



The Village at Morrisons Cove 2024-2025 Health Plan

Services	HIGHMARK PPO	
	In-Network	Out-Network
Individual Deductible	\$4,000 ***	\$8,000
Family Deductible	\$8,000***	\$16,000
***Your Deductible with MERP	\$1,500 / \$3,000	\$8,000 / \$16,000
Coinsurance %	90% after deductible	70% after deductible
Coinsurance Max (Individual/Family)	\$1,700 / \$3,400	\$3,400 / \$6,800
Total Maximum Out-of-Pocket (Individual/Family)	\$9,450 / \$18,900	Unlimited
Primary Care Visit	\$25 Copay	70% After Deductible
Specialist Care Visit	\$40 Copay	70% After Deductible
Emergency Room Visit (Emergency Use Only)	\$150 Copay (waived if admitted)	
Telemedicine Visit	\$10 Copay	Not Covered
Hospital Charges	90% After Deductible	70% After Deductible
Retail Pharmacy: Generic Formulary Brand Non-Formulary Brand	31/60/90-Day Supply \$15 / \$30 / \$45 \$35 / \$70 / \$105 \$60 / \$120 / \$180	
Mail Pharmacy: Generic Formulary Brand Non-Formulary Brand	90-Day Supply \$30 Copay \$70 Copay \$120 Copay	