

For groups with more than 50 employees
Delaware



For health plans with effective dates beginning January 1, 2025		Medical Coverage																Prescriptions	
		Medical Deductible		Plan Payment Level (Coinsurance) After Deductible	Out-of-Pocket Limit (Coinsurance Max)		Total Maximum Out-of-Pocket¹		Inpatient	Emergency Room	Urgent Care	Primary Care Provider (PCP)²	Specialist	Telemedicine⁵	Advanced Imaging	Diagnostics	Pathology	Rx Templates Available to Align with the Medical Plan	
		In-network Individual	In-network Family	In-network	In-network Individual	In-network Family	Individual	Family	In-network		In-network	In-network	In-network	In-network	In-network	In-network	In-network		
Member Pays		Plan Pays	Member Pays																
EPO	EPO Designs — Embedded⁴																		
	EPO 75% \$3,500/\$7,000 w/Rx D	\$3,500	\$7,000	75%	\$3,500	\$7,000	\$9,200	\$18,400	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	Rx A, B, C, D, E, CCA	
	EPO 80% \$1,500/\$3,000 w/Rx D	\$1,500	\$3,000	80%	\$3,500	\$7,000	\$9,200	\$18,400	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	Rx A, B, C, D, E, CCA	
	EPO 80% \$2,500/\$5,000 w/Rx D	\$2,500	\$5,000	80%	\$2,500	\$5,000	\$9,200	\$18,400	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	Rx A, B, C, D, E, CCA	
	EPO 100% \$1,000/\$2,000 w/Rx D	\$1,000	\$2,000	100%	\$0	\$0	\$9,200	\$18,400	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	Rx A, B, C, D, E, CCA	
	EPO 100% \$1,500/\$3,000 w/Rx D	\$1,500	\$3,000	100%	\$0	\$0	\$9,200	\$18,400	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	Rx A, B, C, D, E, CCA	
	EPO 100% \$2,500/\$5,000 w/Rx D	\$2,500	\$5,000	100%	\$0	\$0	\$9,200	\$18,400	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	Rx A, B, C, D, E, CCA	
	EPO 100% \$3,000/\$6,000 w/Rx D	\$3,000	\$6,000	100%	\$0	\$0	\$9,200	\$18,400	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	Rx A, B, C, D, E, CCA	
	EPO 100% \$5,000/\$10,000 w/Rx D	\$5,000	\$10,000	100%	\$0	\$0	\$9,200	\$18,400	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	Rx A, B, C, D, E, CCA	
	EPO 100% \$0, \$500IP w/Rx D	\$0	\$0	100%	\$0	\$0	\$9,200	\$18,400	0% after \$500 per day, up to five days (per admission)	\$150	\$50	\$25	\$50	\$20	\$100	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 70% \$4,000/\$8,000 \$50 copay w/ Rx D	\$4,000	\$8,000	70%	\$2,500	\$5,000	\$9,200	\$18,400	30% after deductible	\$500	\$75	\$50	\$70	\$30	\$100	\$50	\$50	Rx A, B, C, D, E, CCA	
	EPO 70% \$4,000/\$8,000 w/Rx D	\$4,000	\$8,000	70%	\$2,000	\$4,000	\$9,200	\$18,400	30% after deductible	\$250	\$50	\$25	\$45	\$20	\$250	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 70% \$5,000/\$10,000 w/Rx D	\$5,000	\$10,000	70%	\$2,500	\$5,000	\$9,200	\$18,400	30% after deductible	\$500	\$75	\$50	\$70	\$30	\$100	\$50	\$50	Rx A, B, C, D, E, CCA	
	EPO 70% \$6,500/\$13,000 w/Rx D	\$6,500	\$13,000	70%	\$1,500	\$3,000	\$9,200	\$18,400	30% after deductible	\$350	\$100	\$40	\$60	\$20	30% after deductible	\$50	\$50	Rx A, B, C, D, E, CCA	
	EPO 80% \$1,000/\$2,000 w/Rx D	\$1,000	\$2,000	80%	\$3,000	\$6,000	\$9,200	\$18,400	20% after deductible	\$150	\$50	\$25	\$40	\$20	\$100	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 80% \$1,500/\$3,000 w/Rx D	\$1,500	\$3,000	80%	\$3,000	\$6,000	\$9,200	\$18,400	20% after deductible	\$150	\$50	\$25	\$40	\$20	\$100	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 80% \$2,000/\$4,000 w/Rx D	\$2,000	\$4,000	80%	\$3,000	\$6,000	\$9,200	\$18,400	20% after deductible	\$150	\$50	\$25	\$40	\$20	\$100	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 80% \$2,500/\$5,000 w/Rx D	\$2,500	\$5,000	80%	\$2,500	\$5,000	\$9,200	\$18,400	20% after deductible	\$150	\$50	\$25	\$50	\$20	\$100	\$35	\$25	Rx A, B, C, D, E, CCA	

