Plan Year: April 1, 2025 – March 31, 2026 OPTION 1
PPO 1000 Plan

OPTION 2
PPO 2000 Plan

OPTION 3
QHDHP 5000 Plan

IN-NETWORK BENEFITS – Capital Blue Cross			
DEDUCTIBLE			
Individual / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$5,000 / \$10,000
MAXIMUM OUT-OF-POCKET			
Individual / Family	\$8,150 / \$16,300	\$8,150 / \$16,300	\$7,050 / \$14,100
Maximum Out-of-Pocket Includes: Deductible, Coinsurance & Copayments (including prescription copays)			
PREVENTIVE CARE			
Annual Well Check, Immunizations, and Other Related Services		\$O	
FACILITY VISITS			
Primary Care Provider (PCP) Visit	\$20 copay	\$20 copay	100% after deductible
Specialist Visits	\$40 copay	\$50 copay	100% after deductible
Telemedicine Visits	\$20 copay	\$20 copay	100% after deductible
Urgent Care	\$100 copay	\$100 copay	100% after deductible
Spinal Manipulations or Physical/Occupational Therapy	\$40 copay	\$50 copay	100% after deductible
Emergency Room	\$200 per visit, waived if admitted	\$250 per visit, waived if admitted	\$250 after deductible
Inpatient Hospital	100% after deductible	100% after deductible	100% after deductible
Outpatient Surgery	100% after deductible	100% after deductible	100% after deductible
OUTPATIENT DIAGNOSTIC SERVICES			
Outpatient Lab/Pathology, X-Ray Services, CT/PET Scan, MRI	100% after deductible	100% after deductible	100% after deductible
PRESCRIPTIONS – Save money on your prescriptions through MadScripts! Learn more at www.furmanosbenefits.com/rx			
Tier 1 – Generic	\$5 copay	\$5 copay	100% after deductible
Tier 2 – Preferred Brand	\$35 copay	\$55 copay	100% after deductible
Tier 3 – Non-Preferred Brand	\$75 copay	\$105 copay	100% after deductible
Tier 4 – Specialty	20% coinsurance up to \$500 maximum	20% coinsurance up to \$500 maximum	100% after deductible
Mail Order – 90-day supply	2x retail	2x retail	2x retail

OUT-OF-NETWORK – Refer to Summary of Benefits and Coverage found at www.furmanosbenefits.com/legal