

STSIG MEDICAL PLANS effective 10-1-2025 to 9-30-2026

Health Savings Account Qualified but not required

| Plan Name | 80C | 80G | 80K | 80M | HSA - \$1700 | HSA - \$3400 | HSA - \$5000 |
|--|---|---|---|---|---|--|--|
| Deductible Calendar Year | One person \$200 Family Each \$200 Family Max \$500 | One person \$500 Family Each \$500 Family Max \$1,000 | One person \$1,000 Family Each \$1,000 Family Max \$2,000 | One person \$3,000 Family Each \$3,000 Family Max \$6,000 | One person \$1,700 Family Each \$3,400 Family Max \$3,400 | One person \$3,400 Family Each \$3,400 Family Max \$6,800 | One person \$5,000 Family Each \$5,000 Family Max \$10,000 |
| Co-insurance | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 10% after deductible | 10% after deductible | 30% after deductible |
| Out-of-Pocket Maximum In Network Services | One person \$1,000 Family Each \$1,000 Family Max \$3,000 | One person \$2,000 Family Each \$2,000 Family Max \$4,000 | One person \$3,000 Family Each \$3,000 Family Max \$6,000 | One person \$4,000 Family Each \$4,000 Family Max \$8,000 | One person \$3,400 Family Each \$3,400 Family Max \$6,800 | One person \$6,000 Family Each \$6,000 Family Max \$12,000 | One person \$6,350 Family Each \$6,350 Family Max \$12,700 |
| Office Visit Co-pay - includes prenatal and postnatal | \$20 Deductible waived | \$30 Deductible waived | \$30 Deductible waived | \$40 Deductible waived | Deductible applies | Deductible applies | Deductible applies |
| Telemedicine Health (MD Live) | \$10 | \$10 | \$10 | \$10 | \$40 | \$40 | \$40 |
| Preventive Care | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Physical Medicine (5 visits) | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 10% after deductible | 10% after deductible | 30% after deductible |
| Diagnostic X-Rays / Labs | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 10% after deductible | 10% after deductible | 30% after deductible |
| Acupuncture (12 visits) | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 10% after deductible | 10% after deductible | 30% after deductible |
| Mental Health - Outpatient Care (PA) | \$20 Deductible waived | \$30 Deductible waived | \$30 Deductible waived | \$40 Deductible waived | 10% after deductible | 10% after deductible | 30% after deductible |
| Ambulance Co-pay | \$100 | \$100 | \$100 | \$100 | 10% + \$100 | 10% + \$100 | 30% + \$100 |
| ER Copay (in addition to deductible and coinsurance) | \$100 - waived if admitted | \$100 - waived if admitted | \$100 - waived if admitted | \$100 - waived if admitted | \$100 - waived if admitted | \$100 - waived if admitted | \$100 - waived if admitted |
| In-Network Durable Medical Equipment | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 10% after deductible | 10% after deductible | 30% after deductible |
| Pharmacy Plans with Navitus Health Solution | | | | | Co-pays after deductible is met | | |
| Out of Pocket Maximum | Individual \$2,500 Family \$3,500 | Individual \$2,500 Family \$3,500 | Individual \$2,500 Family \$3,500 | Individual \$2,500 Family \$3,500 | see medical OOP Max | see medical OOP Max | see medical OOP Max |
| Deductible | \$0 | \$0 | \$0 | Individual \$200 Family \$500 | medical deductible applies | medical deductible applies | medical deductible applies |
| Costco Generics | \$0 | \$0 | \$0 | \$0 | \$0 (30 day) after deductible | \$0 (30 day) after deductible | \$0 (30 day) after deductible |
| Generics - 30 day | \$9 | \$9 | \$9 | \$10 | \$9 after deductible | \$9 after deductible | \$9 after deductible |
| Specialty/ Brand | \$35 | \$35 | \$35 | \$35 after deductible | \$35 after deductible | \$35 after deductible | \$35 after deductible |

It is the member's responsibility to verify specific coverage items or plan details with the carriers of each program - Information from STSIG staff is general guidance only

The medical deductible runs from January 1 to December 31 every year. Deductible amounts paid towards the PPO plans in the fourth quarter of the calendar year (October 1 - December 31) will be credited to the current year as well as the following calendar year. Does not apply to High Deductible plans.

90 day prescriptions and mail order service only available through **Costco**.

Specialty Pharmacy: Navitus SpecialtyRX is mandatory.

The above information is for general guidance - please see full plan descriptions for complete details located at www.stsigpa.com (medical program page)