



Association Benefit Program
Medical Plan Comparison(4/1/24 - 3/31/25)

Plan Options	Platinum	Gold	Silver	Bronze	HSA Option
Benefit	BCBS + MedPlus	BCBS + MedPlus	BCBS + MedPlus	In-Network	In-Network
Annual Deductible					
Employee Only	\$250	\$500	\$750	\$4,000	\$3,000
Employee and Family	\$500	\$1,000	\$1,500	\$8,000	\$6,000
MedPlus Benefit*	\$6,550	\$6,300	\$6,050	N / A	N / A
Annual Out-of-Pocket Max (OOP with MedPlus does not include Office Copays and Prescription Drug Copays)**					
Employee Only	\$250	\$500	\$750	\$6,800	\$6,000
Employee and Family	\$500	\$1,000	\$1,500	\$13,600	\$12,000
Physician and Hospital Services					
Coinsurance	100%	100%	100%	80%	80%
Office Visit(Primary/Specialist)	\$45 copay / \$65 copay	\$45 copay / \$65 copay	\$45 copay / \$65 copay	\$45 copay/\$45 copay	80% after deductible
Telemedicine	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$55 copay
Hospital Inpatient	100% after deductible	100% after deductible	100% after deductible	80% after CYD	80% after deductible
Outpatient Surgery	100% after deductible	100% after deductible	100% after deductible	80% after CYD	80% after deductible
Outpatient Lab/X-Ray	100% after deductible	100% after deductible	100% after deductible	80% after CYD	80% after deductible
Physician Surgery, Anesthesia & Maternity Care	100% after deductible	100% after deductible	100% after deductible	80% after CYD	80% after deductible
Outpatient Diagnostics	100% after deductible	100% after deductible	100% after deductible	80% after CYD	80% after deductible
Emergency Room (Emergency Use Only)	100% after deductible	100% after deductible	100% after deductible	80% after CYD	80% after deductible
Routine/Preventative	100%	100%	100%	100%	100%
Prescription Drug Copays					
Tier 1	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay after deductible
Tier 2	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$50 copay after deductible
Tier 3	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$75 copay after deductible
Tier 4 (Specialty)	\$425 copay	\$425 copay	\$425 copay	\$425 copay	\$395 copay after deductible
Monthly Premium Rates					
	Rates	Rates	Rates	Rates	Rates
Employee	\$589.85	\$578.94	\$568.60	\$483.37	\$512.33
Employee + Spouse	\$1,215.21	\$1,191.24	\$1,168.46	\$974.35	\$1,024.54
Employee + Children	\$996.28	\$976.09	\$956.97	\$794.61	\$837.03
Family	\$1,696.15	\$1,662.86	\$1,631.32	\$1,360.10	\$1,426.97

*Med Plus Benefit does not include physician office visit copays or prescription drug copays.

**This is summary of plan descriptions. Please see full plan docs in complinace section for full benefit descriptions.

***HSA Contribution Limits 2024: \$4,150 Self Only / \$8,300 Family



**Association Benefit Program
Dental Comparison(4/1/24 - 3/31/25)**

Plan	Low Option	High Option with Implant Coverage
Benefit	In-Network	In-Network
Annual Deductible		
Employee Only	\$50	\$25
Employee and Family	\$150	\$75
Calendar Year Maximum		
Annual Benefit	\$1,000	\$1,500
Diagnostic and Preventative Services		
Diagnostic & Preventative Services	100%	100%
Basic Services		
Basic Services - Restorative	100% subject to deductible	100% subject to deductible
Basic Services - Supplemental	80% subject to deductible	100% subject to deductible
Major Services		
	Waiting Period - No benefits for late enrollees until the member has been covered for a continuous 365 days	
Periodontic Services	50% subject to deductible	80% subject to deductible
Prosthetic Services	50% subject to deductible	50% subject to deductible
Orthodontic Services		
	Waiting Period - No benefits for late enrollees until the member has been covered for a continuous 365 days	
Calendar Year Orthodontic Deductible	No Deductible	No Deductible
Lifetime Orthodontic Maximum	\$1,500	\$1,500
Orthodontic Services*	50%	50%
Monthly Premium Rates		
	Rates	Rates
Employee	\$27.12	\$33.76
Employee + Spouse	\$51.22	\$64.24
Employee + Children	\$68.03	\$83.13
Family	\$97.71	\$120.58

* Orthodontic Services for dependent children up to age 26.

**Please see plan docs for full benefit description.

***Rates include administrative fees