

PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (PPO) 03748
Cost Sharing - Member's Responsibility	
Deductible (Per Person / Family Aggregate)	\$0 / \$0
Coinsurance (BCBSF pays / Member pays)	100% / 0%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$1,500 / \$3,000
Office Services	
Family Physician / Specialist	\$10/\$20 Copay
Preventive Services	
Office Services (Primary / Specialist)	\$0 Copay
Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	\$50 Copay
Inpatient Hospital Facility	
Option 1	\$250 Copay
Option 2	\$500 Copay
Outpatient Hospital Facility	
Option 1	\$100 Copay
Option 2	\$200 Copay
Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	\$50 Copay
Urgent Care Centers	\$20 Copay
Diagnostic Testing (e.g., Lab, x-ray)	
Independent Clinical Laboratory	\$0 Copay
Independent Diagnostic Testing Center	\$50 Copay
Outpatient Hospital Facility	
Option 1	\$100 Copay
Option 2	\$200 Copay
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	\$50 Copay
Outpatient Hospital Facility	
Option 1	\$100 Copay
Option 2	\$200 Copay
Other Special Services and Locations	
Durable Medical Equipment	DED + 0%
Skilled Nursing Facility	
Home Health Care	
Hospice	
Prescription Drugs (Certain Medications subject to Prior Authorization)	
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$25 / \$60
Mail Order - Generic/Brand/Non-Preferred	\$20 / \$50 / \$120
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000
Hearing Aid Benefit	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan BlueOptions 03748

ACTIVE

COBRA

RETIREEES (REDUCED)

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,258.52	\$1,277.00	\$1,302.00	\$931.60	\$945.00
Additional for Spouse	\$1,125.83	\$1,142.00	\$1,164.00	\$788.08	\$799.00
Additional for Child	\$982.45	\$997.00	\$1,016.00		
Additional for Family	\$1,229.91	\$1,248.00	\$1,272.00		

PRM Medical Plan Matrix 2025-2026

Product	BlueCare (HMO) 55
Cost Sharing - Member's Responsibility	
Deductible (Per Person / Family Aggregate)	\$0 / \$0
Coinsurance (BCBSF pays / Member pays)	100% / 0%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$1,500 / \$3,000
Office Services	
Family Physician / Specialist	\$10/\$10 Copay
Preventive Services	
Office Services (Primary / Specialist)	\$0 Copay
Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	\$100 Copay
Inpatient Hospital Facility	
Option 1	\$250 Copay
Option 2	NA
Outpatient Hospital Facility	
Option 1	\$100 Copay
Option 2	NA
Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	\$50 Copay
Urgent Care Centers	\$10 Copay
Diagnostic Testing (e.g., Lab, x-ray)	
Independent Clinical Laboratory	\$0 Copay
Independent Diagnostic Testing Center	\$0 Copay
Outpatient Hospital Facility	
Option 1	\$100 Copay
Option 2	NA
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	\$0 Copay
Outpatient Hospital Facility	
Option 1	\$100 Copay
Option 2	NA
Other Special Services and Locations	
Durable Medical Equipment	\$0 Copay
Skilled Nursing Facility	
Home Health Care	
Hospice	
Prescription Drugs (Certain Medications subject to Prior Authorization)	
Retail - Generic/Brand/Non-Preferred/Specialty	\$5 / \$25 / \$25
Mail Order - Generic/Brand/Non-Preferred	\$10 / \$50 / \$50
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000
Hearing Aid Benefit	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan HMO 55

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,144.71	\$1,161.00	\$1,184.00	\$847.32	\$860.00
Additional for Spouse	\$1,054.37	\$1,070.00	\$1,091.00	\$738.04	\$749.00
Additional for Child	\$920.20	\$934.00	\$952.00		
Additional for Family	\$1,151.95	\$1,169.00	\$1,192.00		

PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (PPO) 03769
Cost Sharing - Member's Responsibility	
Deductible (Per Person / Family Aggregate)	\$500 / \$1,500
Coinsurance (BCBSF pays / Member pays)	80% / 20%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$1,500 / \$4,500
Office Services	
Family Physician / Specialist	\$15/\$15 Copay
Preventive Services	
Office Services (Primary / Specialist)	\$0 Copay
Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	DED + 20%
Inpatient Hospital Facility	
Option 1	DED + 20%
Option 2	NA
Outpatient Hospital Facility	
Option 1	DED + 20%
Option 2	NA
Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 20%
Urgent Care Centers	\$15 Copay
Diagnostic Testing (e.g., Lab, x-ray)	
Independent Clinical Laboratory	20%
Independent Diagnostic Testing Center	\$15 Copay
Outpatient Hospital Facility	
Option 1	DED + 20%
Option 2	NA
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	\$15 Copay
Outpatient Hospital Facility	
Option 1	DED + 20%
Option 2	NA
Other Special Services and Locations	
Durable Medical Equipment	DED + 20%
Skilled Nursing Facility	
Home Health Care	
Hospice	
Prescription Drugs (Certain Medications subject to Prior Authorization)	
Retail - Generic/Brand/Non-Preferred/Specialty	\$5 / \$35 / \$35
Mail Order - Generic/Brand/Non-Preferred	\$10 / \$70 / \$70
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000
Hearing Aid Benefit	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan BlueOptions 03769

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,110.08	\$1,126.00	\$1,148.00	\$821.67	\$833.00
Additional for Spouse	\$1,053.84	\$1,069.00	\$1,090.00	\$737.67	\$748.00
Additional for Child	\$919.73	\$933.00	\$951.00		
Additional for Family	\$1,151.31	\$1,168.00	\$1,191.00		

PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (HSA) 05168/9	
Cost Sharing - Member's Responsibility		
Deductible (Per Person / Family Aggregate)	\$1,650 / NA	\$3,300 / \$3,300
Coinsurance (BCBSF pays / Member pays)	100% / 0%	100% / 0%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$1,650 / NA	\$3,300 / \$3,300
Office Services		
Family Physician / Specialist	DED+0%/DED+0%	DED+0%/DED+0%
Preventive Services		
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay
Medical / Surgical Care at a Facility		
Ambulatory Surgical Center (ASC)	DED + 0%	DED + 0%
Inpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Outpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Emergency and Urgent Care		
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 0%	DED + 0%
Urgent Care Centers		
Diagnostic Testing (e.g., Lab, x-ray)		
Independent Clinical Laboratory	DED + 0%	DED + 0%
Independent Diagnostic Testing Center		
Outpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)		
Independent Diagnostic Testing Center	DED + 0%	DED + 0%
Outpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Other Special Services and Locations		
Durable Medical Equipment	DED + 0%	DED + 0%
Skilled Nursing Facility		
Home Health Care		
Hospice		
Prescription Drugs (Certain Medications subject to Prior Authorization)		
Retail - Generic/Brand/Non-Preferred/Specialty	100% after INN DED	100% after INN DED
Mail Order - Generic/Brand/Non-Preferred	100% after INN DED	100% after INN DED
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	DED / \$3,000	DED / \$3,000
Hearing Aid Benefit		
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included	Included

Medical - PRM Plan BlueOptions 05168/05169

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,079.13	\$1,095.00	\$1,116.00	\$798.80	\$810.00
Additional for Spouse	\$965.32	\$979.00	\$998.00	\$675.69	\$685.00
Additional for Child	\$842.39	\$855.00	\$872.00		
Additional for Family	\$1,054.63	\$1,070.00	\$1,091.00		

PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (PPO) 03559
Cost Sharing - Member's Responsibility	
Deductible (Per Person / Family Aggregate)	\$750 / \$2,250
Coinsurance (BCBSF pays / Member pays)	80% / 20%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$3,000 / \$6,000
Office Services	
Family Physician / Specialist	\$20/\$35 Copay
Preventive Services	
Office Services (Primary / Specialist)	\$0 Copay
Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	\$100 Copay
Inpatient Hospital Facility	
Option 1	\$750 Copay
Option 2	\$1,000 Copay
Outpatient Hospital Facility	
Option 1	\$150 Copay
Option 2	\$250 Copay
Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	\$100 Copay
Urgent Care Centers	\$35 Copay
Diagnostic Testing (e.g., Lab, x-ray)	
Independent Clinical Laboratory	\$0 Copay
Independent Diagnostic Testing Center	\$50 Copay
Outpatient Hospital Facility	
Option 1	\$150 Copay
Option 2	\$250 Copay
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	\$100 Copay
Outpatient Hospital Facility	
Option 1	\$150 Copay
Option 2	\$250 Copay
Other Special Services and Locations	
Durable Medical Equipment	DED + 20%
Skilled Nursing Facility	
Home Health Care	
Hospice	
Prescription Drugs (Certain Medications subject to Prior Authorization)	
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$25 / \$60
Mail Order - Generic/Brand/Non-Preferred	\$20 / \$50 / \$120
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000
Hearing Aid Benefit	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan BlueOptions 03559					
Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,038.44	\$1,054.00	\$1,075.00	\$768.64	\$780.00
Additional for Spouse	\$928.95	\$942.00	\$960.00	\$650.22	\$659.00
Additional for Child	\$810.61	\$822.00	\$838.00		
Additional for Family	\$1,014.81	\$1,030.00	\$1,050.00		

PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (PPO) 05360
Cost Sharing - Member's Responsibility	
Deductible (Per Person / Family Aggregate)	\$1,500 / \$4,500
Coinsurance (BCBSF pays / Member pays)	80% / 20%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$3,000 / \$6,000
Office Services	
Family Physician / Specialist	\$25 / \$75 Copay
Preventive Services	
Office Services (Primary / Specialist)	\$0 Copay
Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	DED + 20%
Inpatient Hospital Facility	
Option 1	DED + 20%
Option 2	
Outpatient Hospital Facility	
Option 1	DED + 20%
Option 2	
Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 20%
Urgent Care Centers	\$75 Copay
Diagnostic Testing (e.g., Lab, x-ray)	
Independent Clinical Laboratory	\$0 Copay
Independent Diagnostic Testing Center	DED + 20%
Outpatient Hospital Facility	
Option 1	DED + 20%
Option 2	
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	DED + 20%
Outpatient Hospital Facility	
Option 1	DED + 20%
Option 2	
Other Special Services and Locations	
Durable Medical Equipment	DED + 20%
Skilled Nursing Facility	
Home Health Care	
Hospice	
Prescription Drugs (Certain Medications subject to Prior Authorization)	
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$35 / \$70
Mail Order - Generic/Brand/Non-Preferred	\$20 / \$70 / \$140
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000
Hearing Aid Benefit	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan BlueOptions 05360

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$987.93	\$1,002.00	\$1,022.00	\$731.27	\$742.00
Additional for Spouse	\$883.73	\$896.00	\$913.00	\$618.56	\$627.00
Additional for Child	\$771.22	\$782.00	\$797.00		
Additional for Family	\$965.46	\$979.00	\$998.00		

PRM Medical Plan Matrix 2025-2026

Product	BlueOptions HDHP (HSA) 05180/1	
Cost Sharing - Member's Responsibility		
Deductible (Per Person / Family Aggregate)	\$2,500	\$5,000
Coinsurance (BCBSF pays / Member pays)	100% / 0%	100% / 0%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$2,500	\$5,000
Office Services		
Family Physician / Specialist	DED+0% / DED+0%	DED+0%/DED+0%
Preventive Services		
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay
Medical / Surgical Care at a Facility		
Ambulatory Surgical Center (ASC)	DED + 0%	DED + 0%
Inpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Outpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Emergency and Urgent Care		
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 0%	DED + 0%
Urgent Care Centers		
Diagnostic Testing (e.g., Lab, x-ray)		
Independent Clinical Laboratory	DED + 0%	DED + 0%
Independent Diagnostic Testing Center		
Outpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)		
Independent Diagnostic Testing Center	DED + 0%	DED + 0%
Outpatient Hospital Facility		
Option 1	DED + 0%	DED + 0%
Option 2		
Other Special Services and Locations		
Durable Medical Equipment	DED + 0%	DED + 0%
Skilled Nursing Facility		
Home Health Care		
Hospice		
Prescription Drugs (Certain Medications subject to Prior Authorization)		
Retail - Generic/Brand/Non-Preferred/Specialty	100% after INN DED	100% after INN DED
Mail Order - Generic/Brand/Non-Preferred	100% after INN DED	100% after INN DED
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	DED / \$3,000	DED / \$3,000
Hearing Aid Benefit		
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included	Included

