2025 Medical Rates



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	Option 1 - TX Only	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8
Benefit Outline	UHC Plan EACL / RX	UHC Plan EAEI MOD2	-	UHC Plan EABG /	UHC Plan DQW8 /	UHC Plan DQ9F	UHC Plan DQ6K	UHC Plan DQ8W
belletii Ooliille	P63-HSA HMO HSA	/ RX P63-HSA PPO	· · · · · · · · · · · · · · · · · · ·	RX P63-HSA PPO	RX C24 PPO	NexusACO POS/	PROformance MOD	NexusACO POS/
	100-1134 11/110 1134	/ IX 100-113A 11 O	KX 100-113A 11 O	KX 100-113A 11 0	KX CZ4110	RX C24 PPO	/RX C24 PPO	RX C24 PPO
Carrier	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare	UnitedHealthcare
	Insurance Company	Insurance Company	Insurance Company	Insurance Company	Insurance Company	Insurance Company	Insurance Company	Insurance Company
Plan Type, Name, Network	Navigate HMO - Texas	NexusACO OAP	NexusACO OAP	Choice + Network	Choice + Network	NexusACO OAP	Choice + Network	NexusACO OAP
	Only - No Out-of- Network	Choice + Network	Choice + Network			Choice + Network		Choice + Network
Deductible (Individual / Family)	\$5,000 / \$10,000	\$7,000 / \$14,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$1,500 / \$3,000	\$1,000 / \$2,000
Non-Network Deductible (Individual / Family)	N/A	\$7,000 / \$14,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Deductible Embedded / Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Out-of-Pocket Maximum (Individual / Family)	\$6,350 / \$12,700	\$7,500 / \$15,000	\$6,500 / \$13,000	\$6,350 / \$12,700	\$6,500 / \$13,000	\$6,000 / \$12,000	\$7,150 / \$14,300	\$4,000 / \$8,000
Non-Network OOP Max (Individual / Family)	N/A	\$14,000 / \$28,000	\$12,000 / \$24,000	\$10,000 / \$20,000	\$20,000 / \$40,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Prescription OOP Max (Individual / Family)	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical	Included w/ Medical
Coinsurance (In / Out)	70%	80% / 60% / 50%		80% / 50%	80% / 50%	80% / 60% / 50%	80% / 50%	80% / 60% / 50%
Wellness / Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Office Visit	70% after deductible	80%/60% after	80%/60% after	80% after deductible	\$0 Copay	\$15 Copay	\$15 Copay	\$15 Copay
		deductible	deductible		< 19 \$0 Copay	< 19 \$15 Copay	< 19 \$0 Copay	< 19 \$15 Copay
Specialist Office Visit	70% after deductible	80%/60% after	80%/60% after	80% after deductible	\$100 copay	\$50 copay	\$50 / \$100 copay	\$50 copay
	7070 ditei deddetibie	deductible			Ψ200 copuγ	φου copu,	ψου / ψου τομα <i>γ</i>	φου σομαγ
Walk-In / Urgent Care Visit	70% after deductible	80%/60% after	80%/60% after	80% after deductible	\$50 Copay	\$50 Copay	\$25	\$50 Copay
	70% arter deddelibre	deductible	deductible	50% arter deddetible	350 copuy	350 Copay	723	250 copuy
Emergency Room	70% after deductible	80%/60% after	80%/60% after	80% after deductible	\$250 copay after	\$300 copay after	\$300 copay after	\$300 copay after
Lineigency Room	70% arter deductible	deductible		50% after deductible	deductible + 20%	deductible + 20%	deductible + 20%	deductible + 20%
		deddctible	deductible		coinsurance	coinsurance	coinsurance	coinsurance
Outpationt Lab / V Pay	70% after deductible	80%/60% after	80%/60% after	80% after deductible	80% after deductible	80%/60% after	80% after deductible	80%/60% after
Outpatient Lab / X-Ray	70% after deductible			80% after deductible	80% after deductible		ou% after deductible	
Compley Imaging (MADL CAT DET et al.)	700/ often deductible	deductible	deductible	80% after deductible	80% after deductible	deductible	000/ often deductible	deductible
Complex Imaging (MRI, CAT, PET, et al.)	70% after deductible	80%/60% after	80%/60% after	80% after deductible	80% after deductible	80%/60% after	80% after deductible	80%/60% after
Outpotiont Consider Facility	700/ often deductible	deductible	deductible	000/ often deductible	000/ often deductible	deductible	000/ often deductible	deductible
Outpatient Surgical Facility	70% after deductible	80%/60% after	80%/60% after	80% after deductible	80% after deductible	80%/60% after	80% after deductible	80%/60% after
La calle at the called Earth	700/ - (1 - - - - - - - - - - - - - - - - - - - - - - -	deductible	deductible	000/ - ()	000/ - (1 -	deductible	000/ - (1	deductible
Inpatient Hospital Facility	70% after deductible	80%/60% after	80%/60% after	80% after deductible	80% after deductible	80%/60% after	80% after deductible	80%/60% after
But I But I did a But Court	¢5 / ¢50 / ¢450 / ¢200	deductible		¢5 / ¢50 / ¢450 / ¢200	640 / 640 / 605 / 6050	deductible	\$40.1\$40.1\$0F.1\$2F0	deductible
Retail Prescription Drug Copays	\$5 / \$50 / \$150 / \$300	\$5 / \$50 / \$150 / \$300	\$5 / \$50 / \$150 / \$300	\$5 / \$50 / \$150 / \$300	\$10 / \$40 / \$85 / \$250	\$10 / \$40 / \$85 / \$250	\$10 / \$40 / \$85 / \$250	\$10 / \$40 / \$85 / \$250
	copay; after deductible	copay; after deductible	copay; after deductible	copay; after deductible	copay	copay	copay	copay
Mail Order Brossistics Dave Consus	642 F0 / 642F / 627F /	\$42 F0 /\$42F /\$27F /	\$42.F0 / \$42F / \$27F /	\$42.50 /\$425 /\$275 /	¢25 / ¢400 / ¢242 50 /	¢35 / ¢400 / ¢343 50 /	¢35 / ¢400 / ¢343 50 /	¢25 / ¢400 / ¢242 50 /
Mail Order Prescription Drug Copays	\$12.50 / \$125 / \$375 /	\$12.50 / \$125 / \$375 /	\$12.50 / \$125 / \$375 /	\$12.50 / \$125 / \$375 /	\$25 / \$100 / \$212.50 /	\$25 / \$100 / \$212.50 /	\$25 / \$100 / \$212.50 /	\$25 / \$100 / \$212.50 /
	\$750 copay; after ded	\$750 copay; after ded	\$750 copay; after ded	\$750 copay; after ded	\$625 copay	\$625 copay	\$625 copay	\$625 copay
Employee Only	\$601.14	\$635.57	\$670.23	\$776.09	\$810.92	\$820.50	\$966.25	\$982.39
Employee + Spouse	\$1,374.91	\$1,450.66	\$1,526.90	\$1,759.83	\$1,836.39	\$1,857.46	\$2,178.11	\$2,213.62
Employee + Child(ren)	\$1,149.24	\$1,212.94	\$1,277.05	\$1,472.96	\$1,537.33	\$1,555.04	\$1,824.66	\$1,854.52
Employee + Spouse & Child(ren)	\$2,019.74	\$2,129.90		\$2,579.68	\$2,691.01	\$2,721.63	\$3,188.03	\$3,239.68
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