

Plan features

	PPO Plus		EPN	Surest Copay		HDP with HSA	
Annual Verizon HSA contribution	N/A		N/A	N/A		\$700 individual \$1,400 family	
	PPO Plus		EPN	Surest Copay		HDP with HSA	
	In-network	Out-of-network ¹	In-network	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Annual deductible	\$1,250 individual \$3,750 family	\$1,250 individual \$3,750 family	\$800 individual \$2,400 family	\$0	\$0	\$1,850 individual \$3,700 family	\$1,850 individual \$3,700 family
Annual out-of-pocket maximum	\$2,800 individual \$8,400 family	\$2,800 individual \$8,400 family	\$2,175 individual \$6,525 family	\$3,000 individual \$9,000 family	\$6,000 individual \$18,000 family	\$3,650 individual \$7,300 family	\$3,650 individual \$7,300 family

Your cost for covered services

	PPO Plus		EPN	Surest Copay		HDP with HSA	
	In-network	Out-of-network ¹	In-network	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Preventive care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office visit	\$25 copay PCP and OB/GYN \$40 copay specialist	40% after deductible	\$25 copay PCP and OB/GYN \$40 copay specialist	\$25 – \$135 copay	\$220 copay	20% after deductible	40% after deductible
Urgent care visit	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	20% after deductible	20% after deductible
Emergency room visit	\$250 copay	\$250 copay	\$250 copay	\$400 copay	\$400 copay	20% after deductible	20% after deductible
Outpatient lab	\$20 copay	40% after deductible	\$20 copay	\$0	\$0	20% after deductible	40% after deductible
Outpatient radiology	20% coinsurance	40% after deductible	10% coinsurance	Routine X-rays: \$0 Complex imaging: \$100 – \$1,450 copay	Routine X-rays: \$0 Complex imaging: Up to \$4,200 copay	20% after deductible	40% after deductible
Other covered services	20% after deductible	40% after deductible	10% after deductible	Copays vary by service and provider; contact Surest for more information	Copays vary by service and provider; contact Surest for more information	20% after deductible	40% after deductible
Fertility services	50% after deductible \$75,000 lifetime maximum (combined with prescription drug)	50% after deductible \$75,000 lifetime maximum (combined with prescription drug)	50% after deductible \$75,000 lifetime maximum (combined with prescription drug)	\$100 – \$1,500 copay \$75,000 lifetime maximum (combined with prescription drug)	\$200 – \$3,000 copay \$75,000 lifetime maximum (combined with prescription drug)	50% after deductible \$75,000 lifetime maximum (combined with prescription drug)	50% after deductible \$75,000 lifetime maximum (combined with prescription drug)
Bariatric and other surgeries at a Lantern facility (required for bariatric surgery if you live within 35 miles of a designated Lantern facility.)	\$0	\$0	\$0	\$0	\$0	\$0 after deductible	\$0 after deductible

Your cost for prescription drugs (30-day retail supply)²

	PPO Plus		EPN	Surest Copay		HDP with HSA	
	In-network	Out-of-network ¹	In-network	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Generic	Lower of \$14 copay or discounted network price	Lower of \$14 copay or discounted network price plus cost difference between retail and discounted network price	Lower of \$14 copay or discounted network price	Lower of \$14 copay or discounted network price	Lower of \$14 copay or discounted network price plus cost difference between retail and discounted network price	20% after deductible	40% after deductible plus cost difference between retail and discounted network price
Preferred brand	30% after deductible, \$68 maximum per prescription plus cost difference between generic and brand ³	40% after deductible plus cost difference between retail and discounted network price plus cost difference between generic and brand ³	30% after deductible, \$68 maximum per prescription plus cost difference between generic and brand ³	30% after deductible, \$68 maximum per prescription plus cost difference between generic and brand ³	40% after deductible plus cost difference between retail and discounted network price plus cost difference between generic and brand ³	20% after deductible plus cost difference between generic and brand ³	40% after deductible plus cost difference between retail and discounted network price plus cost difference between generic and brand
Non-preferred brand	40% after deductible, \$112 maximum per prescription plus cost difference between generic and brand ³	50% after deductible plus cost difference between retail and discounted network price plus cost difference between generic and brand ³	40% after deductible, \$112 maximum per prescription plus cost difference between generic and brand ³	40% after deductible, \$112 maximum per prescription plus cost difference between generic and brand ³	50% after deductible plus cost difference between retail and discounted network price plus cost difference between generic and brand ³	20% after deductible plus cost difference between generic and brand ³	40% after deductible plus cost difference between retail and discounted network price plus cost difference between generic and brand

