

2025 Medical Plans: **Plan Comparison**



| | PPO with Flexible Spending Account | | | Consumer Choice Advantage with Health Savings Account | | | Consumer Choice Value with Health Savings Account | | |
|---|---|--|---|---|--|---|---|---|---|
| Deductible | Tier 1: Single: \$1,200 Family: \$3,000 | Tier 2: Single: \$3,000 Family: \$6,000 | Tier 3: Single: \$5,000 Family: \$10,000 | Tier 1: Single: \$3,300 Family: \$6,600 | Tier 2: Single: \$3,300 Family: \$6,600 | Tier 3: Single: \$6,000 Family: \$12,000 | Tier 1: Single: \$4,000 Family: \$8,000 | Tier 2: Single: \$4,000 Family: \$8,000 | Tier 3: Single: \$6,000 Family: \$12,000 |
| Copay PPO plan: Copays for physician visits, pharmacy, etc., does not apply to the deductible, but does apply to out-of-pocket maximum. | Tier 1: Office visit/exam: \$30 Outpatient specialist visit: \$60 Urgent care: \$50 Emergency services: \$500 | Tier 2: Office visit/exam: \$40 Outpatient specialist visit: \$90 Urgent care: \$100 Emergency services: Deductible and 20% co-insurance. | Tier 3: Office visit/exam: \$60 Outpatient specialist visit: \$120 Urgent care: \$150 Emergency services: Deductible and 20% co-insurance. | Copays do not apply. See co-insurance below. Co-insurance applies after deductible has been met and may vary according to services. Refer to plan document. Office visits, specialist visits, and urgent care: Tier 1: 0% Tier 2: 20% Tier 3: 40% Emergency services: Tier 1: 10% Tier 2: 20% Tier 3: 20% | | | Copays do not apply. See co-insurance below. Co-insurance applies after deductible has been met and may vary according to services. Refer to plan document. Office visits, specialist visits, and urgent care: Tier 1: 0% Tier 2: 25% Tier 3: 40% Emergency services: Tier 1: 10% Tier 2: 20% Tier 3: 20% | | |
| Co-Insurance (after your deductible is met) | Tier 1: 10% | Tier 2: 20% | Tier 3: 30% | Tier 1: 10% | Tier 2: 20% | Tier 3: 30% | Tier 1: 10% | Tier 2: 25% | Tier 3: 40% |
| Out-of-Pocket Maximum | Tier 1: Single: \$4,000 Family: \$6,000 | Tier 2: Single: \$5,000 Family: \$10,000 | Tier 3: Single: \$6,000 Family: \$12,000 | Tier 1: Single: \$5,000 Family: \$9,000 | Tier 2: Single: \$5,000 Family: \$9,000 | Tier 3: Single: \$8,000 Family: \$15,000 | Tier 1: Single: \$6,650 Family: \$13,300 | Tier 2: Single: \$6,650 Family: \$13,300 | Tier 3: Single: \$8,300 Family: \$16,600 |
| Pharmacy Nebraska Medicine pharmacies offer a 90-day supply for the price of a 60-day supply, with free mail-order services. Preventive medications are available at no cost, exclusively through Nebraska Medicine pharmacies. | Nebraska Medicine Pharmacies: Generic: \$5 Preferred brand: \$30 Non-preferred brand: \$60 Specialty: Prescription price applies to deductible. After deductible is reached, 10% coinsurance. It does apply to out-of-pocket maximum. | | In-Network Pharmacies: <i>*see Benefits Hub for more details</i> Generic: \$20 Preferred brand: Prescription price applies to deductible. After deductible is reached, 20% co-insurance. Non-preferred brand: Prescription price applies to deductible. After deductible is reached, 20% co-insurance. Specialty: Not covered. | Prescription price applies to deductible. After deductible is reached, 20% co-insurance. Specialty: Covered at Nebraska Medicine pharmacies only. | | | Prescription price applies to deductible. After deductible is reached, 20% co-insurance. Specialty: Covered at Nebraska Medicine pharmacies only. | | |
| Employer Funding | Single: \$20 premium discount per pay period* Colleague + Spouse, Colleague + Children, Family: \$30 premium discount per pay period* | | | Single: \$1,000** Family: \$1,500** | | | Single: \$1,000** Family: \$1,500** | | |
| Your Allowable Contributions | Flexible Spending Account (optional): \$3,200 | | | Health Savings Account: Single: \$4,300 Family: \$8,550 Option for \$1,000 catch-up contribution if 55+ | | | Health Savings Account: Single: \$4,300 Family: \$8,550 Option for \$1,000 catch-up contribution if 55+ | | |

