

2025

Plan	Annual Deductible	Annual Out of Pocket Max	Medical Account HRA/HSA/PCA	Primary Care Office Visit	Specialist Office Visit	Hospital Inpatient	Hospital Outpatient	Medical Emergency	Prescription Drugs Tier 1 Generic	Retail
Aetna Advantage S/Z24 S+1/Z26 and F/Z25 ND Network	\$2,000	\$7,500	N/A	30%	30%	30%	30%	30%	T1-\$10, T2-45%	
Aetna HealthFund CDHP S/H41 All Aetna Plans ND Network	\$1,000	\$5,000	HRA \$1,000 HRA	15%	15%	15%	15%	15%	T1-\$10, T2-50%max\$200, T3-50%max\$300	
S+1/H43 and F/H42	\$2,000	\$10,000	\$2,000							
Aetna HealthFund Value S/H44 S+1/H46 and F/H45 ND Network	\$700	\$6,000	N/A	\$25	\$40	20%	20%	20%	T1-\$10, 30%max\$600, T350%max\$600	
S+1/H46 and F/H45 ND Network	\$1,400	\$12,000	N/A							
Aetna HealthFund Direct S/N61 S+1/N63 and F/N62 ND Network	\$1,600	\$6,000	HRA \$900 HRA	20%	20%	20%	20%	20%	T1-\$6, T2-30%max\$600, T3-50%max\$600	
S+1/N63 and F/N62 ND Network	\$3,200	\$12,000	\$1,800							
Aetna HealthFund HDHP S/224 All Aetna Plans ND Network	\$1,800	\$6,900	HSA \$800 HSA	15%	15%	15%	15%	15%	T1-\$10, T2-50%max\$200, T3-50%max\$300	
S+1/226 and F/225	\$3,600	\$13,800	\$1,600							
APWU CDHP S/474 S+1/476 and F/475	\$2,200	\$6,500	PCA \$1,200	15% Annual Deductible	15% Annual Deductible	15%	15%	15%	T1&2- 25%min\$15max\$200	
S+1/476 and F/475	\$4,400	\$13,000	PCA \$2,400	\$1,000	\$1,000					
APWU High S/471 S+1/473 and F/472	\$450	\$6,500	N/A	\$25	\$25	15%	15%	15%	T1-\$10, T2-25%max\$200, T3-45%max\$300	
S+1/473 and F/472	\$800	\$13,000	N/A							
BCBS Basic S/111 S+1/113 and F/112	None	\$7,500	N/A	\$35	\$50	\$350/day \$1,750max	\$250/day	\$350	T1-\$15, T2-\$75, T3-60%min\$90	
S+1/113 and F/112	None	\$15,000	N/A							
BCBS Blue Focus S/131 S+1/133 and F/132	\$500	\$9,000	N/A	\$10 1st 10 visits then 30%	\$10 1st 10 visits then 30%	30%	30%	30%	T1-\$5, T2-40%max\$350	
S+1/133 and F/132	\$1,000	\$18,000	N/A	\$10 1st 10 visits then 30%	\$10 1st 10 visits then 30%					

2025

Plan	Annual Deductible	Annual Out of Pocket Max	Medical Account HRA/HSA/PCA	Primary Care Office Visit	Specialist Office Visit	Hospital Inpatient	Hospital Outpatient	Medical Emergency	Prescription Drugs Retail Tier 1 Generic
BCBS Standard S/104 S+1/106 and F/105	\$350 \$700	\$6,000 \$12,000	N/A N/A	\$30 \$30	\$40 \$40	\$350 per stay	15%	15%	T1-\$7.50, T2-30%, T3-50%
Compass Rose Standard S/424 S+1/426 and F/425 ONLY COVERS IN-NETWORK CHARGES	\$500 \$1,000	\$9,000 \$18,000	N/A N/A	\$10 \$10	\$30 \$30	30%	30%	\$500 No Ded	T1-\$5, T2-40%max\$400, T3-No coverage No Ded any tier
Compass Rose High S/421 S+1/423 and F/422	\$350 \$700	\$5,000 \$10,000	N/A N/A	\$15 \$15	\$25 \$25	\$200 per stay, No Ded	10%	10% No Ded	T1-\$5, T2-\$50, T3-40%or\$75, No Ded any tier
GEHA HDHP S/341 S+1/343 and F/342	\$1,650 \$3,300	\$6,000 \$12,000	HSA/HRA \$1,000 HSA/HRA \$2,000	5% 5%	5% 5%	5%	5%	5%	T1-25%, T2-40%
GEHA High S/311 S+1/313 and F/312	\$350 \$700	\$6,000 \$12,000	N/A N/A	\$20 \$20	\$30 \$30	\$100 then 10%	10%	15%	T1-\$10, T2-25%max\$150, T3-40%max\$200
GEHA Standard S/314 S+1/316 and F/315	\$350 \$700	\$6,500 \$13,000	N/A N/A	\$20 \$20	\$35 \$35	15%	15%	20%	T1-\$10, T2-40%max\$250, T3-60%max\$350
GEHA Elevate S/254 S+1/256 and F/255	\$500 \$1,000	\$8,500 \$17,000	N/A N/A	\$10 \$10	\$30 \$30	25%	25%	25%	T1-\$4, T2-50%max\$500, T3-no coverage
GEHA Elevate Plus S/251 S+1/253 and F/252	\$200 \$400	\$7,000 \$14,000	N/A N/A	\$30 \$30	\$50 \$50	15%	15%	15%	T1-\$10, T2-max\$80, T3-50%
HealthPartners High S/V31 S+1/V33 and F/V32 ND Network	None	\$6,500 \$13,000	N/A N/A	\$45 \$45	\$45 \$45	\$500 Ded. Then 20%	\$500 Ded. Then 20%	\$250	T1-\$5, T2-\$25, T3-\$75, T4-40%
HealthPartners Standard S/V34 All HP Plans ND Network S+1/V36 and F/V35	\$750 \$1,500	\$7,500 \$15,000	N/A N/A	\$0 for 5 visits then 20%	\$0 for 5 visits then 20%	20%	20%	20%	T1-\$5, T2-\$25, T3-\$75, T4-40%

2025

Plan	Annual Deductible	Annual Out of Pocket Max	Medical Account HRA/HSA/PCA	Primary Care Office Visit	Specialist Office Visit	Hospital Inpatient	Hospital Outpatient	Medical Emergency	Prescription Drugs Tier 1 Generic	Retail																																																																																																							
MHBP Standard S/454	\$350	\$6,000	N/A	\$20	\$30	\$200 then 10% No Ded	10%	\$200	T1-\$5, T2-30%max\$200, T3-50%max\$200																																																																																																								
S+1/456 and F/455	\$700	\$12,000	N/A	\$20	\$30						MHBP Value S/414	\$600	\$6,600	N/A	\$30	\$50	20%	20%	20%	T1-\$10, T2-45%max\$300, T3-75%max\$500		S+1/416 and F/415	\$1,200	\$13,200	N/A	\$30	\$50	MHBP HDHP S/481	\$2,000	\$6,000	HSA/HRA \$1,200	\$15	\$15	\$75/day max \$750 per stay	\$75	\$50	T1-\$10, T2-30%, T3-50%		S+1/483 and F/482	\$4,000	\$12,000	HSA/HRA \$2,400	\$15	\$15	NALC HDHP S/324	\$2,000	\$6,600	HRA \$1,200	20% \$2,000 max toward Deductible	20% \$2,000 max toward Deductible	20%	20%	20%	T1-\$10, T2-\$40, T3-\$60		S+1/326 and F/325	\$4,000	\$12,000	HRA \$2,400	20% \$2,000 max toward Deductible	20% \$2,000 max toward Deductible	NALC High S/321	\$300	\$3,500	N/A	\$25	\$25	\$350, birth \$0	15%	15%	T1-20%, T2-30%, T3-50%		S+1/323 and F/322	\$600	\$7,000	N/A	\$25	\$25	SAMBA High S/441	\$300	\$5,000	N/A	\$15	\$25	\$200 per stay, no room & board, 15% all other	15%	15%	T1-\$10, T2-30%max\$100, T3-45%max\$300		S+1/443 and F/442	\$600	\$10,000	N/A	\$15	\$25	SAMBA Standard S/444	\$350	\$6,000	N/A	\$20	\$30	\$200 per stay, no room & board, 20% all other	20%	20%	T1-\$12, T2-35%max\$150, T3-50%max\$300		S+1/446	\$700	\$12,000	N/A	\$20	\$30	F/445
MHBP Value S/414	\$600	\$6,600	N/A	\$30	\$50	20%	20%	20%	T1-\$10, T2-45%max\$300, T3-75%max\$500																																																																																																								
S+1/416 and F/415	\$1,200	\$13,200	N/A	\$30	\$50						MHBP HDHP S/481	\$2,000	\$6,000	HSA/HRA \$1,200	\$15	\$15	\$75/day max \$750 per stay	\$75	\$50	T1-\$10, T2-30%, T3-50%		S+1/483 and F/482	\$4,000	\$12,000	HSA/HRA \$2,400	\$15	\$15	NALC HDHP S/324	\$2,000	\$6,600	HRA \$1,200	20% \$2,000 max toward Deductible	20% \$2,000 max toward Deductible	20%	20%	20%	T1-\$10, T2-\$40, T3-\$60		S+1/326 and F/325	\$4,000	\$12,000	HRA \$2,400	20% \$2,000 max toward Deductible	20% \$2,000 max toward Deductible	NALC High S/321	\$300	\$3,500	N/A	\$25	\$25	\$350, birth \$0	15%	15%	T1-20%, T2-30%, T3-50%		S+1/323 and F/322	\$600	\$7,000	N/A	\$25	\$25	SAMBA High S/441	\$300	\$5,000	N/A	\$15	\$25	\$200 per stay, no room & board, 15% all other	15%	15%	T1-\$10, T2-30%max\$100, T3-45%max\$300		S+1/443 and F/442	\$600	\$10,000	N/A	\$15	\$25	SAMBA Standard S/444	\$350	\$6,000	N/A	\$20	\$30	\$200 per stay, no room & board, 20% all other	20%	20%	T1-\$12, T2-35%max\$150, T3-50%max\$300		S+1/446	\$700	\$12,000	N/A	\$20	\$30	F/445	\$900	\$12,000	N/A	\$20	\$30												
MHBP HDHP S/481	\$2,000	\$6,000	HSA/HRA \$1,200	\$15	\$15	\$75/day max \$750 per stay	\$75	\$50	T1-\$10, T2-30%, T3-50%																																																																																																								
S+1/483 and F/482	\$4,000	\$12,000	HSA/HRA \$2,400	\$15	\$15						NALC HDHP S/324	\$2,000	\$6,600	HRA \$1,200	20% \$2,000 max toward Deductible	20% \$2,000 max toward Deductible	20%	20%	20%	T1-\$10, T2-\$40, T3-\$60		S+1/326 and F/325	\$4,000	\$12,000	HRA \$2,400	20% \$2,000 max toward Deductible	20% \$2,000 max toward Deductible	NALC High S/321	\$300	\$3,500	N/A	\$25	\$25	\$350, birth \$0	15%	15%	T1-20%, T2-30%, T3-50%		S+1/323 and F/322	\$600	\$7,000	N/A	\$25	\$25	SAMBA High S/441	\$300	\$5,000	N/A	\$15	\$25	\$200 per stay, no room & board, 15% all other	15%	15%	T1-\$10, T2-30%max\$100, T3-45%max\$300		S+1/443 and F/442	\$600	\$10,000	N/A	\$15	\$25	SAMBA Standard S/444	\$350	\$6,000	N/A	\$20	\$30	\$200 per stay, no room & board, 20% all other	20%	20%	T1-\$12, T2-35%max\$150, T3-50%max\$300		S+1/446	\$700	\$12,000	N/A	\$20	\$30	F/445	\$900	\$12,000	N/A	\$20	\$30																													
