

# 2025 Blue Shield Medical Plan Overview

	HDHP with HSA <i>Full PPO Embedded Ded 3300 100%</i>	Traditional PPO Plan (Buy Up) Full PPO Split Deductible 500
Team Allied Contribution	HSA: \$1,500 Individual / \$3,000 Family	Not Applicable
Employee Only Cost per Paycheck	<b>\$68.32</b>	<b>\$202.25</b>
Deductible	\$3,300 Single / \$6,000 Family	\$500 Single / \$1,500 Family
Out-of-Pocket Maximum	\$3,300 Single / \$6,000 Family	\$3,000 Single / \$6,000 Family
Office Visits	\$0 after deductible	\$15 PCP / \$20 Specialist
Preventive Care	\$0	\$0
X-Ray / Labs	\$0 after deductible	\$15
Imaging (CT/PET)	\$0 after deductible	10% after deductible (Radiology Center) 20% after deductible (Outpatient Hospital)
Prescription Drugs	Tier 1 - \$0 after deductible Tier 2 - \$0 after deductible Tier 3 - \$0 after deductible Tier 4 - \$0 after deductible	Tier 1 - \$15 Tier 2 - \$30 Tier 3 - \$45 Tier 4 - 30% up to \$250 per prescription
Inpatient Hospital	\$0 after deductible	10% after deductible
Outpatient Surgery	\$0 after deductible	5% after deductible (Ambulatory Surgery Center) 15% after deductible (Outpatient Hospital)
Emergency Room	\$0 after deductible	\$150 + 10% after deductible
Urgent Care	\$0 after deductible	\$15
Out-of-Network	Ded: \$3,300 / \$6,000 OOP Max: \$10,000 / \$20,000 40% after deductible	Ded: \$1,500 / \$4,500 OOP Max: \$5,000 / \$10,000 40% after deductible