

School District:

7-1-25 Step:

## 2025-26 MEUHP Statewide Benefit Plans & Steps

	Office Visit		Deductible		Co-Ins.	Out of Pocket		STEPS (one step decrease or increase maximum at renewal)								
	PCP	SCP	Ind	Family		Individual In- Network	Family In-Network	1	2	3	4	5	6	7	8	9
<b>HSA 7000</b>	Ded. then 20%		\$7,000	\$14,000	20%	\$8,000	\$16,000	\$469	\$498	\$527	\$557	\$586	\$615	\$645	\$674	\$703
<b>HSA 5500</b>	Ded. then 20%		\$5,500	\$11,000	20%	\$7,500	\$15,000	\$506	\$538	\$570	\$601	\$633	\$665	\$696	\$728	\$760
<b>HSA 3500</b>	Ded. then 20%		\$3,500	\$7,000	20%	\$5,500	\$11,000	\$576	\$612	\$648	\$684	\$720	\$756	\$792	\$828	\$864
<b>PPO 5000</b>	\$30	\$50	\$5,000	\$15,000	30%	\$8,550	\$17,100	\$550	\$585	\$619	\$654	\$688	\$722	\$757	\$791	\$826
<b>PPO 3000</b>	\$30	\$50	\$3,000	\$9,000	20%	\$8,000	\$16,000	\$593	\$630	\$667	\$704	\$741	\$778	\$815	\$852	\$889
<b>PPO 2000</b>	\$30	\$50	\$2,000	\$6,000	20%	\$6,500	\$13,000	\$617	\$655	\$694	\$732	\$771	\$810	\$848	\$887	\$925
<b>PPO 1000</b>	\$30	\$50	\$1,000	\$3,000	20%	\$4,500	\$9,000	\$644	\$684	\$725	\$765	\$805	\$845	\$886	\$926	\$966

### All Plans

Wellness visits are covered at 100%

Separate out-of-network deductible and coinsurance.

SPOUSE RATE = 110% OF EMPLOYEE RATE  
 CHILDREN RATE = 90% OF EMPLOYEE RATE  
 CHILD RATE = 55% OF EMPLOYEE RATE

### PPO Plans

PPO Rx Copays, Tiers 1-4: \$10 / \$45 / \$80 / 25% up to \$200 maximum. 90-day retail and home delivery available.

All PPO Plans except PPO 5000 include a \$50 copay for in-network urgent care.

This is a brief summary only.  
 See Summary of Benefits for more information.

### HSA Plans

HSA 3500, 5500 & 7000 include generic preventive Rx benefit.