

Prince Avenue Baptist School
Health Insurance Comparison 2025
In-Network Benefits Plan Comparison

Benefit Description	Current Buy-Up Plan Guidestone/Highmark Blue Cross Blue Shield PPO TH IN-NETWORK		Current Core Plan Guidestone/Highmark Blue Cross Blue Shield PPO HC Plus IN-NETWORK	
Annual Deductible (single/family)	\$0/\$0		\$2,000/\$4,000	
Coinsurance	80%		100%	
Out-of-Pocket Maximum (single/family) (includes deductible)	\$3,750/\$7,000		\$5,750/\$11,500	
Maximum Benefit	Unlimited		Unlimited	
Office Visits: Preventive Care				
Primary Care Physician Office Visit	Plan pays 100%		Plan pays 100%	
Specialist Physician Office Visit	Plan pays 100%		Plan pays 100%	
Well Child Care	Plan pays 100%		Plan pays 100%	
Office Visits: Illness or Injury				
Telemed	\$0 Copay		\$0 Copay	
Primary Care Physician (PCP) office visit	\$25 Copay		\$25 Copay	
Specialty Care Physician office visit	\$45 Copay		\$45 Copay	
Emergency Room Services				
Life-threatening illness, serious accidental injury	Plan pays 80% after \$250 Copay		\$250 Copay	
Urgent Care	\$50 Copay		\$50 Copay	
Hospital Services - Inpatient				
Facility/ Hospital Charges	Plan pays 80%		Plan pays 100% after deductible	
Physician Fees for Surgical and Medical Services	Plan pays 80%		Plan pays 100% after deductible	
Outpatient Services				
Surgery facility/ hospital charges	Plan pays 80%		Plan pays 100% after deductible	
Diagnostic Lab services	Plan pays 80%		Plan pays 100% after deductible	
Diagnostic X-Ray	Plan pays 80%		Plan pays 100% after deductible	
Major Diagnostics, Lab and X-Ray (CT, PET, MRI, MRA, and nuclear medicine)				
Physician Fees for Surgical and Medical Services	Plan pays 80%		Plan pays 100% after deductible	
Prescription Drugs				
Tier 1	\$15 Copay		\$15 Copay	
Tier 2	\$50 Copay		\$50 Copay	
Tier 3	\$75 Copay		\$75 Copay	
Tier 4	\$150 Copay		\$150 Copay	
Specilaty drugs	\$100 Copay*		\$100 Copay*	
Employee Tier	Rates	School EE Cost	Rates	School EE Cost
Employee only	\$806.59	\$45.00	\$762.04	\$0.00
Employee Spouse	\$1,693.84	\$930.00	\$1,600.28	\$790.00
Employee Child(ren)	\$1,532.52	\$770.00	\$1,447.87	\$640.00
Family	\$2,419.77	\$1,650.00	\$2,286.11	\$1,420.00