

2025 Benefits At A Glance



MEDICAL	PPO Plan			HSA Plan		
	Tier 1 HCMH	Tier 2 WFBH	Tier 3 In-Network	Tier 1 HCMH	Tier 2 WFBH	Tier 3 In-Network
Deductible - Individual - Family	\$1,000 \$2,000	\$2,000 \$4,000	\$4,000 \$8,000	\$1,650 \$3,300	\$2,000 \$4,000	\$4,000 \$8,000
Out-of-Pocket Max - Individual - Family	\$2,500 \$5,000	\$3,000 \$6,000	\$6,500 \$13,000	\$3,300 \$6,600	\$6,000 \$12,000	\$8,000 \$16,000
Coinsurance (Plan/Member)	90% / 10%	70% / 30%	60% / 40%	100% / 0%	70% / 30%	60% / 40%
Preventive Care	Covered 100%			Covered 100%		
Primary Care	\$10 Copay	\$25 Copay	\$45 Copay	0% After Deductible	30% After Deductible	40% After Deductible
Specialist	\$25 Copay	\$50 Copay	\$75 Copay	0% After Deductible	30% After Deductible	40% After Deductible
Urgent Care	\$35 Copay	\$45 Copay	\$75 Copay	0% After Deductible	30% After Deductible	40% After Deductible
Emergency Room Visit	\$250 Copay	\$500 Copay	\$500 Copay	0% After Deductible	30% After Deductible	40% After Deductible
Hospitalization - Inpatient / Outpatient	10% After Deductible	30% After Deductible	30% After Deductible	0% After Deductible	30% After Deductible	40% After Deductible

PHARMACY	PPO Plan		HSA Plan	
	30-Day Retail	90-Day Retail	30-Day Retail	90-Day Retail
Tier 1 Generic	\$15 Copay	\$45 Copay	20% after deductible	20% after deductible
Tier 2 Preferred Brand	\$30 Copay	\$90 Copay	20% after deductible	20% after deductible
Tier 3 Non-Formulary Brand	\$60 Copay	\$180 Copay	20% after deductible	20% after deductible
Tier 4 Specialty	20% up to \$250	N/A	20% after deductible	N/A

PREMIUMS	Bi-Weekly (Non-Tobacco)	
	PPO	HDHP
Employee Only	\$53.91	\$25.00
Employee + Spouse	\$221.66	\$105.77
Employee + Child(ren)	\$159.09	\$63.82
Employee + Family	\$311.23	\$140.38

2025 IRS Maximum Health Savings Account Contributions*	
Individual Maximum	Family Maximum
\$4,300	\$8,550
Catch-Up Contribution if age 55 or older	
\$1,000	
*Includes any employer contribution	



This guide is meant to provide a convenient summary of company offered benefit plans. If there are any inconsistencies between the information in this guide and the plan documents or contracts, the plan documents and contracts will prevail. Certificates and/or plan documents, which provide more details about each benefit plan, can be located on your enrollment site.

Dental		Delta PPO & Premier	Delta Out of Network	Vision		In-Network
Benefits				Benefits		
Lifetime Deductible		\$100	\$100	Materials		\$10 copay
Annual Benefit Maximum		\$1,300	\$1,300	Frames		\$100 retail allowance
Preventive Services		Covered at 100%	Covered at 100%	Lenses: Single Vision Bifocal Trifocal		Covered in full
Basic Services		100% after deductible	80% after deductible	Contact Lenses		Fitting covered in full \$130 allowance
Major Services		50% after deductible	50% after deductible	Frequency of Services		
Orthodontia <i>Children to Age 26</i>		50% to \$1,200	50% to \$1,200	Materials & Contact Lenses		Once every 12 months

Additional Voluntary Benefits

FSA - Employees can contribute pre-tax dollars to a Health Care and/or Dependent Care Spending Account.

Voluntary Life - Employees who want to supplement their group life and AD&D insurance benefits may purchase additional coverage.

Short Term Disability (STD) - Offers up to 26 weeks of partial income replacement up to 60% of your salary when you are unable to work due to sickness or injury.

Group Accident - The plan pays you lump sum benefits based on your injury and the treatment you need.

Group Critical Illness - The elected lump sum benefit is paid directly to you at the first diagnosis of a covered condition.

Hospital Indemnity - The plan pays you based on each covered hospital incident.

Benefits Provided at no Cost to Employees

Basic Life Insurance - Full-time employees receive life insurance coverage equal to 1x your annual base salary up to a maximum of \$250,000

Long Term Disability (LTD) - For longer periods of disability, the LTD Plan can provide protection up to 60% of your salary.

Employee Assistance Program (EAP) - Employees and family members have access to licensed professional counselors to assist with work, personal or financial related issues.

****If you are adding a new dependent on your coverage, documentation must be turned in by November 11th for approval.****

Additional benefits information can be found in your MyHughChathamHR account and on QuickClick.

If you have questions, please contact humanresources@hughchatham.org.

iNGAGED Benefits App Company Benefit Information... ON THE GO!

- View detailed benefit information
 - Spouse and/or dependents access to their benefit information and ID cards 24/7
 - Visit carrier websites within the app
 - Store images of insurance ID cards
- Login with your company code: HughChatham