



2025 Non-SCA Health Plans and Payroll Deductions

Today. Tomorrow. Together.

We help you prepare.

Meet Your Non-SCA 2025 Health Plans

Plan Name	2025 HSA Plan	2025 PPO Plan
Network Identifier	In Network	In Network
Accumulation Method (Deductible)	Aggregate	Embedded
Deductible - Single	\$1,800	\$700
Deductible - Family	\$3,600	\$1,400
Annual Company Contribution - Single/Family (bi-weekly)	\$250 / \$500	n/a
Wellness Incentives	\$500	\$500
General Coinsurance	100%	80%
Accumulation Method (OOP)	Embedded	Embedded
Max OOP - Single	\$6,000	\$3,000
Max OOP - Family	\$12,000	\$6,000
Office Visit - Primary Care	100%	\$30 copay
Office Visit - Specialty	100%	\$60 copay
Urgent Care	100%	\$75 copay
Emergency Room	\$500 then 100% Deductible	\$500 copay
Inpatient Hospital	100%	80%
Lab Work	100%	80%
X-rays	100%	80%
Pharmacy		
Rx Deductible - Single	Combined with medical	None
Rx Deductible - Family	Combined with medical	None
Generic	\$10	\$10
Formulary	\$30	\$30
Non-Formulary	\$60	\$60
Mail Order - Generic	\$20	\$20
Mail Order - Formulary	\$60	\$60
Mail Order - Non-Formulary	\$120	\$120

Percents shown are what the plan pays after the deductible has been met.



2025 Non-SCA Bi-Weekly Payroll Deductions

2025 Non-SCA Bi-Weekly Premiums		Salary Band <\$55,000		Salary Band \$55,000+	
		Employee Cost		Employee Cost	
Plan	Level of Coverage	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
HSA Plan					
	Employee Only	\$56.00	\$113.69	\$96.00	\$153.69
	Employee + Spouse	\$152.00	\$209.69	\$242.00	\$299.69
	Employee + Domestic Partner (DP)	\$152.00	\$209.69	\$242.00	\$299.69
	Employee + Employee's Child(ren)	\$134.00	\$191.69	\$212.00	\$269.69
	Employee + DP Child(ren)	\$134.00	\$191.69	\$212.00	\$269.69
	Employee + Spouse + Child(ren)	\$214.00	\$271.69	\$335.00	\$392.69
	Employee + DP + Employee's Child(ren)	\$214.00	\$271.69	\$335.00	\$392.69
	Employee + DP + DP's Child(ren)	\$214.00	\$271.69	\$335.00	\$392.69
PPO Plan					
	Employee Only	\$124.00	\$181.69	\$193.00	\$250.69
	Employee + Spouse	\$303.00	\$360.69	\$460.00	\$517.69
	Employee + Domestic Partner (DP)	\$303.00	\$360.69	\$460.00	\$517.69
	Employee + Employee's Child(ren)	\$267.00	\$324.69	\$406.00	\$463.69
	Employee + DP Child(ren)	\$267.00	\$324.69	\$406.00	\$463.69
	Employee + Spouse + Child(ren)	\$433.00	\$490.69	\$645.00	\$702.69
	Employee + DP +Child(ren)	\$433.00	\$490.69	\$645.00	\$702.69
	Employee + DP + DP's Child(ren)	\$433.00	\$490.69	\$645.00	\$702.69

2025 Non-SCA Bi-Weekly Payroll Deductions

DELTA DENTAL	
Employee Only	\$ 9.02
Employee + Spouse	\$ 16.88
Employee + Domestic Partner (DP)	\$ 16.88
Employee + Employee's Child(ren)	\$ 16.74
Employee + DP's Child(ren)	\$ 16.74
Employee + Spouse + Child(ren)	\$ 24.85
Employee + DP + Employee's Child(ren)	\$ 24.85
Employee + DP + DP's Child(ren)	\$ 24.85
VSP BASE PLAN	
Employee Only	\$4.20
Employee + Spouse	\$6.14
Employee + Domestic Partner (DP)	\$6.14
Employee + Employee's Child(ren)	\$6.54
Employee + DP's Child(ren)	\$6.54
Employee + Spouse + Child(ren)	\$10.06
Employee + DP + Employee's Child(ren)	\$10.06
Employee + DP + DP's Child(ren)	\$10.06
VSP ENHANCED PLAN	
Employee Only	\$6.40
Employee + Spouse	\$9.34
Employee + Domestic Partner (DP)	\$9.34
Employee + Employee's Child(ren)	\$9.95
Employee + DP's Child(ren)	\$9.95
Employee + Spouse + Child(ren)	\$15.32
Employee + DP + Employee's Child(ren)	\$15.32
Employee + DP + DP's Child(ren)	\$15.32

