


SUMMARY OF IN-NETWORK MEDICAL PLAN OPTIONS 2025



 Search for in-network Anthem Blue Access providers at anthem.com	*SHP 1 (PPO)	*SHP 2 ³ (HDHP)
Medical		
Preventive Care ¹	Preventive services covered 100% for all plans as defined under the Affordable Care Act (ACA)	
Annual Deductible ² <i>This is the dollar amount you must pay first in a year before the plan begins paying specified benefits.</i>	\$850 /person \$2,550 /family You do not have to meet the deductible before copays apply.	\$3,300 /person \$6,600/family
Doctor Office Visit <i>Primary care includes family practice, internist, pediatrician, OB/GYN, mental health, and chiropractor.</i>	\$50 copay for primary care \$85 copay for specialist	Deductible, then Plan pays 80%; Member 20%
Urgent Care	\$85 copay	Deductible, then Plan pays 80%; Member 20%
Emergency Room	\$200 copay + 20% (copay waived if admitted)	Deductible, then Plan pays 80%; Member 20%
Inpatient and Outpatient Services	Deductible, then Plan pays 80%; Member 20%	Deductible, then Plan pays 80%; Member 20%
Prescription Drugs	Deductible does not apply	After deductible is met
Retail <i>Up to 34-Day Prescriptions</i>	\$15 Generic \$45 Brand Formulary (Preferred Brand) \$85 Brand Non-Formulary (Non-Preferred Brand)	Deductible, then Plan pays 80%; Member 20%
Express Scripts National Pharmacy Network	Nationwide network which includes CVS, Rite Aid, Walmart, and more	
Mail Order or Smart90 <i>Up to 90-Day Prescriptions</i>	\$30 Generic \$90 Brand Formulary (Preferred Brand) \$170 Brand Non-Formulary (Non-Preferred Brand)	Deductible, then Plan pays 80%; Member 20%
Express Scripts Home Delivery or Smart90 Standard Pharmacy Network	Long-term maintenance medication up to 90-day supply filled either through Express Scripts Home Delivery or a Smart90 Standard retail pharmacy which includes Rite Aid, Walmart, and more	
Specialty <i>Up to 34-Day Prescriptions</i> <i>Up to 90-Day Prescriptions, if allowable</i>	\$100 \$200	Deductible, then Plan pays 80%; Member 20%
Annual Maximum Out-of-Pocket Includes medical and Rx deductibles, coinsurance, and copays. This is the most you will pay toward your in-network medical and prescription expenses.	\$3,400 /person \$7,650 /family	\$6,500 /person \$13,000 /family

Footnotes:

¹ ACA approved preventative services are found at <https://www.healthcare.gov/coverage/preventive-care-benefits/>. Providers must bill under a preventative code.

² A wellness credit of \$150 may be applied toward the medical deductible for employees and spouses who participate in the Biometric Screening Health Risk Assessment (HRA).

³ HDHP may be adjusted annually as provided under IRS Code to be eligible as a Qualified HDHP (High Deductible Health Plan).

This chart is a summary of in-network benefits for comparison purposes. Refer to the most recent Benefit Book for complete description of Plan benefits. Plan changes from 2024 to 2025 in [blue](#); * [Sunsetting Supplemental Accidental Benefit](#)