

2025 C.O.P.S. Health Trust Comparison Chart (MSPTA bargaining unit T01 only)

This comparison chart is intended as an easy-to-read summary. Additional limitations, exclusions, or prior authorizations may apply to covered services, check with C.O.P.S. Health Trust. Payment amounts are based on the C.O.P.S. Health Trust's approved amount, less any applicable deductible and /or copay amounts. Pre-existing conditions are covered with the applicable deductibles and copays for the covered benefit. Contact information, plan booklets and Summary of Benefits are located on the [Carriers and Benefit Plans](#) webpage. Premiums for each benefit plan are located on the [Insurance Rates](#) webpage.

	C.O.P.S. Health Trust Plan 1 PPO (80%) ¹	C.O.P.S. Health Trust Plan 2 HDHP (80%) ¹	C.O.P.S. Health Trust Plan 3 PPO (80%) ¹	C.O.P.S. Health Trust Plan 4 PPO (80%) ¹
	In-Network	In-Network	In-Network	In-Network
Deductible, Copays, Out-of-Pocket Maximum, and Prescription Drugs				
Deductible ²	\$500/individual ³ \$1,000/family	\$1,650/individual ⁴ \$3,300/family	\$250/individual ³ \$500/family	\$3,000/individual ³ \$6,000/family
Coinsurance Maximum ⁵	\$1,500/individual \$3,000/family	\$1,000/individual \$2,000/family	\$500/individual \$1,000/family	\$1,500/individual \$3,000/family
Out-Of-Pocket Maximum ⁶	\$6,350/individual \$12,700/family	\$6,350/individual \$12,700/family	\$6,350/individual \$12,700/family	\$6,350/individual \$12,700/family
Health Savings Account (HSA) Annual Contribution ⁷	N/A	\$750/individual \$1,500/family	N/A	N/A
Prescription Drug Copays ⁸	Retail (30 day supply) \$5/\$20/\$40	Retail (30 day supply) \$5/\$20/\$40	Retail (30 day supply) \$5/\$20/\$40	Retail (30 day supply) \$5/\$20/\$40
	Retail (90 day supply) \$10/\$40/\$80	Retail (90 day supply) \$10/\$40/\$80	Retail (90 day supply) \$10/\$40/\$80	Retail (90 day supply) \$10/\$40/\$80
	Mail Order (90 day supply) \$10/\$40/\$80	Mail Order (90 day supply) \$10/\$40/\$80	Mail Order (90 day supply) \$10/\$40/\$80	Mail Order (90 day supply) \$10/\$40/\$80
Preventive Services⁹				
Annual gynecological exam, 1 per plan year	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Childhood Immunization (through age 16)	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Colonoscopy ¹⁰	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Fecal occult blood screening ¹⁰	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Flexible sigmoidoscopy ¹⁰	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Health maintenance exam, 1 per plan year	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Immunizations, annual flu shot, & Hepatitis C screening for those at risk	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Mammography ¹⁰	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Pap smear screening - laboratory services only, 1 per plan year ¹⁰	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Prostate specific antigen screening, 1 per plan year ¹⁰	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Well-baby and child care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Physician Office Services				
Office and outpatient hospital visits, consultations, and urgent care visits	\$20 copay	Covered 80% after deductible	Covered 90% after deductible	\$20 copay
Outpatient and home visits	Covered 90%	Covered 80% after deductible	Covered 90% after deductible	\$20 copay
Telemedicine (Medical) - via the Carrier's online vendor	\$20 copay	Covered 80% after deductible	\$10 copay	\$20 copay
Telemedicine (Behavioral Health) - via the Carrier's online vendor	Not Covered	Not Covered	Not Covered	Not Covered
Telemedicine (Medical) - via the Provider's online tool	\$20 copay	Covered 80% after deductible	\$10 copay	\$20 copay
Telemedicine (Behavioral Health) - via the Provider's online tool	Not Covered	Not Covered	Not Covered	Not Covered
Emergency Medical Care				
Ambulance services - medically necessary	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible
Hospital emergency room for medical emergency or accidental injury	\$200 copay	Covered 80% after deductible	\$100 copay	\$200 copay
Worldwide Coverage (Emergency care only)	Covered 90% after deductible	Covered 80% after deductible	\$100 copay	\$200 copay

¹ The State will pay up to 80% of the applicable total premium, capped at the dollar amount which the State pays for the same coverage code under the State Health Plan PPO.

² Deductible amounts for all health plans are effective January 1 and renew annually on a calendar basis. The deductible for the Plan 2 HDHP is combined for medical and pharmacy.

³ The PPO individual deductible is the maximum amount that applies to any one family member. The family deductible is the combined maximum deductible amount that applies to any combination of family members. One family member is not required to reach the individual deductible before that family deductible can be met. Additionally, one family member cannot contribute in excess of the maximum amount of the individual deductible.

⁴ The Plan 2 HDHP individual deductible only applies to employee only coverage. The family deductible applies to the coverage of employee plus spouse and/or other dependents. The applicable deductible must be fulfilled prior to services being paid by the plan. Any one member of the family or any combination of family members may fulfill the entire family deductible.