Your cost for prescription drugs (90-day supply, mail-order or Maintenance Choice)

	PPO Plus		EPN	Surest Copay		HDP with HSA	
	In-network	Out-of-network ¹	In-network	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Generic	Lower of \$28 copay or discounted network price	N/A	Lower of \$28 copay or discounted network price	Lower of \$28 copay or discounted network price	N/A	20% after deductible	N/A
Preferred brand	30%, \$136 maximum per prescription plus cost difference between generic and brand ³	N/A	30%, \$136 maximum per prescription plus cost difference between generic and brand ³	30%, \$136 maximum per prescription plus cost difference between generic and brand ³	N/A	20% after deductible plus cost difference between generic and brand ³	N/A
Non-preferred brand	40%, \$224 maximum per prescription plus cost difference between generic and brand, no deductible ³	N/A	40%, \$224 maximum per prescription plus cost difference between generic and brand, no deductible ³	40%, \$224 maximum per prescription plus cost difference between generic and brand, no deductible ³	N/A	20% after deductible plus cost difference between generic and brand ³	N/A

¹ Maximum allowed amount for covered services will be determined by the administrator.
² After three fills, penalties may apply for prescriptions not switched from 30-day to 90-day supplies through mail order or the CVS Caremark Maintenance Choice program.
³ When a covered generic is available

Weight loss medication copay

Starting January 1, 2027, there are updates to how the plan covers medications for weight loss (including GLP-1s):

- **Copay adjustment:** Your copay for these medications will be \$200.
- **Program participation:** To remain eligible for this coverage with a \$200 copay, you must enroll in and actively participate in the CVS Caremark Weight Management program.
- **Action required:** If you do not participate in the program or fail to meet the requirements, you will be responsible for the full cost of the medication.

This change does not apply to medications used for Type 2 diabetes management.

Learn more on verizonbenefits.com.

Terms to know

Deductible: The total you'll pay out of your pocket for health care services in a calendar year before your medical plan begins paying for those expenses

Coinsurance: The percentage of eligible charges you pay after you meet your deductible but before you reach the out-of-pocket maximum

Copay: Fixed-dollar payment amounts for certain services in certain plans. These amounts do not count toward your deductible or your out-of-pocket maximum.

Out-of-pocket maximum: An annual maximum that limits the amount each covered person pays each calendar year for covered services

Save on specialty medications with PrudentRx

Starting January 1, 2027, the PrudentRx program will be available to eligible enrollees in the PPO Plus, Surest Copay, and EPN medical plans to help you lower your out-of-pocket costs for certain specialty medications. If you take a medication included in the program and complete enrollment in PrudentRx, your cost for that covered specialty medication will be \$0 when filled through Caremark Specialty Pharmacy. This program covers select specialty medications for conditions including cancer, inflammatory conditions, multiple sclerosis, blood cell deficiency, hepatitis C, hereditary angioedema, and pulmonary arterial hypertension. The PrudentRx program is not available to High Deductible Plan (HDP) members.

How the program works:

- **If you currently take a specialty medication:** You'll receive information by mail in November 2026 explaining how to enroll before the program starts on January 1, 2027.
- **If you are newly prescribed a specialty medication:** You'll be contacted when you first attempt to fill your prescription through Caremark Specialty Pharmacy, which will connect you directly with PrudentRx to enroll. If you do not enroll in PrudentRx, the drug will remain covered under the Plan if it is otherwise eligible for coverage, but you will not receive the \$0 cost-share available through the PrudentRx program. Instead, you may have to first satisfy any applicable deductible and then pay 30% of the medication's cost. Since many specialty medications are high-cost drugs, declining to enroll in PrudentRx for specialty drugs that are eligible for the PrudentRx program may result in significantly higher out-of-pocket costs to you.

You may choose not to enroll in PrudentRx; however, if you do not enroll, you will not receive the \$0 cost-share available through the PrudentRx program for covered specialty medications.

[Review the list of PrudentRx covered specialty medications for eligibility.](#)

Eligibility for \$0 cost sharing depends on the specialty medication prescribed, participation in the PrudentRx program, and satisfaction of applicable program requirements. Not all specialty medications qualify. Any specialty drugs that do not qualify for the PrudentRx program will be adjudicated under the Plan's otherwise applicable member cost-sharing requirements. HDP enrollees are not eligible to participate in the PrudentRx program, and specialty medications for HDP enrollees will continue to be subject to the HDP's otherwise applicable deductible, coinsurance, copayment and other cost-sharing requirements.