| St Luke's [™] + Health Plan | | BRONZE | | BRONZE HDHP | | SILVER | | SILVER - 5600* | | SILVER - 1000* | | SILVER - 250* | | GOLD | | |
|--|--|-------------------------|---|-------------------------|---|-------------------------|---|-------------------------|---|-------------------------|---|-------------------------|---|-------------------------|--|--|
| | | In-network | Out-of- network | In-network | Out-of- network | |
| Deductible | Individual | \$7,750 | \$18,400 | \$7,200 | \$18,400 | \$5,700 | \$18,400 | \$5,600 | \$18,400 | \$1,000 | \$18,400 | \$250 | \$18,400 | \$1,800 | \$18,400 | |
| | Family | \$15,500 | \$36,800 | \$14,400 | \$36,800 | \$11,400 | \$36,800 | \$11,200 | \$36,800 | \$2,000 | \$36,800 | \$500 | \$36,800 | \$3,600 | \$36,800 | |
| Annual out- of-pocket maximum | Individual | \$9,200 | \$92,000 | \$7,200 | \$92,000 | \$9,200 | \$92,000 | \$7,350 | \$47,250 | \$3,050 | \$47,250 | \$1,000 | \$47,250 | \$7,750 | \$92,000 | |
| | Family | \$18,400 | \$184,000 | \$14,400 | \$184,000 | \$18,400 | \$184,000 | \$14,700 | \$94,500 | \$6,100 | \$94,500 | \$2,000 | \$94,500 | \$15,500 | \$184,000 | |
| Preventive care services | | \$0 | 60% after deductible | \$0 | | \$O | 60% after deductible | \$0 | 60% after deductible | \$0 | 60% after deductible \$0 \$0 | \$0 | 60% after deductible | \$0 | 60% after deductible | |
| Primary care physicians | | \$0 | | \$0 after deductible | 60% after deductible | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | |
| Professional maternity services | | \$0 | | \$0 after deductible | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | |
| Outpatient professional mental health | | \$0 | | \$0 after deductible | | \$O | | \$0 | | \$0 | | \$0 | | \$0 | | |
| Medical eye exams | | \$0 | | \$0 after deductible | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | |
| Professional oncology | | \$140 | | \$0 after deductible | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | |
| St. Luke's On-Demand virtual care and other telehealth services | | \$0 | Out-of-network services not available | \$0 after deductible | Out-of-network services not available | \$0 | Out-of-networ services not available | |
| Urgent care | | \$140 | 60% after deductible | \$0 after deductible | 60% after deductible | \$60 | 60% after deductible | \$60 | 60% after deductible | \$30 | 60% after deductible | \$25 | 60% after deductible | \$30 | 60% after deductible | |
| Emergency rooms | | 50% after deductible | | \$0 after o | eductible 40% after deductible | | 40% after deductible | | 20% after deductible | | 10% after deductible | | 10% after deductible | | | |
| Ambulatory services | | 50% after deductible | | \$0 after deductible | | 40% after deductible | | 40% after deductible | | 20% after deductible | | 10% after deductible | | 10% after deductible | | |
| Hospital services | | 50% after deductible | 60% after deductible | \$0 after deductible | 60% after deductible | 40% after deductible | 60% after deductible | 40% after deductible | 60% after deductible | 20% after deductible | 60% after deductible | 10% after deductible | 60% after deductible | 10% after deductible | 60% after deductible | |
| Specialist office visits | | \$140 | | \$0 after deductible | | \$60 | | \$60 | | \$30 | | \$25 | | \$30 | | |
| Diagnostic X-Ray and lab services | | \$150 | | \$0 after deductible | | \$80 | | \$80 | | \$40 | | \$30 | | \$40 | | |
| Physical, speech and occupational therapy | | \$40 | | \$0 after deductible | | \$40 | | \$40 | | \$30 | | \$25 | | \$25 | | |
| Chiropractic care | | \$40 | | \$0 after deductible | | \$40 | | \$40 | | \$40 | | \$40 | | \$40 | | |
| Prescription drugs (30-day supply) | Affordable Care Act (ACA) preventive drugs | \$0 per drug | | \$0 per drug | | |
| | Tier 1 (preferred generic) | \$25 per drug | | \$0 after deductible | | \$0 per drug | | |
| | Tier 2 (non-preferred generic) | \$35 per drug | | \$0 after deductible | | \$10 per drug | | |
| | Tier 3 (preferred brand) | 35% after deductible | | \$0 after deductible | | 35% after deductible | | 35% after deductible | | 25% after deductible | | 15% after deductible | | 35% after deductible | | |
| | Tier 4 (non-preferred brand) | 50% after deductible | | \$0 after deductible | | 50% after | 50% after deductible | | 50% after deductible | | 40% after deductible | | 30% after deductible | | 50% after deductible | |
| | Tier 5 (preferred specialty) | 40% after deductible | | \$0 after deductible | | 40% after | 40% after deductible | | 40% after deductible | | 30% after deductible | | 20% after deductible | | 40% after deductible | |

*Cost Share Reduction (CSR) plan. Not all individuals and families are eligible to purchase. All plans are subject to exclusions and limitations. A complete list of exclusions are included in plan policy documents and available at stlukeshealthplan.org/documents.

2025 Individual Plans