

Your 2025 Coverage: Much Like 2024

While your medical plan options for 2025 haven't changed, your monthly contributions may have.

Remember, if your preferred providers are not in-network, you could pay more for medical services.

You can check to see if your doctor is in your network or search for new doctors by visiting Blue Cross and Blue Shield of Illinois (BCBSIL*) at www.bcbsil.com/att. Even if you are currently a BCBSIL member, follow the prompts on the home page to locate the correct network based on your bargaining region and state of residence.

For More Information

- Review and compare all your **2025 medical plan options and their costs**, and **prescription drug coverage**.
- Go to **Your Personal Healthcare Team by Included Health** (includedhealth.com/att) to connect with specialists who can help you navigate your medical plan options and find high-quality providers in-network and/or who meet your needs. This support will be available Dec 17 - Dec. 20.

*Blue Cross and Blue Shield of Illinois (BCBSIL) provides national coverage.

	West HCN Option 1	West HCN Option 2
Monthly Contributions		
<u>Current Employee</u>	<i>Hired/rehired/transferred on/before 5/29/2020</i>	
Individual:	\$158	\$97
Family:	\$394	\$268
<u>New Hire:</u>	<i>Hired/rehired/transferred after 5/29/2020</i>	
Individual:	\$187	\$124
Family:	\$468	\$343
Medical Coverage	1-800-621-7336	1-800-621-7336
Annual Deductible	\$950 Individual; \$1,900 Family; combined with MH/SUD; capped at \$950 per Individual	\$1,750 Individual; \$3,500 Family; combined with MH/SUD, Rx and CarePlus
Annual Out-of-Pocket Maximum	\$3,950 Individual; \$7,900 Family; includes Annual Deductible; combined with MH/SUD; capped at \$3,950 per Individual	\$6,900 Individual; \$13,800 Family; Includes Annual Deductible; combined with MH/SUD, Rx and CarePlus; capped at \$6,900 per Individual
Copay/Coinsurance	10% Coinsurance after Annual Deductible	10% Coinsurance after Annual Deductible
Prescription drug coverage	1-800-378-8851	1-800-378-8851

Annual deductible	Not applicable	Medical, MH/SUD, Rx and CarePlus; see Annual Deductible Individual/Family section for amount; deductible must be met before Co-payment applies except for certain preventive care drugs.
Annual out-of-pocket maximum	\$1,700 Individual; \$3,400 Family; Network copays apply	Medical, MH/SUD, Rx and CarePlus; see Annual out-of-pocket maximum Individual/Family section for amount
Retail:		
Generic Drugs	\$10 copay; up to 30 day supply; two Fill max on maintenance drug, mandatory mail order	\$10 copay; up to 30 day supply; 2 Fill max on maintenance drug then Mail Order required.
Preferred Brand Drugs	\$45 copay; up to 30 day supply; 2 Fill max on maintenance drug then Mail Order required.	\$45 copay; up to 30 day supply; generic avail, pay generic copay + drug cost difference; 2 Fill max on maintenance drug then Mail Order required.
Non-Preferred Brand Drugs	\$90 copay; up to 30 day supply; 2 Fill max on maintenance drug then Mail Order required.	\$90 copay; up to 30 day supply; generic avail, pay generic copay + drug cost difference; 2 Fill max on maintenance drug then Mail Order required.
Mail Order:		
Generic Drugs	\$20 copay; up to 90 day supply. Retail pickup at specified Retail Pharmacies also available.	\$20 copay; up to 90 day supply. Retail pickup at specified Retail Pharmacies also available.
Preferred Brand Drugs	\$90 copay; up to 90 day supply; Retail pickup at specified Retail Pharmacies also available.	\$90 copay; up to 90 day supply; if generic available, pay generic copay plus drug cost difference. Retail pickup at specified Retail Pharmacies also available.
Non-Preferred Brand Drugs	\$180 copay; up to 90 day supply; Retail pickup at specified Retail Pharmacies also available.	\$180 copay; up to 90 day supply; if generic available, pay generic copay plus drug cost difference. Retail pickup at specified Retail Pharmacies also available.

This is intended to provide a high-level summary of network coverage details. See SPD for full information