

2025 Premera Health Savings Plan benefits at a glance

HEALTH SAVINGS PLAN (HSP)		
Plan feature	In-network coverage	Out-of-network coverage ¹
HSA contribution This tax-free contribution from Microsoft is based on coverage level. It will be prorated based on your hire date and paid on a per-pay period basis.	Employee only: \$1,000 Employee + 1: \$2,000 Employee + 2 or more: \$2,500	
	<i>Amounts above represent funding for employees in levels 40–49 & 59 and above roles. For employees in levels 30–39 & 50–58 and below roles, funding is at \$1,750, \$3,500 and \$4,375, respectively.</i>	
Annual deductible The deductible does not apply to preventive services for either in-network or out-of-network coverage	Employee only: \$1,750 Employee + 1: \$3,500 Employee + 2 or more: \$4,375	
Copayments A fixed amount you are required to pay for a service	N/A	
Coinsurance The percentage of the allowable charge that you are required to pay for a service	10%	30%
Annual coinsurance maximum Includes coinsurance only	Employee only: \$1,000 Employee + 1: \$2,000 Employee + 2 or more: \$2,500	
Annual out-of-pocket maximum Includes medical deductible, coinsurance, and copays	Employee only: \$2,750 Employee + 1: \$5,500 Employee + 2 or more: \$6,875	

¹Out-of-network coverage under the plan is limited to the allowable charge; you are responsible for any amount charged above the allowable charge (also known as balance billing). PCP = Primary care physician

Progyny, an independent provider of fertility benefits, does not provide Blue Cross Blue Shield products or services. Progyny is solely responsible for its products and services.

Important Note: This is not a complete explanation of covered services, exclusions, limitations, reductions, or the terms under which the program may be continued in force. This benefit summary is not a contract. For full coverage provisions, including a description of limitations and exclusions, please see Microsoft Summary Plan Description at aka.ms/benefits or contact Premera Blue Cross at 800-676-1411.

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HEALTH SAVINGS PLAN (HSP)		
Benefit	In-network coverage	Out-of-network ¹ coverage
Ambulance (ground or water)	90% after deductible	
Air ambulance	90% after deductible	90% of allowable charges, after deductible
Autism/ABA therapy	90% after deductible	90% of allowable charges, after deductible
Chiropractic, massage, and acupuncture services	90% after deductible	70% of allowable charges, after deductible
	Combined 24-visit limit per member per calendar year	
Contraception	100%	
	<i>Contraceptive devices and injections administered by a physician; prescription forms of contraception are covered under preventive care</i>	
Diabetes health education	100%	100% of allowable charges
Diagnostic services Lab and radiology	90% after deductible	90% of allowable charges, after deductible
Emergency room care and professional services	90% after deductible	90% of allowable charges, after deductible
Routine hearing exam and hardware	Exam: 90% after deductible	Exam: 70% of allowable charges, after deductible
	Hardware: 90% after deductible \$10,000 limit per member in a period of 3 consecutive calendar years	
Home health care	90% after deductible	70% of allowable charges, after deductible
Hospice care	90% after deductible	
Hospital inpatient and outpatient	90% after deductible	70% of allowable charges, after deductible
Fertility Includes medications	90% after deductible, within the Progyny provider network	Not covered
International services	Emergency care: 90% after deductible Non-emergency care: 70% after deductible	
Maternity care	90% after deductible	70% of allowable charges, after deductible

HEALTH SAVINGS PLAN (HSP)		
Benefit	In-network coverage	Out-of-network ¹ coverage
Medical equipment and supplies	90% after deductible	90% of allowable charges, after deductible
Mental health and chemical dependency	90% after deductible for inpatient and outpatient services	90% of allowable charges, after deductible for inpatient and outpatient services
Office visit	90% after deductible	70% of allowable charges, after deductible
Prescription drugs: Retail pharmacy 30-day supply / 90-day supply for generic maintenance medications	90% after deductible	
Prescription drugs: Mail order pharmacy 90-day supply	90% after deductible	Not covered
Preventive care See Preventive Care and Preventive Drug lists for details on coverage	Preventive services: 100% Preventive prescription drugs: 100%	Preventive services: 100% of allowable charges Preventive prescription drugs: 100%
Skilled nursing facility	90% after deductible	70% of allowable charges, after deductible
	120-day maximum per member per calendar year	
Urgent care	90% after deductible	70% of allowable charges, after deductible
Spring Health Employee Assistance Program	24 sessions per calendar year	Not covered

Notice of availability and nondiscrimination 800-722-1471 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Звертайте за безкоштовною мовною підтримкою та відповідними додатковими послугами.

សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ ማሳሰቢያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር

Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.

ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

ໃຫ້ເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Zadzwonń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

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