(Continued)

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		Medical Deductible		Plan Payment Level (Coinsurance) After Deductible	Out-of-Pocket Limit (Coinsurance Max)		Total Maximum Out-of-Pocket¹		Inpatient	Emergency Room	Urgent Care	Primary Care Provider (PCP)²	Specialist	Telemedicine⁵	Advanced Imaging	Diagnostics	Pathology	Rx Templates Available to Align with the Medical Plan	
		In-network Individual	In-network Family	In-network	In-network Individual	In-network Family	Individual	Family	In-network		In-network	In-network	In-network	In-network	In-network	In-network	In-network		
		Member Pays		Plan Pays	Member Pays														
EPO	EPO Designs (continued)																		
	EPO 80% \$3,000/\$6,000 w/Rx D	\$3,000	\$6,000	80%	\$2,000	\$4,000	\$9,200	\$18,400	20% after deductible	\$250	\$50	\$35	\$45	\$20	\$250	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 80% \$4,000/\$8,000 w/Rx D	\$4,000	\$8,000	80%	\$3,000	\$6,000	\$9,200	\$18,400	20% after deductible	\$300	\$75	\$40	\$70	\$20	\$250	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 80% \$5,250/\$10,500 w/Rx D	\$5,250	\$10,500	80%	\$1,900	\$3,800	\$9,200	\$18,400	20% after deductible	\$300	\$75	\$40	\$70	\$20	\$250	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 80% \$6,350/\$12,700 w/Rx D	\$6,350	\$12,700	80%	\$1,300	\$2,600	\$9,200	\$18,400	20% after deductible	\$300	\$75	\$40	\$70	\$20	\$250	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 90% \$3,500/\$7,000 w/Rx D	\$3,500	\$7,000	90%	\$5,100	\$10,200	\$9,200	\$18,400	10% after deductible	\$450	\$75	\$50	\$70	\$30	\$100	\$50	\$50	Rx A, B, C, D, E	
	EPO 90% \$4,000/\$8,000 w/Rx D	\$4,000	\$8,000	90%	\$2,500	\$5,000	\$9,200	\$18,400	10% after deductible	\$500	\$75	\$50	\$70	\$30	\$100	\$50	\$50	Rx A, B, C, D, E	
	EPO 90% \$5,000/\$10,000 w/Rx D	\$5,000	\$10,000	90%	\$2,500	\$5,000	\$9,200	\$18,400	10% after deductible	\$500	\$75	\$50	\$70	\$30	\$100	\$50	\$50	Rx A, B, C, D, E	
	EPO 100% \$500/\$1,500 w/Rx D	\$500	\$1,500	100%	\$0	\$0	\$9,200	\$18,400	0% after deductible	\$150	\$50	\$25	\$50	\$20	\$100	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 100% \$1,000/\$3,000 w/Rx D	\$1,000	\$3,000	100%	\$0	\$0	\$9,200	\$18,400	0% after deductible	\$150	\$50	\$25	\$50	\$20	\$100	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 100% \$1,500/\$4,500 w/Rx D	\$1,500	\$4,500	100%	\$0	\$0	\$9,200	\$18,400	0% after deductible	\$250	\$75	\$30	\$60	\$20	\$100	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 100% \$2,500/\$5,000 w/Rx D	\$2,500	\$5,000	100%	\$0	\$0	\$9,200	\$18,400	0% after deductible	\$150	\$50	\$25	\$50	\$20	\$100	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 100% \$3,500/\$7,000 w/Rx D	\$3,500	\$7,000	100%	\$0	\$0	\$9,200	\$18,400	0% after deductible	\$300	\$75	\$40	\$70	\$20	\$100	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 100% \$4,000/\$8,000 w/Rx D	\$4,000	\$8,000	100%	\$0	\$0	\$9,200	\$18,400	0% after deductible	\$150	\$50	\$25	\$50	\$20	\$100	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 100% \$5,250/\$10,500 w/Rx D	\$5,250	\$10,500	100%	\$0	\$0	\$9,200	\$18,400	0% after deductible	\$250	\$50	\$25	\$50	\$20	\$250	\$35	\$25	Rx A, B, C, D, E, CCA	
	EPO 100% \$6,350/\$12,700 w/Rx D	\$6,350	\$12,700	100%	\$0	\$0	\$9,200	\$18,400	0% after deductible	\$300	\$75	\$40	\$70	\$20	\$250	\$35	\$25	Rx A, B, C, D, E, CCA	

