

2025 MyEyeDr. Health Plan(s) Overview

The following medical benefits are available to **full-time, active associates and doctors** regularly scheduled to work at least 30 hours per week and **part-time (PT) doctors** regularly scheduled to work 8 - 29 hours per week. **Please ensure you are reviewing the premium contributions that correspond to your eligibility.**

Benefits are effective first of the month following 30 days after hire date. The MyEyeDr. benefit plan year is January 1 - December 31. This document is a summary, please review plan Benefit Summaries and Summary of Benefits and Coverages for more information. All plan materials are available 24/7/365 at [MyBenefits on MyEyeShare](#) and on the [CareFirst MyEyeDr. webpage](#) (no login required!).

Wellbeing Premium Incentive Reminder: If you and/or your covered spouse/ domestic partner do not complete an annual health screening **and** enter your results in the CareFirst Wellbeing Portal by June 30, 2025, you will pay an additional \$50/month (\$25/pay) for yourself and/or covered spouse/domestic partner. **This is in addition to the medical plan contribution rates indicated below.**

	BlueChoice Advantage HDHP I	BlueChoice Advantage HDHP II	BlueChoice Advantage PPO
In-Network			
Deductible (Individual / Family)	\$3,000 / \$6,000	\$1,750 / \$3,500	\$1,500 / \$3,000
Primary Care / Specialist	30% after Deductible	30% after Deductible	\$30 Copay / \$60 Copay
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Coinsurance	30% after Deductible	30% after Deductible	30% after Deductible
Urgent Care	30% after Deductible	30% after Deductible	\$60 Copay
Virtual Visits	30% after Deductible	30% after Deductible	\$30 Copay
Out-of-Pocket Maximum	\$6,000 / \$12,000	\$5,000 / \$10,000	\$4,000 / \$8,000
Out-of-Network			
Deductible (Individual / Family)	\$6,000 / \$12,000	\$4,000 / \$8,000	\$3,500 / \$7,000
Coinsurance	50% after Deductible	50% after Deductible	50% after Deductible
Out-of-Pocket Maximum	\$12,000 / \$24,000	\$8,000 / \$16,000	\$8,000 / \$16,000
Emergency Services			
Emergency Room	30% after Deductible	30% after Deductible	\$500 Copay
Prescription Drug			
Retail (Generic/Brand/Non-Formulary)	30% after Deductible	30% after Deductible	\$15 / \$35 / \$60
Mail Order (Generic/Brand/Non-Formulary)	30% after Deductible	30% after Deductible	\$30 / \$70 / \$120
Bi-Weekly Employee Contributions (Full Time Associates & Doctors defined as regularly scheduled 30+ hours per week)			
Employee Only	\$53.86	\$75.47	\$121.88
Employee + Spouse/Domestic Partner	\$265.19	\$314.00	\$406.65
Employee + Child(ren)	\$101.61	\$139.31	\$243.51
Employee + Family	\$363.39	\$431.35	\$606.76
Bi-Weekly Employee Contributions (Part Time Doctors defined as regularly scheduled 8 - 29 hours per week)			
Employee Only	\$307.99	\$325.33	\$352.20
Employee + Spouse/Domestic Partner	\$646.76	\$683.15	\$739.65
Employee + Child(ren)	\$585.14	\$618.10	\$669.21
Employee + Family	\$923.95	\$975.95	\$1,056.64
MyEyeDr. Employer HSA Contribution (per calendar year)			
Individual / Family	\$500 / \$1,000	\$500 / \$1,000	n/a

At MyEyeDr., we believe that before helping patients live their best lives, you must first live yours. By prioritizing care for you and your family through comprehensive benefit options, we support your health and wellness so that you can see, look, and feel your best.

Please refer to the plan documents for exact terms and conditions of coverage. If any conflict arises between this summary and the official plan documents, the terms of the actual plan documents or other applicable documents will govern in all cases.