NALC HDHP S/324	\$2,000	\$6,600	HRA \$1,200	20% \$2,000 max toward Deductible	20% \$2,000 max toward Deductible	20%	20%	20%	T1-\$10, T2-\$40, T3-\$60																																																																																																								
S+1/326 and F/325	\$4,000	\$12,000	HRA \$2,400	20% \$2,000 max toward Deductible	20% \$2,000 max toward Deductible						NALC High S/321	\$300	\$3,500	N/A	\$25	\$25	\$350, birth \$0	15%	15%	T1-20%, T2-30%, T3-50%		S+1/323 and F/322	\$600	\$7,000	N/A	\$25	\$25	SAMBA High S/441	\$300	\$5,000	N/A	\$15	\$25	\$200 per stay, no room & board, 15% all other	15%	15%	T1-\$10, T2-30%max\$100, T3-45%max\$300		S+1/443 and F/442	\$600	\$10,000	N/A	\$15	\$25	SAMBA Standard S/444	\$350	\$6,000	N/A	\$20	\$30	\$200 per stay, no room & board, 20% all other	20%	20%	T1-\$12, T2-35%max\$150, T3-50%max\$300		S+1/446	\$700	\$12,000	N/A	\$20	\$30	F/445	\$900	\$12,000	N/A	\$20	\$30																																														
NALC High S/321	\$300	\$3,500	N/A	\$25	\$25	\$350, birth \$0	15%	15%	T1-20%, T2-30%, T3-50%																																																																																																								
S+1/323 and F/322	\$600	\$7,000	N/A	\$25	\$25						SAMBA High S/441	\$300	\$5,000	N/A	\$15	\$25	\$200 per stay, no room & board, 15% all other	15%	15%	T1-\$10, T2-30%max\$100, T3-45%max\$300		S+1/443 and F/442	\$600	\$10,000	N/A	\$15	\$25	SAMBA Standard S/444	\$350	\$6,000	N/A	\$20	\$30	\$200 per stay, no room & board, 20% all other	20%	20%	T1-\$12, T2-35%max\$150, T3-50%max\$300		S+1/446	\$700	\$12,000	N/A	\$20	\$30	F/445	\$900	\$12,000	N/A	\$20	\$30																																																															
SAMBA High S/441	\$300	\$5,000	N/A	\$15	\$25	\$200 per stay, no room & board, 15% all other	15%	15%	T1-\$10, T2-30%max\$100, T3-45%max\$300																																																																																																								
S+1/443 and F/442	\$600	\$10,000	N/A	\$15	\$25						SAMBA Standard S/444	\$350	\$6,000	N/A	\$20	\$30	\$200 per stay, no room & board, 20% all other	20%	20%	T1-\$12, T2-35%max\$150, T3-50%max\$300		S+1/446	\$700	\$12,000	N/A	\$20	\$30	F/445	\$900	\$12,000	N/A	\$20	\$30																																																																																
SAMBA Standard S/444	\$350	\$6,000	N/A	\$20	\$30	\$200 per stay, no room & board, 20% all other	20%	20%	T1-\$12, T2-35%max\$150, T3-50%max\$300																																																																																																								
S+1/446	\$700	\$12,000	N/A	\$20	\$30																																																																																																												
F/445	\$900	\$12,000	N/A	\$20	\$30																																																																																																												