

HOW MUCH YOU WILL PAY IN 2025	VALUE MEDICAL PLAN
<b>MEDICAL PLAN</b>	
Annual Deductible	\$240 (in 2024)
Annual Out-of-Pocket Maximum	\$5,000
Hospitalization	\$300/admission
Doctor Visits	20% to a maximum of \$20/visit
Preventive Care	\$0 (Medicare-covered services)
Emergency Room	\$50 (waived if admitted)
Urgent Care Facility	20% to a maximum of \$20/visit
Outpatient Surgery	20% to a maximum of \$100/procedure
Diagnostic Testing	20% (to a maximum of \$100/procedure for MRIs and CT scans)
Outpatient Therapy	20%
Durable Medical Equipment	20%
Outpatient Mental Health	20% to a maximum of \$20/visit
Inpatient Mental Health	\$300/admission
Physical Exams	Not covered (unless approved by Medicare)
Ob/Gyn Exams	20% to a maximum of \$20/visit
Mammograms	\$0
Skilled Nursing Facility	\$0/day for 1-20 days; \$50/day for 21 – 100 days; not covered days 101+
Hearing Aids	Not covered
Dental Care	Not covered
Vision Exam/Hearing Exams	Not covered
Prescription Lenses	Not covered
Major Medical (after Medicare benefits are exhausted)	Not covered

See the *Value Medical Plan Summary Plan Description* for a complete list of covered services, exclusions and limitations, as applicable.

PRESCRIPTION DRUGS	MEDICARE PLUS Rx OPTION		MEDICARE STANDARD Rx OPTION	
	Retail Pharmacy	Mail Order	Retail Pharmacy	Mail Order
Annual Deductible	\$200 (excludes generics)		\$590 (excludes generics)	
<b>Initial Coverage Up to an Out-of-Pocket Threshold of \$2,000*</b>				
Preferred generic drugs (Tier 1)	\$4 maximum for up to a 30-day supply; \$12 for a 31- to 90-day supply	\$12 for a 31- to 90-day supply	\$6 maximum for up to a 30-day supply; \$18 for a 31- to 90-day supply	\$18 for a 31- to 90-day supply
Non-preferred generic drugs (Tier 2)	\$10 maximum for up to a 30-day supply; \$30 for a 31- to 90-day supply	\$30 for a 31- to 90-day supply	\$15 maximum for up to a 30-day supply; \$45 for a 31- to 90-day supply	\$45 for a 31- to 90-day supply
Preferred brand-name drugs (Tier 3)	20%	20%	25%	25%
Non-preferred drugs (Tier 4)	25%	25%	30%	30%
Specialty drugs (Tier 5; limited to a 30-day supply)	30%	30%	25%	25%
<b>Catastrophic Coverage**</b>				
Generic drugs***	\$0		\$0	
Brand-name drugs***	\$0		\$0	

\* Includes total costs for covered drugs paid by the participant.

\*\* Under the Medicare Plus Rx Option, you may have cost sharing for drugs that are covered under our bonus drug list.

\*\*\* Including specialty drugs.