Medical - PRM Plan BlueOptions 05180/05181

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$959.34	\$973.00	\$992.00	\$710.11	\$720.00
Additional for Spouse	\$858.14	\$871.00	\$888.00	\$600.68	\$609.00
Additional for Child	\$748.88	\$760.00	\$775.00		
Additional for Family	\$937.54	\$951.00	\$970.00		

PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (PPO) 05904
Cost Sharing - Member's Responsibility	
Deductible (Per Person / Family Aggregate)	\$2,500 /\$5,000
Coinsurance (BCBSF pays / Member pays)	80% / 20%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$6,000 / \$12,000
Office Services	
Family Physician / Specialist	\$35 / \$75 Copay
Preventive Services	
Office Services (Primary / Specialist)	\$0 Copay
Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	DED + 20%
Inpatient Hospital Facility	
Option 1	DED + 20%
Option 2	
Outpatient Hospital Facility	
Option 1	DED + 20%
Option 2	
Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 20%
Urgent Care Centers	\$75 Copay
Diagnostic Testing (e.g., Lab, x-ray)	
Independent Clinical Laboratory	\$0 Copay
Independent Diagnostic Testing Center	\$50 Copay
Outpatient Hospital Facility	
Option 1	\$250 Copay
Option 2	DED + 20%
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	DED + 20%
Outpatient Hospital Facility	
Option 1	DED + 20%
Option 2	
Other Special Services and Locations	
Durable Medical Equipment	DED + 20%
Skilled Nursing Facility	
Home Health Care	
Hospice	
Prescription Drugs (Certain Medications subject to Prior Authorization)	
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$50 / \$80 / \$120
Mail Order - Generic/Brand/Non-Preferred	\$20 / \$100 / \$160
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000
Hearing Aid Benefit	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan BlueOptions 05904

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$901.39	\$914.00	\$932.00	\$667.23	\$677.00
Additional for Spouse	\$806.34	\$818.00	\$834.00	\$564.42	\$572.00
Additional for Child	\$703.64	\$714.00	\$728.00		
Additional for Family	\$880.92	\$894.00	\$911.00		

PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (PPO) 05901
Cost Sharing - Member's Responsibility	
Deductible (Per Person / Family Aggregate)	\$2,000 / NA
Coinsurance (BCBSF pays / Member pays)	50% / 50%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$6,350 / \$12,800
Office Services	
Family Physician / Specialist	\$35 / \$75 Copay
Preventive Services	
Office Services (Primary / Specialist)	\$0 Copay
Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	DED + 50%
Inpatient Hospital Facility	
Option 1	\$2,000 Copay
Option 2	\$3,000 Copay
Outpatient Hospital Facility	
Option 1	\$300 Copay
Option 2	\$400 Copay
Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 50%
Urgent Care Centers	\$75 Copay
Diagnostic Testing (e.g., Lab, x-ray)	
Independent Clinical Laboratory	\$0 Copay
Independent Diagnostic Testing Center	\$50 Copay
Outpatient Hospital Facility	
Option 1	\$300 Copay
Option 2	\$400 Copay
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	\$200 Copay
Outpatient Hospital Facility	
Option 1	\$300 Copay
Option 2	\$400 Copay
Other Special Services and Locations	
Durable Medical Equipment	DED + 50%
Skilled Nursing Facility	
Home Health Care	
Hospice	
Prescription Drugs (Certain Medications subject to Prior Authorization)	
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$60 / \$100 / \$120
Mail Order - Generic/Brand/Non-Preferred	\$30 / \$180 / \$300
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000
Hearing Aid Benefit	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan BlueOptions 05901

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$872.43	\$885.00	\$902.00	\$645.78	\$655.00
Additional for Spouse	\$780.44	\$792.00	\$807.00	\$546.27	\$554.00
Additional for Child	\$681.01	\$691.00	\$704.00		
Additional for Family	\$852.61	\$865.00	\$882.00		