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		Medical Deductible		Plan Payment Level (Coinsurance) After Deductible	Out-of-Pocket Limit (Coinsurance Max)		Total Maximum Out-of-Pocket¹		Inpatient	Emergency Room	Urgent Care	Primary Care Provider (PCP)²	Specialist	Telemedicine⁵	Advanced Imaging	Diagnostics	Pathology	Rx Templates Available to Align with the Medical Plan
		In-network Individual	In-network Family	In-network	In-network Individual	In-network Family	Individual	Family	In-network		In-network	In-network	In-network	In-network	In-network	In-network	In-network	
Member Pays		Plan Pays	Member Pays															
EPO	EPO Healthy Savings Designs — Non-Embedded⁴																	
	EPO Healthy Savings 100% \$1,650/\$3,300 w/Rx	\$1,650	\$3,300	100%	\$0	\$0	\$1,650	\$3,300	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	Rx CCD³
	EPO Healthy Savings 100% \$2,000/\$4,000 w/Rx	\$2,000	\$4,000	100%	\$0	\$0	\$2,000	\$4,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	Rx CCD³
	EPO Healthy savings 100% \$3,000/\$6,000 w/Rx	\$3,000	\$6,000	100%	\$0	\$0	\$3,000	\$6,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	Rx CCD³
	EPO Healthy Savings Designs — Embedded⁴																	
	EPO Healthy Savings 70% \$5,000/\$10,000 w/Rx	\$5,000	\$10,000	70%	\$500	\$1,000	\$6,000	\$12,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	Rx DI, CCD
	EPO Healthy Savings 70% \$6,500/\$13,000 w/Rx	\$6,500	\$13,000	70%	\$1,000	\$2,000	\$8,050	\$16,100	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	Rx DI, CCD³
	EPO Healthy Savings 80% \$3,300/\$6,600 w/ Rx	\$3,300	\$6,600	80%	\$2,700	\$5,400	\$6,000	\$12,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	Rx DI, CCD³
	EPO Healthy Savings 80% \$4,000/\$8,000 w/Rx	\$4,000	\$8,000	80%	\$500	\$1,000	\$5,000	\$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	Rx DI, CCD
	EPO Healthy Savings 90% \$5,000/\$10,000 w/Rx	\$5,000	\$10,000	90%	\$500	\$1,000	\$6,000	\$12,000	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	Rx DI, CCD
EPO Healthy Savings 100% \$5,000/\$10,000 w/ RX	\$5,000	\$10,000	100%	\$0	\$0	\$5,000	\$10,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	Rx CCD³

