

In-Network Benefits Overview	Priority POS HDHP	Priority Value 500
Plan Highlights		
Individual Deductible	\$1,650.00	\$500
Family Deductible	\$3,300.00	\$1,000
Coinsurance	10%	20%
Individual Out of Pocket Max	\$2,650.00	\$4,500
Family Out of Pocket Max	\$5,300.00	\$9,000
Covered Benefits		
Preventative Care	100% covered	100% covered
Primary Care Office Visit	10% after deductible	\$30 copay
Specialist Office Visit	10% after deductible	\$50 copay
Urgent Care Visit	10% after deductible	\$60 copay
Emergency Room	10% after deductible	\$150 copay
Chiropractic	10% - 30 visits per year	\$30 copay - 12 visits per year
PT/OT/Speech	10% Combined PT/OT 40 visits per yr Speech 30 visits	20% Combined PT/OT/Speech 30 visits per year
Prescription Drugs		
Generic	\$10.00	\$20.00
Preferred Brand	\$40.00	\$40.00
Non-Preferred Brand	\$40.00	\$80.00
Preferred Specialty	\$40.00	\$40.00
Non-Preferred Specialty	\$40.00	\$80.00
Payroll Deduction (24)		
Employee Only	\$87.68	\$16.56
2 Person	\$231.12	\$88.28
Family	\$213.87	\$69.74

COVERAGE LEVEL	EMPLOYER MAXIMUM HSA DEPOSIT	2025 PA-152 CAPS
SINGLE	\$1,650.00	\$7,718.26
2 PERSON	\$3,300.00	\$16,141.28
FAMILY	\$3,300.00	\$21,049.85