* Must have completed Total Health Survey and earned 7,500 Empower Your Wellbeing points by Sept. 30, 2024, to receive premium discount. If spouse is covered, they must have completed Total Health Survey by Sept. 30, 2024, to earn family premium discount. For employee/children coverage, no additional action is needed to earn family premium discount.

** Must have completed Total Health Survey and earned 7,500 Empower Your Wellbeing points by Sept. 30, 2024, to receive \$1,000 single employer funding. If spouse is covered, they must have completed Total Health Survey by Sept. 30, 2024, to earn full \$1,500 family funding. For employee/children coverage, no additional action is needed to earn full \$1,500 family funding.

2025 Medical Plans: **Plan Premiums per Pay Period**



FULL-TIME COLLEAGUES

PPO

| | Employee Premium | Employee Premium with Well-Being Incentive Discount | Employer Premium |
|--------------------------|------------------|---|------------------|
| Colleague | \$80.37 | \$60.37 | \$271.82 |
| Colleague and Spouse | \$169.09 | \$139.09 | \$535.29 |
| Colleague and Child(ren) | \$154.31 | \$124.31 | \$525.42 |
| Family | \$243.04 | \$213.04 | \$852.27 |

Consumer Choice Advantage

| | Employee Premium | Employer Premium |
|--------------------------|------------------|------------------|
| Colleague | \$59.84 | \$281.69 |
| Colleague and Spouse | \$124.30 | \$558.76 |
| Colleague and Child(ren) | \$113.56 | \$545.59 |
| Family | \$178.02 | \$884.13 |

Consumer Choice Value

| | Employee Premium | Employer Premium |
|--------------------------|------------------|------------------|
| Colleague | \$40.06 | \$291.31 |
| Colleague and Spouse | \$88.13 | \$574.60 |
| Colleague and Child(ren) | \$80.12 | \$559.41 |
| Family | \$128.20 | \$902.34 |

PART-TIME COLLEAGUES

PPO

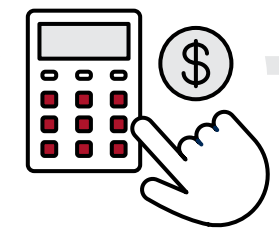
| | Employee Premium | Employee Premium with Well-Being Incentive Discount | Employer Premium |
|--------------------------|------------------|---|------------------|
| Colleague | \$120.56 | \$100.56 | \$231.63 |
| Colleague and Spouse | \$253.64 | \$223.64 | \$450.74 |
| Colleague and Child(ren) | \$231.46 | \$201.46 | \$448.27 |
| Family | \$364.55 | \$334.55 | \$730.76 |

Consumer Choice Advantage

| | Employee Premium | Employer Premium |
|--------------------------|------------------|------------------|
| Colleague | \$89.76 | \$251.77 |
| Colleague and Spouse | \$186.45 | \$496.61 |
| Colleague and Child(ren) | \$170.34 | \$488.81 |
| Family | \$267.01 | \$795.14 |

Consumer Choice Value

| | Employee Premium | Employer Premium |
|--------------------------|------------------|------------------|
| Colleague | \$60.08 | \$271.28 |
| Colleague and Spouse | \$132.20 | \$530.53 |
| Colleague and Child(ren) | \$120.18 | \$519.35 |
| Family | \$192.30 | \$838.25 |



**Check out our
Plan Select Tool
to help you find
the right plan.**

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