

2025 Benefit Comparison

| | Preferred* Gold | Standard Gold | Preferred Silver | Standard Silver | Preferred Bronze | Standard Bronze | Preferred Bronze HSA |
|---|-----------------------------|----------------------------|-----------------------------|----------------------------|-----------------------------|--------------------|-------------------------|
| Member Cost Shares | In-network | In-network | In-network | In-network | In-network | In-network | In-network |
| Deductible / Out-of-pocket Max | \$1500 / \$6300 | \$1500 / \$7800 | \$4500 / \$8100 | \$5000 / \$8000 | \$6350 / \$8700 | \$7500 / \$9200 | \$5800 / \$8000 |
| Coinsurance | 30% | 25% | 30% | 40% | 30% | 50% | 35% |
| Benefit Highlights | | | | | | | |
| Preventive Care** | Covered in full | Covered in full | Covered in full | Covered in full | Covered in full | Covered in full | Covered in full |
| Primary Care Office Visit | First 2 \$1 copay then \$30 | \$30 copay | First 2 \$1 copay then \$30 | \$40 copay | First 2 \$1 copay then \$50 | \$50 copay | Ded, then 35% |
| Mental & Behavioral Health/Substance Use Office Visit | \$60 copay | \$30 copay | \$60 copay | \$40 copay | \$75 copay | \$50 copay | Ded, then 35% |
| Specialist Office Visit | \$60 copay | \$60 copay | \$60 copay | \$80 copay | Ded, then \$100 copay | \$100 copay | Ded, then 35% |
| Urgent Care | \$60 copay | \$60 copay | \$60 copay | \$60 copay | Ded, then \$100 copay | \$75 copay | Ded, then 35% |
| Emergency Care | Ded, then 30% | Ded, then 25% | Ded, then 30% | Ded, then 40% | Ded, then 30% | Ded, then 50% | Ded, then 35% |
| Routine Diagnostic and Labs | Ded, then 30% | Ded, then 25% | Ded, then 30% | Ded, then 40% | Ded, then 30% | Ded, then 50% | Ded, then 35% |
| Acupuncture/Chiropractic | \$30 copay | \$30 copay | \$25 copay | \$40 copay | Ded, then 30% | \$50 copay | Ded, then 35% |
| OP Rehab | Ded, then \$60 copay | \$30 copay | Ded, then \$60 copay | \$40 copay | Ded, then 30% | \$50 copay | Ded, then 35% |
| RX – Preferred Generic | \$15 copay | \$15 copay | \$25 copay | \$20 copay | \$30 copay | \$25 copay | Ded, then 35% |
| RX – Preferred Brand | \$45 copay | \$30 copay | \$60 copay | \$40 copay | Ded, then 30% | Ded, then 50% | Ded, then 35% |
| RX – Non-Preferred & Specialty | Ded, then 50%/40% | Ded, then \$60/\$250 copay | Ded, then 50%/40% | Ded, then \$80/\$350 copay | Ded, then 30%/40% | Ded, then 50% | Ded, then 35%/40% |

Preventive care* covered at 100%
[Preventive Care](#)

Preferred, Standard, and AK One plans use the **Legacy and Dental Select network**.

For information on non-preferred and non-participating (out-of-network) providers, see the [benefit details](#).

Rx drug coverage:

M1 - All AI/AN plans except the HAS

M2 - The HSA plans

M4 - All plans except AI/AN and HSA

*AK One Gold plan has identical benefits to Preferred Gold with the exception that AK One Gold does not cover elective abortion.

**Preventive Care includes services such as immunizations, annual well visit, and preventive RX.

Notice of availability and nondiscrimination 800-508-4722 | TTY: 711

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

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

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

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.

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

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。

Vala'au mo auaunaga tau fesoasoani mo gagana e leai ni tologi ma fesoasoani fa'aopo'opo talafeagai ma auaunaga.

ไทเพื่อรับການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ໝາະສົມແບບບໍ່ເສຍຄ່າ.

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。

Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.

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

Звертайте за безкоштовною мовною підтримкою та відповідними додатковими послугами.

ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่น ๆ เพิ่มเติม

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

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

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.

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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