

Retired Plans for 2025

- Choice Plus Platinum
- Choice Plus Silver HSAQ
- iDirect Gold Copay Option 2
- iDirect Bronze Blended HSAQ

***Regulatory Change:** Remove cost share for insulin, will now be covered in full (Deductible waived, if applicable). If the product is HSAQ, the deductible on insulin is waived. This does NOT include oral anti-diabetic agents and injectable anti-diabetic agents.

PLATINUM PLANS

FlexFit Platinum	2024	2025
Emergency Room	\$150	\$250
Outpatient Procedures performed in an Ambulatory Surgery Center	\$75	\$150
Outpatient Procedures performed in a hospital	\$100	\$200

FlexFit Platinum Option 2	2024	2025
Emergency Room	\$150	\$250
Outpatient Procedures performed in an Ambulatory Surgery Center	\$75	\$150
Outpatient Procedures performed in a hospital	\$100	\$200
Out-of-Pocket Maximum	\$3,500/\$7,000	\$4,000/\$8,000

Passport Plan National Platinum	2024	2025
In-Network OOP Max	\$6,000/\$12,000	\$4,500/\$9,000
Emergency Room	\$150	\$200
Outpatient Procedures performed in an Ambulatory Surgery Center	\$75	\$150
Outpatient Procedures performed in a hospital	\$100	\$200

Passport Plan Local Platinum	2024	2025
In-Network OOP Max	\$6,000/\$12,000	\$4,500/\$9,000
Emergency Room	\$150	\$200
Outpatient Procedures performed in an Ambulatory Surgery Center	\$75	\$150
Outpatient Procedures performed in a hospital	\$100	\$200

GOLD PLANS

Standard HNY Gold	2024	2025
In-Network OOP Max	\$5,900/\$11,800	\$7,900/\$15,800

iDirect Gold Copay HSAQ	2024	2025
In-Network Deductible	\$1,600/\$3,200	\$1,650/\$3,300
In-Network OOP Max	\$4,500/\$9,000	\$5,500/\$11,000
Emergency Room	Deductible then \$150	Deductible then \$200
Outpatient Procedures performed in an Ambulatory Surgery Center	Deductible then \$100	Deductible then \$200
Outpatient Procedures performed in a hospital	Deductible then \$125	Deductible then \$250

iDirect Gold Copay	2024	2025
Emergency Room Services	Deductible then \$150	Deductible then \$200
Outpatient Procedures performed in an Ambulatory Surgery Center	Deductible then \$100	Deductible then \$200
Outpatient Procedures performed in a hospital	Deductible then \$125	Deductible then \$250
Pharmacy	\$10/\$40/50%	\$10/\$40/\$100

iDirect Gold Copay Option 3	2024	2025
In-Network OOP Max	\$5,900/\$11,800	\$6,250/\$12,500
Emergency Room Services	Deductible then \$150	Deductible then \$250
Outpatient Procedures performed in an Ambulatory Surgery Center	Deductible then \$75	Deductible then \$200
Outpatient Procedures performed in a hospital	Deductible then \$100	Deductible then \$250

Passport Plan National Gold HSAQ	2024	2025
In-Network Deductible	\$1,600/\$3,200	\$1,650/\$3,300

Passport Plan Local Gold HSAQ	2024	2025
In-Network Deductible	\$1,600/\$3,200	\$1,650/\$3,300

SILVER PLANS

iDirect Silver Copay	2024	2025
Emergency Room Services	Deductible then \$250	Deductible then \$300
Outpatient Procedures performed in an Ambulatory Surgery Center	Deductible then \$175	Deductible then \$200
Outpatient Procedures performed in a hospital	Deductible then \$200	Deductible then \$250

iDirect Silver Copay Option 2	2024	2025
Out-of-Pocket Maximum	\$9,450/\$18,900	\$9,200/\$18,400
Primary Care Office Visit	Deductible then \$30	Deductible then \$30 (including the first visit)
Specialist Office Visit	Deductible then \$65	Deductible then \$65 (including the first visit)
Outpatient Procedures performed in an Ambulatory Surgery Center	Deductible then \$150	Deductible then \$250
Outpatient Procedures performed in a hospital	Deductible then \$150	Deductible then \$300
Pharmacy	\$15/\$40/\$75	\$15/\$40/\$125

iDirect Silver Copay HSAQ	2024	2025
Emergency Room Services	Deductible then \$250	Deductible then \$300
Outpatient Procedures performed in an Ambulatory Surgery Center	Deductible then \$175	Deductible then \$200
Outpatient Procedures performed in a hospital	Deductible then \$200	Deductible then \$250

iDirect Silver Coinsurance HSAQ	2024	2025
Coinsurance	Deductible then 20%	Deductible then 25%
Primary Care Office Visit	Deductible then 20%	Deductible then 25%
Specialist Office Visit	Deductible then 20%	Deductible then 25%
Urgent Care	Deductible then 20%	Deductible then 25%
Emergency Room Visit	Deductible then 20%	Deductible then 25%
Outpatient Procedures performed in an Ambulatory Surgery Center	Deductible then 20%	Deductible then 25%
Outpatient Procedures performed in a hospital	Deductible then 20%	Deductible then 25%
Inpatient Hospital Services (per admission)	Deductible then 20%	Deductible then 25%
Pharmacy	Deductible then \$15/20%/50%	Deductible then \$15/\$50/50%

Passport Plan Local Silver HSAQ	2024	2025
Coinsurance	Deductible then 20%	Deductible then 25%
Primary Care Office Visit	Deductible then 20%	Deductible then 25%
Specialist Office Visit	Deductible then 20%	Deductible then 25%
Urgent Care	Deductible then 20%	Deductible then 25%
Emergency Room Visit	Deductible then 20%	Deductible then 25%
Outpatient Procedures performed in an Ambulatory Surgery Center	Deductible then 20%	Deductible then 25%
Outpatient Procedures performed in a hospital	Deductible then 20%	Deductible then 25%
Inpatient Hospital Services (per admission)	Deductible then 20%	Deductible then 25%
Pharmacy	Deductible then \$15/20%/50%	Deductible then \$15/\$50/50%

Passport Plan National Silver HSAQ	2024	2025
Coinsurance	Deductible then 20%	Deductible then 25%
Primary Care Office Visit	Deductible then 20%	Deductible then 25%
Specialist Office Visit	Deductible then 20%	Deductible then 25%
Urgent Care	Deductible then 20%	Deductible then 25%
Emergency Room Visit	Deductible then 20%	Deductible then 25%
Outpatient Procedures performed in an Ambulatory Surgery Center	Deductible then 20%	Deductible then 25%
Outpatient Procedures performed in a hospital	Deductible then 20%	Deductible then 25%
Inpatient Hospital Services (per admission)	Deductible then 20%	Deductible then 25%
Pharmacy	Deductible then \$15/20%/50%	Deductible then \$15/\$50/50%

BRONZE PLAN

iDirect Bronze MV HSAQ	2024	2025
In-Network Deductible	\$7,500/\$15,000	\$8,050/\$16,100
In-Network OOP Max	\$7,500/\$15,000	\$8,050/\$16,100

