

Medical Insurance

	PPO 1	PPO 2	HDHP 1	HDHP 2
			non-embedded	<i>embedded</i>
Deductible (Single/Family) (1)	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,500 / \$7,000
Coinsurance Maximum (Single/Family)	\$3,000 / \$6,000	\$4,850 / \$9,750	n/a	n/a
Maximum Out-of-Pocket (Single/Family) (2)	\$6,350 / \$12,750	\$6,350 / \$12,750	\$4,000 / \$8,000	\$6,000 / \$12,000
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
PCP Visit	\$25	\$25	Deductible, then 20%	Deductible, then 20%
Specialist Visit	\$35	\$35	Deductible, then 20%	Deductible, then 20%
Urgent Care	\$35	\$35	Deductible, then 20%	Deductible, then 20%
Emergency Room	\$100	\$100	Deductible, then 20%	Deductible, then 20%
Inpatient	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
Outpatient	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
Prescription Drugs	\$10 / \$20 / \$40	\$10 / \$20 / \$40	Deductible, then 20%	Deductible, then 20%
Rates				
Employee Only	\$125.76	\$110.51	\$38.72	\$0.00
Employee + Spouse	\$662.79	\$630.77	\$480.01	\$398.69
Employee + Child(ren)	\$464.10	\$436.65	\$307.43	\$237.73
Family	\$1,007.73	\$960.46	\$737.90	\$617.86
2 Employee Family	\$464.10	\$436.65	\$307.43	\$237.73

(1) Family deductible is embedded; an individual covered in a family will not exceed the individual deductible

(2) Out-of-Pocket maximum includes all cost-sharing: deductible, coinsurance and copays

Your election can only be changed during the plan year if you experience a qualifying life status change. You must notify Human Resources within 30 days of the event.

Both plans are detailed in ASR's 2025 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate