

2025 medical plan comparison chart



Plan features

	PPO Plus		EPN	Surest Copay ²		HDP with HSA	
	In-network	Out-of-network ¹	In-network	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Annual deductible	\$1,200 individual \$3,600 family	\$1,200 individual \$3,600 family	\$600 individual \$1,800 family	\$0	\$0	\$1,800 individual \$3,600 family	\$1,800 individual \$3,600 family
Annual out-of-pocket maximum	\$2,400 individual \$7,200 family	\$2,400 individual \$7,200 family	\$1,600 individual \$4,800 family	\$2,400 individual \$7,200 family	\$4,800 individual \$14,400 family	\$3,250 individual \$6,500 family	\$3,250 individual \$6,500 family

Your cost for covered services

	PPO Plus		EPN	Surest Copay ²		HDP with HSA	
	In-network	Out-of-network ¹	In-network	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Preventive care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office visit	\$20 copay PCP and OB/GYN \$40 copay specialist	40% after deductible	\$20 copay PCP and OB/GYN \$40 copay specialist	\$10 – \$65 copay	\$195 copay	20% after deductible	40% after deductible
Urgent care visit	\$50 copay	\$50 copay	\$50 copay	\$35 copay	\$105 copay	20% after deductible	20% after deductible
Emergency room visit	\$200 copay	\$200 copay	\$200 copay	\$350 copay	\$350 copay	20% after deductible	20% after deductible
Outpatient lab	\$20 copay	40% after deductible	\$20 copay	\$0	\$0	20% after deductible	40% after deductible
Outpatient radiology	20% coinsurance	40% after deductible	10% coinsurance	\$0 routine X-rays \$60 – \$425 copay complex imaging	\$0 routine X-rays \$1,200 – \$1,350 copay complex imaging	20% after deductible	40% after deductible
Other covered services	20% after deductible	40% after deductible	10% after deductible	Copays vary by service and provider; contact Surest for more information	Copays vary by service and provider; contact Surest for more information	20% after deductible	40% after deductible
Fertility services	50% after deductible \$75,000 lifetime maximum (combined with prescription drug)	50% after deductible \$75,000 lifetime maximum (combined with prescription drug)	50% after deductible \$75,000 lifetime maximum (combined with prescription drug)	\$100 – \$1,500 copay \$75,000 lifetime maximum (combined with prescription drug)	\$200 – \$3,000 copay \$75,000 lifetime maximum (combined with prescription drug)	50% after deductible \$75,000 lifetime maximum (combined with prescription drug)	50% after deductible \$75,000 lifetime maximum (combined with prescription drug)

Terms to know

Deductible: The total you'll pay out of your pocket for health care services in a calendar year, before your medical plan begins paying for those expenses.

Coinsurance: The percentage of eligible charges you pay after you meet your deductible but before you reach the out-of-pocket maximum.

Copay: Fixed-dollar payment amounts for certain services in certain plans. These amounts do not count toward your deductible or your out-of-pocket maximum.

Out-of-pocket maximum: An annual maximum that limits the amount each covered person pays each calendar year for covered services.

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Your cost for prescription drugs (30-day retail supply)³

	PPO Plus		EPN	Surest Copay ²		HDP with HSA	
	In-network	Out-of-network ¹	In-network	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Generic	Lower of \$12 copay or discounted network price	Lower of \$12 copay or discounted network price plus cost difference between retail and discounted network price	Lower of \$12 copay or discounted network price	Lower of \$12 copay or discounted network price	Lower of \$12 copay or discounted network price plus cost difference between retail and discounted network price	20% after deductible	40% after deductible plus cost difference between retail and discounted network price
Brand preferred	30% after deductible, \$64 maximum per prescription plus cost difference between generic and brand	40% after deductible plus cost difference between retail and discounted network price; plus cost difference between generic and brand	30% after deductible, \$64 maximum per prescription plus cost difference between generic and brand	30% after deductible, \$64 maximum per prescription plus cost difference between generic and brand	40% after deductible plus cost difference between retail and discounted network price; plus cost difference between generic and brand	20% after deductible plus cost difference between generic and brand	40% after deductible plus cost difference between retail and discounted network price; plus cost difference between generic and brand
Brand non-preferred	40% after deductible, \$96 maximum per prescription plus cost difference between generic and brand	50% after deductible plus cost difference between retail and discounted network price; plus cost difference between generic and brand	40% after deductible, \$96 maximum per prescription plus cost difference between generic and brand	40% after deductible, \$96 maximum per prescription plus cost difference between generic and brand	50% after deductible plus cost difference between retail and discounted network price; plus cost difference between generic and brand	20% after deductible plus cost difference between generic and brand	40% after deductible plus cost difference between retail and discounted network price; plus cost difference between generic and brand

Your cost for prescription drugs (90-day supply, mail-order or Maintenance Choice)

	PPO Plus		EPN	Surest Copay ²		HDP with HSA	
	In-network	Out-of-network ¹	In-network	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Generic	Lower of \$24 copay or discounted network price	N/A	Lower of \$24 copay or discounted network price	Lower of \$24 copay or discounted network price	N/A	20% after deductible	N/A
Brand preferred	30%, \$128 maximum per prescription plus cost difference between generic and brand	N/A	30%, \$128 maximum per prescription plus cost difference between generic and brand	30%, \$128 maximum per prescription plus cost difference between generic and brand	N/A	20% after deductible plus cost difference between generic and brand	N/A
Brand non-preferred	40%, \$192 maximum per prescription plus cost difference between generic and brand	N/A	40%, \$192 maximum per prescription plus cost difference between generic and brand	40%, \$192 maximum per prescription plus cost difference between generic and brand	N/A	20% after deductible plus cost difference between generic and brand	N/A

¹ Maximum allowed amount for covered services will be determined by the administrator.

² The Surest Copay plan is available to V Teamers in UHC states.

³ After three fills, penalties may apply for prescriptions not switched from 30-day to 90-day supplies through the CVS Caremark Maintenance Choice program.