⁵ Coinsurance Maximum amounts for all health plans are effective January 1 and renew annually on a calendar basis.

⁶ Out-Of-Pocket Maximum amounts for all health plans are effective January 1 and renew annually on a calendar basis. Only In-Network deductibles, fixed-dollar copayments, prescription drug copayments, and coinsurance apply toward the out-of-pocket maximum.

⁷ Funded 100% by C.O.P.S. Health Trust.

⁸ The Plan 2 HDHP copays apply after the deductible has been met. The HDHP deductible does not apply to certain preventive medications.

⁹ Preventive Services are not subject to the deductible.

¹⁰ Patient Protection and Affordable Care Act (PPACA) guidelines apply.

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	In-Network	In-Network	In-Network	In-Network
Diagnostic Services				
Diagnostic tests and x-rays	Covered 90%, \$20 Copay	Covered 80% after deductible	Covered 100%, \$10 copay	Covered 100%, \$20 copay
Laboratory and pathology tests	Covered 90%, \$20 Copay	Covered 80% after deductible	Covered 100%, \$10 copay	Covered 100%, \$20 copay
Radiology Examinations & Laboratory Procedures (Non-hospital facility)	Covered 90%, \$20 Copay	Covered 80% after deductible	Covered 100%, \$10 copay	Covered 80% after deductible, \$20 copay
Radiation therapy	Covered 90%, \$20 Copay	Covered 80% after deductible	Covered 100%, \$10 copay	Covered 80% after deductible, \$20 copay
Maternity Services				
Delivery and nursery care	Covered 100%	Covered 80% after deductible	Covered 100%	Covered 100%
Prenatal care ¹⁰	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible, \$20 copay
Postnatal care ¹⁰	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible, \$20 copay
Hospital Care				
Chemotherapy	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible
Hemodialysis	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible
Inpatient consultations	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible
Semi-private room, inpatient physician care, general nursing care, hospital services, and supplies (unlimited days)	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible
Alternative to Hospital Care				
Home health care	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible
Hospice care	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible
Skilled nursing care	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible
Surgical Services				
Anesthesia	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Female voluntary sterilization ⁹	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Inpatient (Includes related surgical services)	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Male voluntary sterilization	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Outpatient (Includes related surgical services)	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Surgery - includes related surgical services	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Human Organ Transplant Procedures				
Bone marrow-specific criteria applies	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Kidney, cornea, and skin	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Other Services				
Acupuncture	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible, \$20 copay
Allergy injections	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible, \$20 copay
Allergy testing and therapy (non-injection)	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible, \$20 copay
Autism - Spectrum Disorder Applied Behavioral Analysis (ABA) treatment	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Bariatric Surgery	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Cardiac Rehabilitation & Pulmonary Rehabilitation	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Chiropractic/spinal manipulation	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible, \$20 copay

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	In-Network	In-Network	In-Network	In-Network
Other Services (continued)				
Durable medical equipment	Covered 100%	Covered 80% after deductible	Covered 100% after deductible	Covered 100% after deductible
Hearing Aids	Covered 100%	Covered 80% after deductible	Covered 100% after deductible	Covered 100% after deductible
Hearing Care Exam	Covered 100%, \$20 Copay	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible, \$20 copay
Infertility Counseling & Treatment	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Nutritional & Health education and counseling	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible
Orthognathic Surgery	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible
Oral Surgery	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible
Prosthetic and orthotic appliances	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Private duty nursing	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible
Rabies treatment after initial emergency room visit	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible
Temporomandibular Joint Syndrome (TMJS)	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Vision Screening (performed in a physician's office, one exam per plan year)	Covered 90% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible
Wig, wig stand, adhesives	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible
Behavioral Health / Substance Use Disorder				
Alcohol & Chemical Dependency Benefits - Inpatient	Covered 100%	Covered 80% after deductible	Covered 100% after deductible, \$20 copay	Covered 100% after deductible
Alcohol & Chemical Dependency Benefits - Outpatient	Covered 100%	Covered 80% after deductible	Covered 100% after deductible, \$20 copay	Covered 80% after deductible
Behavioral Health Benefit - Inpatient	Covered 100%	Covered 80% after deductible	Covered 100% after deductible, \$20 copay	Covered 100% after deductible
Behavioral Health Benefit - Outpatient	Covered 100%	Covered 80% after deductible	Covered 100% after deductible, \$20 copay	Covered 80% after deductible
Intensive Outpatient Program (IOP) - Behavioral Health and Substance Use Disorder	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible, \$20 copay	Covered 80% after deductible
Residential Behavioral Mental Health Treatment	Covered 100% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 100% after deductible
Residential Substance Use Disorder Treatment	Covered 100% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 100% after deductible
Outpatient Physical, Speech, and Occupational Therapy				
Outpatient Physical, Speech & Occupational Therapy	Covered 90% after deductible	Covered 80% after deductible	Covered 100% after deductible, \$20 copay	Covered 80% after deductible, \$20 copay