PRM Medical Plan Matrix 2025-2026

Product	BlueOptions (PPO) 05787
Cost Sharing - Member's Responsibility	
Deductible (Per Person / Family Aggregate)	\$7,350 / \$14,700
Coinsurance (BCBSF pays / Member pays)	100% / 0%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$7,350 / \$14,700
Office Services	
Family Physician / Specialist	\$45 / \$90 Copay
Preventive Services	
Office Services (Primary / Specialist)	\$0 Copay
Medical / Surgical Care at a Facility	
Ambulatory Surgical Center (ASC)	DED + 0%
Inpatient Hospital Facility	
Option 1	DED + 0%
Option 2	
Outpatient Hospital Facility	
Option 1	DED + 0%
Option 2	
Emergency and Urgent Care	
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 0%
Urgent Care Centers	\$90 Copay
Diagnostic Testing (e.g., Lab, x-ray)	
Independent Clinical Laboratory	\$0 Copay
Independent Diagnostic Testing Center	\$75 Copay
Outpatient Hospital Facility	
Option 1	DED + 0%
Option 2	
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)	
Independent Diagnostic Testing Center	DED + 0%
Outpatient Hospital Facility	
Option 1	DED + 0%
Option 2	
Other Special Services and Locations	
Durable Medical Equipment	DED + 0%
Skilled Nursing Facility	
Home Health Care	
Hospice	
Prescription Drugs (Certain Medications subject to Prior Authorization)	
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$60 / \$100 /\$120
Mail Order - Generic/Brand/Non-Preferred	\$30 / \$180 / \$300
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000
Hearing Aid Benefit	
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included

Medical - PRM Plan BlueOptions 05787

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$815.90	\$828.00	\$844.00	\$603.92	\$612.00
Additional for Spouse	\$729.85	\$740.00	\$754.00	\$510.88	\$518.00
Additional for Child	\$636.87	\$646.00	\$658.00		
Additional for Family	\$797.34	\$809.00	\$825.00		

PRM Medical Plan Matrix 2025-2026

Product	BlueOptions HDHP (HSA) 05172/3	
Cost Sharing - Member's Responsibility		
Deductible (Per Person / Family Aggregate)	\$5,000 / NA	\$5,000 / \$10,000
Coinsurance (BCBSF pays / Member pays)	90% / 10%	90% / 10%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$6,850 / NA	\$6,850 / \$13,700
Office Services		
Family Physician / Specialist	DED+10%/DED+10%	DED+10% DED+10%
Preventive Services		
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay
Medical / Surgical Care at a Facility		
Ambulatory Surgical Center (ASC)	DED + 10%	DED + 10%
Inpatient Hospital Facility		
Option 1	DED + 10%	DED + 10%
Option 2		
Outpatient Hospital Facility		
Option 1	DED + 10%	DED + 10%
Option 2		
Emergency and Urgent Care		
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 10%	DED + 10%
Urgent Care Centers		
Diagnostic Testing (e.g., Lab, x-ray)		
Independent Clinical Laboratory	DED + 0%	DED + 0%
Independent Diagnostic Testing Center	DED + 10%	DED + 10%
Outpatient Hospital Facility		
Option 1	DED + 10%	DED + 10%
Option 2		
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)		
Independent Diagnostic Testing Center	DED + 10%	DED + 10%
Outpatient Hospital Facility		
Option 1	DED + 10%	DED + 10%
Option 2		
Other Special Services and Locations		
Durable Medical Equipment	DED + 10%	DED + 10%
Skilled Nursing Facility		
Home Health Care		
Hospice		
Prescription Drugs (Certain Medications subject to Prior Authorization)		
Retail - Generic/Brand/Non-Preferred/Specialty	10% after INN DED	10% after INN DED
Mail Order - Generic/Brand/Non-Preferred	10% after INN DED	10% after INN DED
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000	30% / \$3,000
Hearing Aid Benefit		
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included	Included

Medical - PRM Plan BlueOptions 05172/05173

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$772.81	\$784.00	\$799.00	\$572.04	\$580.00
Additional for Spouse	\$691.32	\$701.00	\$715.00	\$483.91	\$491.00
Additional for Child	\$603.25	\$612.00	\$624.00		
Additional for Family	\$755.24	\$766.00	\$781.00		

