\$3,000	\$2,000	\$4,000
You + Child(ren) or Spouse	\$2,250	\$4,500	\$3,000	\$6,000
You + Family	\$3,000	\$6,000	\$4,000	\$8,000
<b>Out-of-Pocket Limit</b>				
You	\$4,000	\$8,000	\$5,000	\$10,000
You + Child(ren) or Spouse	\$6,000	\$12,000	\$7,500	\$15,000
You + Family	\$8,000	\$16,000	\$10,000	\$20,000
<b>Coinsurance (Plan Pays)</b>	85%	60%	80%	60%
<b>HRA</b>				
You	\$400		\$200	
You + Child(ren) or Spouse	\$600		\$300	
You + Family	\$800		\$400	
<b>Medical</b>				
ER	coins after ded		coins after ded	
Urgent Care	coins after ded		coins after ded	
PCP Visit	coins after ded		coins after ded	
Specialist Visit	coins after ded		coins after ded	
Preventive Care	100%	Not covered	100%	Not covered
<b>Telemedicine/Virtual Visit</b>	85% coverage; not subject to deductible	Not covered	80% coverage; not subject to deductible	Not covered
<b>Retail Rx</b>				
Tier 1	15%, Min \$20, Max \$50		15%, Min \$20, Max \$50	
Tier 2	25%, Min \$50, Max \$80		25%, Min \$50, Max \$80	
Tier 3	25%, Min \$80, Max \$125		25%, Min \$80, Max \$125	
<b>Mail Order Rx - 90-Day</b>				
Tier 1	15%, Min \$50, Max \$125		15%, Min \$50, Max \$125	
Tier 2	25%, Min \$125, Max \$200		25%, Min \$125, Max \$200	
Tier 3	25%, Min \$200, Max \$313		25%, Min \$200, Max \$313	
<b>Rx OOPM</b>	Combined with Medical			
<b>Premiums (Monthly)</b>	EE	EE+CH	EE+SP	EE+FAM
Tobacco Surcharge = +\$80.00	\$194.67	\$355.26	\$482.76	\$643.35
	EE	EE+CH	EE+SP	EE+FAM
	\$131.17	\$247.31	\$349.41	\$465.55
	EE	EE+CH	EE+SP	EE+FAM
	\$82.67	\$164.86	\$247.56	\$329.75

# State Health Benefit Plan

2025				
	Anthem (BCBS)/UHC HMO			
	Network Provider		HDHP	
	Kaiser HMO			
	Network Provider			
<b>Deductible</b>				
You	\$1,300		\$3,500	\$7,000
You + Child(ren) or Spouse	\$1,950		\$7,000	\$14,000
You + Family	\$2,600		\$7,000	\$14,000
<b>Out-of-Pocket Limit</b>				
You	\$4,000		\$6,450	\$12,900
You + Child(ren) or Spouse	\$6,500		\$12,900	\$25,800
You + Family	\$9,000		\$12,900	\$25,800
<b>Coinsurance (Plan Pays)</b>	80%		70%	50%
<b>HRA</b>				
You	N/A		N/A	
You + Child(ren) or Spouse	N/A		N/A	
You + Family	N/A		N/A	
<b>Medical</b>				
ER	\$200 copay		coins after ded	
Urgent Care	\$35 copay		coins after ded	
PCP Visit	\$35 copay		coins after ded	
Specialist Visit	\$45 copay		coins after ded	
Preventive Care	100%		100%	Not covered
<b>Telemedicine/Virtual Visit</b>	100% coverage after \$35 PCP co-pay		70% coverage	Not covered
<b>Retail Rx</b>				
Tier 1	\$20 copay		70% coins after ded	
Tier 2	\$50 copay		70% coins after ded	
Tier 3	\$90 copay		70% coins after ded	
<b>Mail Order Rx - 90-Day</b>				
Tier 1	\$50 copay		70% coins after ded	
Tier 2	\$125 copay		70% coins after ded	
Tier 3	\$225 copay		70% coins after ded	
<b>Rx OOPM</b>	Combined with Medical			
<b>Premiums (Monthly)</b>	EE	EE+CH	EE+SP	EE+FAM
Tobacco Surcharge = +\$80.00	\$157.53	\$292.12	\$404.77	\$539.36
	\$196.58	\$358.50	\$486.77	\$648.69
	EE	EE+CH	EE+SP	EE+FAM
	\$72.69	\$147.89	\$226.60	\$301.80
	EE	EE+CH	EE+SP	EE+FAM
	\$157.53	\$292.12	\$404.77	\$539.36