

2025 SCA Medical Plans

*Amounts reflect employee cost

Plan Name	HSA Core Plan		PPO Plan	
Network Identifier	In Network	Out of Network	In Network	Out of Network
Accumulation Method (Ded)	Aggregate		Embedded	
Deductible - Single	\$1,800	\$6,000	\$700	\$2,000
Deductible - Family	\$3,600	\$12,000	\$1,400	\$4,000
Annual Company Contribution- Employee + Child (bi-weekly contr.)	\$500		n/a	
Wellness Incentives	Up to \$500		Up to \$500	
General Coinsurance	20% after deductible *	50% after deductible*	20% after deductible *	40% after deductible *
Accumulation Method (OOP)	Embedded		Embedded	
Max OOP - Single	\$6,000	\$10,000	\$3,000	\$7,000
Max OOP - Family	\$12,000	\$20,000	\$6,000	\$14,000
Office Visit – Primary Care	20% after deductible	50% after deductible	\$30 copay	40% after deductible
Office Visit - Specialty	20% after deductible	50% after deductible	\$60 copay	40% after deductible
Urgent Care	20% after deductible	50% after deductible	\$75 copay	40% after deductible
Emergency Room	20% after deductible		\$500 copay	
Inpatient Hospital	20% after deductible	50% after deductible	20% after deductible	40% after deductible
Lab work	20% after deductible	50% after deductible	20% after deductible	40% after deductible
X-rays	20% after deductible	50% after deductible	20% after deductible	40% after deductible
Pharmacy				
Rx Deductible - Single	Combined with medical		No Deductible	Not Covered
Rx Deductible - Family	Combined with medical		No Deductible	Not Covered
Generic	\$10	Not Covered	\$10	Not Covered
Formulary	\$30	Not Covered	\$30	Not Covered
Non-Formulary	\$60	Not Covered	\$60	Not Covered
Mail Order - Generic	\$20	Not Covered	\$20	Not Covered
Mail Order - Formulary	\$60	Not Covered	\$60	Not Covered
Mail Order - Non- Formulary	\$120	Not Covered	\$120	Not Covered