Medical Plans

FY25 Medical Plans At-A-Glance

	HMO Plan (In-Network Only)	PPO Plan with HSA	
		In-Network	Out-of-Network
Plan Year Deductible Individual Employee + 1/Family	 $1,000 (medical) $2,000 (medical)	 $2,000 (medical and Rx) $4,000 (medical and Rx)	 $3,000 (medical and Rx) $6,000 (medical and Rx)
Simmons HRA Contribution Individual Employee + 1/Family	 $500 $1,000	 $500 $1,000	
Simmons HSA Contribution Individual Employee + 1/Family	 N/A N/A	 $500 $1,000	
Coinsurance	N/A	N/A	20% (for most services)
Lifetime Maximum Benefit	Unlimited	Unlimited	
Plan Year Out-of-Pocket Maximum (Includes Rx) Individual Employee + 1/Family	 $3,000 (includes Rx copays) $6,000 (includes Rx copays)	 $3,000 (includes Rx copays) $6,000 (includes Rx copays)	 $4,000 (includes Rx copays) $8,000 (includes Rx copays)
Office Visits Primary Care Specialist	 $20 copay/visit* $35 copay/visit	 No cost after deductible No cost after deductible	 20% after deductible 20% after deductible
Preventive Care Annual Physical Exams/Screenings Well Child Exams	 No cost No cost	 No cost No cost	 20% 20%
Emergency Room Visits	$150 (copay waived if admitted)	$150 after deductible (copay waived if admitted)	$150 after deductible (copay waived if admitted)
Inpatient Hospitalization	No cost after deductible	No cost after deductible	20% after deductible
Day Surgery	No cost after deductible	No cost after deductible	20% after deductible
Mental Health Inpatient Outpatient	 No cost No cost	 No cost after deductible No cost after deductible	 20% after deductible 20% after deductible
Substance Abuse Inpatient Outpatient	 No cost No cost	 No cost after deductible No cost after deductible	 20% after deductible 20% after deductible
Diagnostic X-Rays, Lab Tests, Allergy Injections	No cost after deductible	No cost after deductible	20% after deductible
Chiropractic Care	$35 copay/visit	No cost after deductible	20% after deductible
Durable Medical Equipment	No cost after deductible	No cost after deductible	20% after deductible
Pharmacy Copays Retail (up to 30-day supply) Mail Order (Up to 90-day supply)	Tier 1/Tier 2/Tier 3 $10/$25/$45 $20/$50/$90	Tier 1/Tier 2/Tier 3 $10/$25/$45 (after deductible) $20/$50/$90 (after deductible)	No Out-of-Network benefit
Telehealth Primary Care Specialist	 $20 copay/visit* $35 copay/visit	 No cost after deductible No cost after deductible	 20% after deductible 20% after deductible
Acupuncture	$35 copay/visit	No cost after deductible	20% after deductible

* The first two non-preventive care visits are at no cost

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