Levy, County of

Overall
Increase

1.50%

2025-2026

Medical - PRM Plan BlueOptions 03748

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,258.52	\$1,277.00	\$1,302.00	\$931.60	\$945.00
Additional for Spouse	\$1,125.83	\$1,142.00	\$1,164.00	\$788.08	\$799.00
Additional for Child	\$982.45	\$997.00	\$1,016.00		
Additional for Family	\$1,229.91	\$1,248.00	\$1,272.00		

Medical - PRM Plan HMO 55

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,144.71	\$1,161.00	\$1,184.00	\$847.32	\$860.00
Additional for Spouse	\$1,054.37	\$1,070.00	\$1,091.00	\$738.04	\$749.00
Additional for Child	\$920.20	\$934.00	\$952.00		
Additional for Family	\$1,151.95	\$1,169.00	\$1,192.00		

Medical - PRM Plan BlueOptions 03769

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,110.08	\$1,126.00	\$1,148.00	\$821.67	\$833.00
Additional for Spouse	\$1,053.84	\$1,069.00	\$1,090.00	\$737.67	\$748.00
Additional for Child	\$919.73	\$933.00	\$951.00		
Additional for Family	\$1,151.31	\$1,168.00	\$1,191.00		

Medical - PRM Plan BlueOptions 05168/05169

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,079.13	\$1,095.00	\$1,116.00	\$798.80	\$810.00
Additional for Spouse	\$965.32	\$979.00	\$998.00	\$675.69	\$685.00
Additional for Child	\$842.39	\$855.00	\$872.00		
Additional for Family	\$1,054.63	\$1,070.00	\$1,091.00		

Medical - PRM Plan BlueOptions 03559

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$1,038.44	\$1,054.00	\$1,075.00	\$768.64	\$780.00
Additional for Spouse	\$928.95	\$942.00	\$960.00	\$650.22	\$659.00
Additional for Child	\$810.61	\$822.00	\$838.00		
Additional for Family	\$1,014.81	\$1,030.00	\$1,050.00		

Medical - PRM Plan BlueOptions 05360

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$987.93	\$1,002.00	\$1,022.00	\$731.27	\$742.00
Additional for Spouse	\$883.73	\$896.00	\$913.00	\$618.56	\$627.00
Additional for Child	\$771.22	\$782.00	\$797.00		
Additional for Family	\$965.46	\$979.00	\$998.00		

Medical - PRM Plan BlueOptions 05180/05181

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$959.34	\$973.00	\$992.00	\$710.11	\$720.00
Additional for Spouse	\$858.14	\$871.00	\$888.00	\$600.68	\$609.00
Additional for Child	\$748.88	\$760.00	\$775.00		
Additional for Family	\$937.54	\$951.00	\$970.00		

Medical - PRM Plan BlueOptions 05904

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$901.39	\$914.00	\$932.00	\$667.23	\$677.00
Additional for Spouse	\$806.34	\$818.00	\$834.00	\$564.42	\$572.00
Additional for Child	\$703.64	\$714.00	\$728.00		
Additional for Family	\$880.92	\$894.00	\$911.00		

Medical - PRM Plan BlueOptions 05901

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$872.43	\$885.00	\$902.00	\$645.78	\$655.00
Additional for Spouse	\$780.44	\$792.00	\$807.00	\$546.27	\$554.00
Additional for Child	\$681.01	\$691.00	\$704.00		
Additional for Family	\$852.61	\$865.00	\$882.00		

Medical - PRM Plan BlueOptions 05787

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$815.90	\$828.00	\$844.00	\$603.92	\$612.00
Additional for Spouse	\$729.85	\$740.00	\$754.00	\$510.88	\$518.00
Additional for Child	\$636.87	\$646.00	\$658.00		
Additional for Family	\$797.34	\$809.00	\$825.00		

Medical - PRM Plan BlueOptions 05172/05173

Coverage	Current	Proposed 10/1/2025	Proposed 10/1/2025	Current	Proposed 10/1/2025
EE	\$772.81	\$784.00	\$799.00	\$572.04	\$580.00
Additional for Spouse	\$691.32	\$701.00	\$715.00	\$483.91	\$491.00
Additional for Child	\$603.25	\$612.00	\$624.00		
Additional for Family	\$755.24	\$766.00	\$781.00		