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For health plans with effective dates beginning January 1, 2025		Medical Coverage																Prescriptions
		Medical Deductible		Plan Payment Level (Coinsurance) After Deductible	Out-of-Pocket Limit (Coinsurance Max)		Total Maximum Out-of-Pocket¹		Inpatient	Emergency Room	Urgent Care	Primary Care Provider (PCP)²	Specialist	Telemedicine⁵	Advanced Imaging	Diagnostics	Pathology	Rx Templates Available to Align with the Medical Plan
		In-network Individual	In-network Family	In-network	In-network Individual	In-network Family	Individual	Family	In-network		In-network	In-network	In-network	In-network	In-network	In-network		
Member Pays		Plan Pays	Member Pays															
PPO	PPO Designs — Embedded⁴																	
	PPO 100% \$1,000/\$2,000 w/Rx D	\$1,000	\$2,000	100% In-network 80% Out-of-network	\$0	\$0	\$9,200	\$18,400	0% after deductible	\$150	\$50	\$25	\$40	\$20	\$100	\$35	\$25	Rx A, B, C, D, E, CCA
	PPO Smart \$500 90%/70% w/Rx	\$500	\$1,000	90% In-network 70% Out-of-network	\$2,000	\$4,000	\$9,200	\$18,400	10% after deductible	\$150	\$50	\$20	\$35	\$15	10% after deductible	10% after deductible	10% after deductible	Rx A, B, C, D, E, CCA
	PPO Premium \$20–\$40 w/Rx	\$0	\$0	100% In-network 80% Out-of-network	\$0	\$0	\$9,200	\$18,400	0%	\$150	\$60	\$20	\$40	\$15	0%	0%	0%	Rx A, B, C, D, E, CCA
	PPO Sharing \$1,000 \$30–\$40 w/Rx	\$1,000	\$2,000	100% In-network 80% Out-of-network	\$0	\$0	\$9,200	\$18,400	0% after deductible	\$150	\$75	\$30	\$40	\$20	0% after deductible	0% after deductible	0% after deductible	Rx A, B, C, D, E, CCA
	PPO Healthy Savings Designs - Non-Embedded⁴																	
	PPO Healthy Savings 100% \$1,650 w/Rx	\$1,650	\$3,300	100% In-network 80% Out-of-network	\$0	\$0	\$1,650	\$3,300	0% after deductible	0% after network deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	Rx CCD³
	PPO Healthy Savings \$1,650 90%/70% w/Rx	\$1,650	\$3,300	90% In-network 70% Out-of-network	\$1,000	\$2,000	\$2,650	\$5,300	10% after deductible	10% after network deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	Rx DI, CCD³
	PPO Healthy Savings \$2,000 90%/70% w/Rx	\$2,000	\$4,000	90% In-network 70% Out-of-network	\$1,000	\$2,000	\$3,000	\$6,000	10% after deductible	10% after network deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	Rx DI, CCD³
	PPO Healthy Savings 100% \$3,000/\$6,000 w/Rx	\$3,000	\$6,000	100% In-network 80% Out-of-network	\$0	\$0	\$3,000	\$6,000	0% after deductible	0% after network deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	Rx CCD³
	PPO Healthy Savings \$2,000 with Copays w/Rx	\$2,000	\$4,000	100% In-network 80% Out-of-network	\$500	\$1,000	\$2,500	\$5,000	0% after deductible	\$150 after network deductible	\$50 after network deductible	\$25 after deductible	\$25 after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	Rx DI, CCD³
	PPO Healthy Savings Designs — Embedded⁴																	
	PPO Healthy Savings \$3,500 90%/70% w/Rx	\$3,500	\$7,000	90% In-network 70% Out-of-network	\$1,000	\$2,000	\$4,500	\$9,000	10% after deductible	10% after network deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	10% after deductible	Rx DI, CCD³
	PPO Healthy Savings \$6,350 w/Rx	\$6,350	\$12,700	100% In-network 80% Out-of-network	\$0	\$0	\$6,350	\$12,700	0% after deductible	0% after network deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	Rx CCD³
PPO Healthy Savings \$3,500 w/Rx	\$3,500	\$7,000	100% In-network 80% Out-of-network	\$0	\$0	\$3,500	\$7,000	0% after deductible	0% after network deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	Rx CCD³	
PPO Healthy Savings \$5,000 w/Rx	\$5,000	\$10,000	100% In-network 80% Out-of-network	\$0	\$0	\$5,000	\$10,000	0% after deductible	0% after network deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	Rx CCD³	

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For health plans with effective dates beginning January 1, 2025		Medical Coverage															
		Medical Deductible	Plan Payment Level (Coinsurance) After Deductible	Out-of-Pocket Limit (Coinsurance Max)	Total Maximum Out-of-Pocket¹	Hospital Inpatient (Includes IP MHSA, maternity, transplants, rehab facilities)	Outpatient Surgery	Skilled Nursing Facility	Emergency Room	Urgent Care	Primary Care Provider/ OP MHSA/ Speech Therapy	Specialist/ Allergy Extracts/ Injections	Physical Therapy/ Occupational Therapy	Telemedicine	Advanced Imaging/ Basic Imaging	DME/ Orthotics/ Prosthetics	Rx Template
		In-network Individual/ In-network Family	In-network	In-network Individual/ In-network Family	In-network Individual/ Family	In-network	In-network	In-network		In-network	In-network	In-network	In-network	In-network	In-network	In-network	
		Member Pays	Plan Pays	Member Pays													
	EPO Designs																
	EPO Blue \$20/\$40 Easy Plan Rx C	\$0 / \$0	100%	\$0 / \$0	\$9,200 /\$18,400	\$1,000	\$100	\$1,000	\$150	\$50	\$20	\$40	\$15	\$10	\$75/ \$20	\$40*	Rx C, CCA
	EPO Blue \$30/\$50 Easy Plan Rx C	\$0 / \$0	100%	\$0 / \$0	\$9,200 /\$18,400	\$2,000	\$150	\$2,000	\$200	\$60	\$30	\$50	\$15	\$15	\$100/ \$30	\$50*	Rx C, CCA
	EPO Blue \$35/\$55 Easy Plan Rx C	\$0 / \$0	100%	\$0 / \$0	\$9,200 /\$18,400	\$2,500	\$500	\$2,500	\$300	\$70	\$35	\$55	\$15	\$20	\$125/ \$40	\$55*	Rx C, CCA
	PPO Design																
	PPO Blue \$30/\$50 Easy Plan Rx C	\$0 / \$0	100%	\$0 / \$0	\$9,200 /\$18,400	\$2,000	\$150	\$2,000	\$200	\$60	\$30	\$50	\$15	\$15	\$100/ \$30	\$50*	Rx C, CCA

