



MEDICAL PLAN COST OVERVIEW

PPO Plan:	2024	2025
Deductible (Employee/Family)	\$500 / \$1,000	\$1,000 / \$2,000
Out of Pocket Maximum (Family)	\$3,000	\$6,000
Primary Care Copay (per visit)	\$30	\$40
Specialist Copay (per visit)	\$60	\$70
Occupational, Physical, and Speech Therapy (Annual Limits)	Annual Limits Applied	NO Annual Limits!
Virtual Health Coverage Copay (per visit)	\$10	NO Copay!
RX Copays (Preferred/Non-preferred/Specialty)	\$35/\$60/\$150	\$45/\$75/\$200
Premium (Per Pay Period) with Wellness Participation	Employee only: \$25.85 Employee & Spouse: \$114.44 Employee & Children: \$73.86 Family: \$208.62	Employee only: \$20.77 Employee & Spouse: \$108.46 (if both EE & SP Qualify) Employee & Children: \$73.85 Family: \$203.07 (if both EE & SP qualify)
Premium (Per Pay Period) without Wellness Participation	Employee only: \$25.85 Employee & Spouse: \$114.44 Employee & Children: \$73.86 Family: \$208.62	Employee only: \$27.69 Employee & Spouse: \$122.31 Employee & Children: \$80.77 Family: \$216.92

Important: If your spouse works full time and is covered on the Washington County PPO health plan, you must provide a letter on their employer's letterhead stating the employer doesn't offer healthcare by December 15th or a \$40 monthly surcharge will be applied to your premiums.

High Deductible Health Plan :	2024	2025
Plan Benefits	No changes from previous year	
Premium (Per Pay Period) with Wellness Participation	Employee only: \$16.29 Employee & Spouse: \$95.02 Employee & Children: \$54.30 Family: \$162.90	Employee only: \$0 Employee & Spouse: \$71.94 *If only 1 participates \$78.87 Employee & Children: \$38.15 Family: \$139.81
Premium (Per Pay Period) without Wellness Participation	Employee only: \$16.29 Employee & Spouse: \$95.02 Employee & Children: \$54.30 Family: \$162.90	Employee only: \$6.92 Employee & Spouse: \$85.79 Employee & Children: \$45.07 Family: \$153.66