PRM Medical Plan Matrix 2025-2026
HSA
HSA

Product	BlueOptions HDHP (HSA) 05180/1		BlueOptions (PPO) 05904	BlueOptions (PPO) 05901	BlueOptions (PPO) 05787	BlueOptions HDHP (HSA) 05172/3	
Cost Sharing - Member's Responsibility							
Deductible (Per Person / Family Aggregate)	\$2,500	\$5,000	\$2,500 / \$5,000	\$2,000 / NA	\$7,350 / \$14,700	\$5,000 / NA	\$5,000 / \$10,000
Coinsurance (BCBSF pays / Member pays)	100% / 0%	100% / 0%	80% / 20%	50% / 50%	100% / 0%	90% / 10%	90% / 10%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$2,500	\$5,000	\$6,000 / \$12,000	\$6,350 / \$12,800	\$7,350 / \$14,700	\$6,850 / NA	\$6,850 / \$13,700
Office Services							
Family Physician / Specialist	DED+0% / DED+0%	DED+0%/DED+0%	\$35 / \$75 Copay	\$35 / \$75 Copay	\$45 / \$90 Copay	DED+10%/DED+10%	DED+10% DED+10%
Preventive Services							
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Medical / Surgical Care at a Facility							
Ambulatory Surgical Center (ASC)	DED + 0%	DED + 0%	DED + 20%	DED + 50%	DED + 0%	DED + 10%	DED + 10%
Inpatient Hospital Facility							
Option 1	DED + 0%	DED + 0%	DED + 20%	\$2,000 Copay	DED + 0%	DED + 10%	DED + 10%
Option 2				\$3,000 Copay			
Outpatient Hospital Facility							
Option 1	DED + 0%	DED + 0%	DED + 20%	\$300 Copay	DED + 0%	DED + 10%	DED + 10%
Option 2				\$400 Copay			
Emergency and Urgent Care							
Emergency Room Facility (per visit) (Surgery performed or with admit)	DED + 0%	DED + 0%	DED + 20%	DED + 50%	DED + 0%	DED + 10%	DED + 10%
Urgent Care Centers			\$75 Copay	\$75 Copay	\$90 Copay		
Diagnostic Testing (e.g., Lab, x-ray)							
Independent Clinical Laboratory	DED + 0%	DED + 0%	\$0 Copay	\$0 Copay	\$0 Copay	DED + 0%	DED + 0%
Independent Diagnostic Testing Center			\$50 Copay	\$50 Copay	\$75 Copay	DED + 10%	DED + 10%
Outpatient Hospital Facility							
Option 1	DED + 0%	DED + 0%	\$250 Copay	\$300 Copay	DED + 0%	DED + 10%	DED + 10%
Option 2			DED + 20%	\$400 Copay			
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)							
Independent Diagnostic Testing Center	DED + 0%	DED + 0%	DED + 20%	\$200 Copay	DED + 0%	DED + 10%	DED + 10%
Outpatient Hospital Facility							
Option 1	DED + 0%	DED + 0%	DED + 20%	\$300 Copay	DED + 0%	DED + 10%	DED + 10%
Option 2				\$400 Copay			
Other Special Services and Locations							
Durable Medical Equipment							
Skilled Nursing Facility	DED + 0%	DED + 0%	DED + 20%	DED + 50%	DED + 0%	DED + 10%	DED + 10%
Home Health Care							
Hospice							
Prescription Drugs (Certain Medications subject to Prior Authorization)							
Retail - Generic/Brand/Non-Preferred/Specialty	100% after INN DED	100% after INN DED	\$10 / \$50 / \$80 / \$120	\$10 / \$60 / \$100 / \$120	\$10 / \$60 / \$100 / \$120	10% after INN DED	10% after INN DED
Mail Order - Generic/Brand/Non-Preferred	100% after INN DED	100% after INN DED	\$20 / \$100 / \$160	\$30 / \$180 / \$300	\$30 / \$180 / \$300	10% after INN DED	10% after INN DED
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	DED / \$3,000	DED / \$3,000	30% / \$3,000	30% / \$3,000	30% / \$3,000	30% / \$3,000	30% / \$3,000
Hearing Aid Benefit							
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included	Included	Included	Included	Included	Included	Included

