

2025 Plan Options	LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP		HDHP Plan		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Health Reimbursement Arrangement (HRA)	Single \$500; Family \$1,000		Not Applicable		Single \$250; Family \$500		Health Saving Account		
Annual Deductible*	Single \$1,500 Family \$2,750	Single \$2,750 Family \$5,250	Single \$1,000 Family \$1,750	Single \$1,750 Family \$3,250	Single \$2,000 Family \$3,750	Single \$3,250 Family \$6,250	Single \$1,600 Family \$3,200	Single \$3,200 Family \$6,400	
Out-of-Pocket Maximum**	Single \$3,000 Family \$5,750	Single \$5,750 Family \$11,250	Single \$3,000 Family \$5,750	Single \$5,750 Family \$11,250	Single \$4,000 Family \$7,750	Single \$7,750 Family \$11,250	Single \$8,050 Family \$16,100	Single \$16,100 Family \$32,200	
Deductibles & Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.									
Co-Insurance	Plan: 80% Member: 20%	Plan: 50% Member: 50%	Plan: 75% Member: 25%	Plan: 50% Member: 50%	Plan: 70% Member: 30%	Plan: 50% Member: 50%	Plan: 70% Member: 30%	Plan: 50% Member: 50%	
Emergency Room	Deductible then 20%	Deductible then 20%	\$150 copay then Deductible then 25%* waived if admitted	\$150 copay then Deductible then 25%* waived if admitted	Deductible then 30%	Deductible then 30%	Deductible then 30%	Deductible then 30%	
Doctor's Office Visits	Deductible then 20%	Deductible then 50%	Co-Pay: \$25 PCP; \$50 Specialist	Deductible then 50%	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	
Annual Prescription Drug Out-of-Pocket Maximum**	Combined with Medical	Combined with Medical	Single \$2,500 Family \$5,000	Single \$2,500 Family \$5,000	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical	
<b>30-Day Supply***</b>									
Tier 1 - Generic	Deductible then 20%	Deductible then 50%	\$20	\$40	Deductible then 30%	Deductible then 50%	Deductible then 30%	Deductible then 50%	
Tier 2 - Formulary			\$40	\$80					
<b>90-Day Supply (Retail or Mail Order)***</b>									
Tier 1 - Generic	Deductible then 20%	Not Covered	\$40	Not Covered	Deductible then 30%	Not Covered	Deductible then 30%	Not Covered	
Tier 2 - Formulary			\$80						
Benefit Ratio	91.3%		88.4%		87.2%		81.6%		
							<b>Plan Savings from HDHP</b>		<b>\$2,184,917</b>