

2025 Medical Plan Comparisons



ADVANTAGE HSA

PROTECT PPO

ESSENTIAL PPO

DEDUCTIBLE

In Network (Single/Family)	\$1,650 / \$3,300	\$1,200 / \$2,400	\$4,750 / \$9,500
Out of Network (Single/Family)	\$3,300 / \$6,600	\$2,400 / \$4,800	\$9,500 / \$19,000

OUT OF POCKET MAX

In Network (Single/Family)	\$3,300 / \$6,600	\$8,000 / \$16,000	\$9,200 / \$18,400
Out of Network (Single/Family)	\$6,600 / \$13,200	\$16,000 / \$32,000	\$18,400 / \$36,800

GENESCO HSA MATCH

Single/Family	Up to \$500 / \$1,000	N/A - No HSA Account	N/A - No HSA Account
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MEDICAL SERVICES

Preventative Care	Fully Covered	Fully Covered	Fully Covered
Telemedicine	10% After Deductible	\$10 Copay	\$10 Copay
PCP/Specialist Visit	10% After Deductible	\$20 / \$40 Copay	\$30 / \$50 Copay
Urgent Care Center	10% After Deductible	\$20 Copay	\$30 Copay
Emergency Room	10% After Deductible	20% After Deductible	30% After Deductible
Inpatient Hospital	10% After Deductible	20% After Deductible	30% After Deductible
Out of Network Services	40% After Deductible	50% After Deductible	50% After Deductible

PHARMACY SERVICES

Generic (Retail/ Mail)	10% After Deductible	\$10 / \$25 Copay	\$10 / \$25 Copay
Brand Pref (Retail / Mail)	10% After Deductible	20% (\$100 / \$250 Max)	30% (\$100 / \$250 Max)
Brand Non (Retail / Mail)	10% After Deductible	30% (\$150 / \$375 Max)	40% (\$150 / \$375 Max)
Specialty	10% After Deductible	20%, No Deductible	30%, No Deductible



Genesco



LITTLE BURGUNDY

schuh

JOHNSTON & MURPHY.



Bass