* Copay on DME does not pertain to the DE state mandates for insulin infusion pumps. Member-cost-sharing amount for the following diabetes equipment and supplies will not exceed \$35 per month which is an aggregate cap under Medical and Prescription Drug benefits: covered blood glucose meters and strips, urine testing strips, syringes, continuous glucose monitors and supplies, and insulin pump supplies.

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Rx Name	Formulary	Benefit Design	Retail	Mail Order	Mandatory Mail Order
DE Rx A	Comprehensive	Incentive	Generic: \$10 Preferred Brand: \$25 Non-Preferred Brand: \$50	Generic: \$20 Preferred Brand: \$50 Non-Preferred Brand: \$100	N/A
DE Rx B	Comprehensive	Incentive	Generic: \$15 Preferred Brand: \$30 Non-Preferred Brand: \$60	Generic: \$30 Preferred Brand: \$60 Non-Preferred Brand: \$120	N/A
DE Rx C	Comprehensive	Incentive	Generic: \$10 Preferred Brand: \$45 Non-Preferred Brand: \$65	Generic: \$20 Preferred Brand: \$90 Non-Preferred Brand: \$130	N/A
DE Rx D	Comprehensive	Incentive	Generic: \$20 Preferred Brand: \$60 Non-Preferred Brand: \$80	Generic: \$40 Preferred Brand: \$120 Non-Preferred Brand: \$160	N/A
DE Rx DP ¹	Comprehensive	Incentive	Integrated with Medical (after deductible) Generic – coinsurance after deductible Preferred Brand – (coinsurance minus 5%) after deductible Non-Preferred Brand – (coinsurance minus 10%) after deductible	Integrated with Medical (after deductible) Generic – coinsurance after deductible Preferred Brand – (coinsurance minus 5%) after deductible Non-Preferred Brand – (coinsurance minus 10%) after deductible	N/A
DE Rx E	Comprehensive	Incentive	Generic: \$15 Preferred Brand: \$75 Non-Preferred Brand: \$100	Generic: \$30 Preferred Brand: \$150 Non-Preferred Brand: \$200	N/A
DE Rx CCA	Core	Closed	Tier 1: \$3 Tier 2: \$10 Tier 3: 10%/\$150 max. Tier 4: 15%/\$450 max.	Tier 1: \$6 Tier 2: \$20 Tier 3: 10%/\$300 max. Tier 4: 15%/\$900 max.	N/A
DE Rx CCD ³	Core	Closed	Integrated with Medical (after deductible) Coinsurance (if applicable) after deductible	Integrated with Medical (after deductible) Coinsurance (if applicable) after deductible	N/A

¹ The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays, prescription drug cost share, and any qualified medical expense. Non-High Deductible Health Plans (such as PPOs, etc.): Effective with plan years beginning on or after January 1, 2025, the TMOOP cannot exceed \$9,200 for individual and \$18,400 for two or more persons. Qualified High Deductible Health Plans: Effective with plan years beginning on or after January 1, 2025, the TMOOP cannot exceed \$8,300 for individual and \$16,600 for two or more persons. In addition, new regulations for 2025 do not allow a member within a family plan to exceed \$9,200 in cost sharing.

² Primary care physician (PCP) copay also applies to outpatient speech therapy office visits.

³ Integrated Rx plans include all medical and prescription claims accumulating toward one overall deductible.

⁴ Embedded: For family coverage, the entire family deductible must be satisfied in one benefit period by two or more family members before the program would begin to pay for covered services for all the remaining family members. Non-Embedded: The entire family deductible must be satisfied in one benefit period by one or more family members. Benefits for any individual member of the family will not be payable until the family deductible has been satisfied. Once the family deductible is met, no further deductible amounts must be satisfied by any covered family member.

⁵ Telemedicine services (acute care for minor illnesses available 24/7) must be performed by a Highmark-approved telemedicine vendor. Additional services provided by an approved telemedicine vendor are paid according to the benefit category that they fall under (e.g., PCP is eligible under the PCP office visit benefit, behavioral health is eligible under the outpatient mental health services benefit).

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ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

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