2025 Medical Plan Comparison Chart

	OrangePrime Plus HDHP w HSA	OrangePrime LDHP	SureFit
BENEFITS	In-Network	In-Network	In-Network Only
DEDUCTIBLE	\$1,650 /	\$1,500 /	\$1,500 / \$3,000
Individual/Family	\$3,300	\$3,000	
EMPLOYER HSA Contribution Individual/Family	Up to \$1,000 / \$1,550 (proration apply)	Not HSA Eligible	Not HSA Eligible
OUT-OF-POCKET MAX	\$3,000 /	\$3,000 /	\$3,000 / \$6,000
Individual/Family	\$6,000	\$6,000	
Preventive Care	\$0	\$0	\$0
Primary Care	\$30 after Deductible	\$30 co-pay	**\$30 co-pay
Specialist	\$ 50 after Deductible	\$50 co-pay	**\$50 co-pay
Inpatient Hospital Admission	20% after Deductible	20% after Deductible	20% after Deductible
Outpatient Surgery (Non-Hospital)	20% after Deductible	\$150 co-pay	**\$150 co-pay
Advanced Imaging (hospital)	20% after Deductible	20% after Deductible	20% after Deductible
Advanced Imaging (non-hospital)	20% after Deductible	\$150 co-pay	**\$150 co-pay
Urgent Care	20% after Deductible	\$50 co-pay	**\$50 co-pay
Emergency Room	20% after Deductible	20% after Deductible	20% after Deductible
Short-Term Rehabilitation/Therapy	20% after Deductible	20% after Deductible	20% after Deductible
Mental Health/Substance	20% after Deductible	20% after Deductible	20% after Deductible
Mental Health/Substance	\$ 50 after Deductible	\$50 co-pay	**\$50 co-pay
Prescription Drug Coverage			
Retail – 30-day supply	Tier 1 Tier 2 Tier 3	\$10 10% + \$30 10% + \$50	
Retail – 90-day supply	Tier 4 Tier 1 Tier 2	10% - \$100 \$10 10% + \$30	
	Tier 3 Tier 4 Tier 1	10% + \$50 10% - \$100 \$10	
Mail Order – 90-day supply	Tier 2 Tier 3	10% + \$30 10% + \$50	
	Tier 4	10% - \$100	