## **FY25 Proposed Travis County Medical Plan Summary**

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	HDHP w/ HSA (Effective 1/1/2025)	Consumer Choice	PPO	EPO (No longer available for new enrollment)
Travis County Annual Contribution to HSA	\$500 Employee Only \$1,000 Family			
Employee Contribution Limit	\$4,300 Employee Only \$8,550 Family			
In Network CY Deductible	\$1,650 Individual \$3,300 Family	\$500 Individual \$1,250 Family	\$700 Individual \$1,750 Family	\$600 Individual
In Network - Co-Insurance	90%/ 10%	80% / 20%	85% / 15 %	100% / 0 %
In Network OOP Maximum	\$5,000 Individual \$6,200 Family	\$3,500 Individual \$7,000 Family	\$4,500 Individual \$9,000 Family	\$4,500 Individual \$9,000 Family
Out of Network CY Deductible	\$4,500 Individual \$9,000 Family	\$1,500 Individual \$3,750 Family	\$2,000 Individual \$5,000 Family	N/A - Must use in network provider
Out of Network - Coinsurance	60%/40%	60% / 40 %	60% / 40 %	
Out of Network OOP Maximum	\$10,000 Individual \$20,000 Family	\$6,000 Individual \$12,000 Family	\$6,000 Individual \$12,000 Family	
Preventive Services	100%	100%	100%	100%
Office visit co-pay	Deductible & Coinsurance	Deductible & Coinsurance	\$30 PCP, \$45 specialist	\$35 PCP, \$50 specialist
Virtual Visits			\$10 copay	\$10 copay
Hospital Admission			Deductible & Coinsurance	\$1,250 per confinement
Emergency Room co-pay			\$300 copay	\$300 copay
Out Patient Surgery			Deductible & Coinsurance	\$600 per surgery
Outpatient Lab and X-Ray			Deductible & Coinsurance	Deductible
Ambulance			\$100 copay	\$100 copay
Prescription Benefits	HDHP w/ HSA	Consumer Choice	PPO	EPO (No longer available for new enrollment)
Annual Pharmacy Out-of-Pocket Maximum	Subject to medical OOPM	\$2,500 Individual	\$2,500 Individual	
		\$5,000 Family	\$5,000	\$5,000 Family
Annual Pharmacy Deductible (Tier 2 & 3 Only)	No deductible	No Deductible	\$50 Individual \$125 Family	
Generic (Tier 1)		20% (\$5 min/\$35 max)	\$10 / \$20 (90-day supply)	
Preferred Brand (Tier 2)	Deductible & Coinsurance	20% (\$20 min/\$60 max)	\$35 / \$70 (90-day supply)	
Non-Preferred Brand (Tier 3)		20% (\$40 min/\$100 max)	\$55 / \$110 (90-day supply)	
Participation and Compliance in Diabetes Health Plan (DHP)				
Diabetes Related Office Visits (In Network)	Deductible then 100% / 0%	100%	100%	100%
Diabetes Related Tier 1 and 2 Medications & Supplies (In Network)	Deductible then 100% / 0%	100%	100%	100%
Participation in Spine & Joint Solutions (SJS) with services at Centers of Excellence (COE)	Deductible then 100% / 0%	Deductible waived then 90% / 10%	Deductible waived then 95% / 5%	Deductible waived then 100% / 0%