PRM Medical Plan Matrix 2025-2026

HSA

Product	BlueOptions (PPO) 03748	BlueCare (HMO) 55	BlueOptions (PPO) 03769	BlueOptions (HSA) 05168/9		BlueOptions (PPO) 03559	BlueOptions (PPO) 05360
Cost Sharing - Member's Responsibility							
Deductible (Per Person / Family Aggregate)	\$0 / \$0	\$0 / \$0	\$500 / \$1,500	\$1,650 / NA	\$3,300 / \$3,300	\$750 / \$2,250	\$1,500 / \$4,500
Coinsurance (BCBSF pays / Member pays)	100% / 0%	100% / 0%	80% / 20%	100% / 0%	100% / 0%	80% / 20%	80% / 20%
Out of Pocket Maximum (Per Person/Family Aggregate)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$4,500	\$1,650 / NA	\$3,300 / \$3,300	\$3,000 / \$6,000	\$3,000 / \$6,000
Office Services							
Family Physician / Specialist	\$10/\$20 Copay	\$10/\$10 Copay	\$15/\$15 Copay	DED+0%/DED+0%	DED+0%/DED+0%	\$20/\$35 Copay	\$25 / \$75 Copay
Preventive Services							
Office Services (Primary / Specialist)	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Medical / Surgical Care at a Facility							
Ambulatory Surgical Center (ASC)	\$50 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$100 Copay	DED + 20%
Inpatient Hospital Facility							
Option 1	\$250 Copay	\$250 Copay	DED + 20%	DED + 0%	DED + 0%	\$750 Copay	DED + 20%
Option 2	\$500 Copay	NA	NA			\$1,000 Copay	
Outpatient Hospital Facility							
Option 1	\$100 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$150 Copay	DED + 20%
Option 2	\$200 Copay	NA	NA			\$250 Copay	
Emergency and Urgent Care							
Emergency Room Facility (per visit) (Surgery performed or with admit)	\$50 Copay	\$50 Copay	DED + 20%	DED + 0%	DED + 0%	\$100 Copay	DED + 20%
Urgent Care Centers	\$20 Copay	\$10 Copay	\$15 Copay			\$35 Copay	\$75 Copay
Diagnostic Testing (e.g., Lab, x-ray)							
Independent Clinical Laboratory	\$0 Copay	\$0 Copay	20%	DED + 0%	DED + 0%	\$0 Copay	\$0 Copay
Independent Diagnostic Testing Center	\$50 Copay	\$0 Copay	\$15 Copay			\$50 Copay	DED + 20%
Outpatient Hospital Facility							
Option 1	\$100 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$150 Copay	DED + 20%
Option 2	\$200 Copay	NA	NA			\$250 Copay	
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine)							
Independent Diagnostic Testing Center	\$50 Copay	\$0 Copay	\$15 Copay	DED + 0%	DED + 0%	\$100 Copay	DED + 20%
Outpatient Hospital Facility							
Option 1	\$100 Copay	\$100 Copay	DED + 20%	DED + 0%	DED + 0%	\$150 Copay	DED + 20%
Option 2	\$200 Copay	NA	NA			\$250 Copay	
Other Special Services and Locations							
Durable Medical Equipment							
Skilled Nursing Facility							
Home Health Care							
Hospice							
Prescription Drugs (Certain Medications subject to Prior Authorization)							
Retail - Generic/Brand/Non-Preferred/Specialty	\$10 / \$25 / \$60	\$5 / \$25 / \$25	\$5 / \$35 / \$35	100% after INN DED	100% after INN DED	\$10 / \$25 / \$60	\$10 / \$35 / \$70
Mail Order - Generic/Brand/Non-Preferred	\$20 / \$50 / \$120	\$10 / \$50 / \$50	\$10 / \$70 / \$70	100% after INN DED	100% after INN DED	\$20 / \$50 / \$120	\$20 / \$70 / \$140
Oral Weight Loss Medications - Coinsurance/Annual Plan Paid Maximum	30% / \$3,000	30% / \$3,000	30% / \$3,000	DED / \$3,000	DED / \$3,000	30% / \$3,000	30% / \$3,000
Hearing Aid Benefit							
\$500 for 1st ear; \$300 for 2nd ear. One every 36 months.	Included	Included	Included	Included	Included	Included	Included