

# 2025 Medical Plan Comparison

Changes for 2025 are bold and italicized.

Percentages below reflect plan payment



PLAN PROVISIONS	Anthem High Deductible Health Plan (HDHP)		Anthem Preferred Provider Network Plan (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Provider Choice	You may receive care from any licensed provider, hospital, or medical facility. To obtain maximum benefits it is your responsibility to ensure healthcare providers are in the <i>Anthem National PPO Bluecard Network</i> . Charges submitted by out-of-network providers that exceed the maximum reimbursable charges (MRC) are patient responsibility.		You may receive care from any licensed provider, hospital, or medical facility. To obtain maximum benefits it is your responsibility to ensure healthcare providers are in the <i>Anthem National PPO Bluecard Network</i> . Charges submitted by out-of-network providers that exceed the maximum reimbursable charges (MRC) are patient responsibility.	
Annual Deductible	<b>\$1,800 Individual / \$3,600 Family<sup>1</sup></b> Applies to all services, except preventive care services as indicated below		<b>\$600 Individual / \$1,200 Family<sup>2</sup></b> Waived for preventive care, doctor office visits, urgent care and emergency room services	
Seagate Health Savings Account (HSA) Contribution <sup>3</sup>	<b>\$500 Individual / \$1,000 Family</b>		Not Applicable	
Plan Payment For most eligible expenses	<b>80% after deductible</b> , up to calendar year out-of-pocket maximum; plan pays 100% thereafter	<b>60% of MRC* after deductible</b> , up to calendar year out-of-pocket maximum; plans pays 100% thereafter	90% after deductible, up to calendar year out-of-pocket maximum; plan pays 100% thereafter	70% of MRC* after deductible, up to calendar year out-of-pocket maximum; plans pays 100% thereafter
Calendar Year Out-of-Pocket Maximum (includes deductible)	<b>\$4,000 Individual / \$8,000 Family<sup>4</sup></b> (with \$6,850 embedded maximum); penalties and services with calendar year and lifetime maximums do not apply to this limit		<b>\$3,200 Individual / \$6,400 Family<sup>4</sup></b> (with \$3,200 embedded maximum); Penalties and services with calendar year and lifetime maximums do not apply to this limit	
Lifetime Maximum	Unlimited		Unlimited	
Doctor's Office Visits	<b>80% after deductible</b>	<b>60% of MRC* after deductible</b>	<b>\$30 copay for primary care / \$50 copay for specialists (deductible waived)</b>	<b>70% coinsurance after deductible</b>
<b>WELLNESS CARE</b>	Preventive care covered at 100%; deductible does not apply		Preventive care covered at 100%; deductible does not apply	
Routine Physicals, OB/GYN Exams, Well Child Doctor Visits, Immunizations	Preventive care covered at 100%; deductible does not apply		Preventive care covered at 100%; deductible does not apply	
Virtual Care with LiveHealth Online	<b>80% after deductible</b>	<b>60% of MRC* after deductible</b>	<b>\$30 copay (deductible waived)</b>	<b>70% coinsurance after deductible</b>
<b>HOSPITAL CARE</b>	Employee is responsible for pre-notification of hospital stays and outpatient services – Failure to pre-notify results in a \$500 penalty; call Anthem at 1-844-451-2076.		Employee is responsible for pre-notification of hospital stays and outpatient services – Failure to pre-notify results in a \$500 penalty; call Anthem at 1-844-451-2076.	
Pre-Notification	Provider is responsible for pre-notification.	Employee is responsible for pre-notification of hospital stays and outpatient services – Failure to pre-notify results in a \$500 penalty; call Anthem at 1-844-451-2076.	Provider is responsible for pre-notification.	Employee is responsible for pre-notification of hospital stays and outpatient services – Failure to pre-notify results in a \$500 penalty; call Anthem at 1-844-451-2076.
Semi-Private Room and Board	<b>80% after deductible</b>	<b>60% of MRC* after deductible</b>	<b>90% after deductible</b>	<b>70% of MRC* after deductible</b>
Emergency Room Treatment	<b>80% after deductible</b>		<b>\$200 (Deductible waived)</b>	
Ambulance Charges	<b>80% after deductible</b>		<b>90% after deductible</b>	
Urgent Care	<b>80% after deductible</b>		<b>\$50 copay (Deductible waived)</b>	
<b>SURGICAL EXPENSES</b>				
Outpatient	<b>80% after deductible</b>	<b>60% of MRC* after deductible</b>	<b>90% after deductible</b>	<b>70% of MRC* after deductible</b>
Inpatient	<b>80% after deductible</b>	<b>60% of MRC* after deductible</b>	<b>90% after deductible</b>	<b>70% of MRC* after deductible</b>
<b>BEHAVIORAL HEALTH</b>	First eight visits with an Anthem network provider 100% covered through Anthem Employee Assistance Program		First eight visits with an Anthem network provider 100% covered through Anthem Employee Assistance Program	
Outpatient	<b>80% after deductible</b>	<b>60% of MRC* after deductible</b>	<b>\$30 copay (deductible waived)</b>	<b>70% coinsurance after deductible</b>
Inpatient	<b>80% after deductible</b>	<b>60% of MRC* after deductible</b>	<b>90% after deductible</b>	<b>70% of MRC* after deductible</b>
	Inpatient pre-admission certification required by provider/PCP	Employee is responsible for pre-notification of inpatient out-of-network hospital stays – failure to pre-notify results in \$500 penalty	Inpatient pre-admission certification required by provider/PCP	Employee is responsible for pre-notification of inpatient out-of-network hospital stays – failure to pre-notify results in \$500 penalty
<b>OTHER MEDICAL CARE</b>				
Pharmacy Benefits Managed by Navitus Health Solutions	<b>30-day and 90-day<sup>5</sup> prescriptions.</b> <b>80% after deductible</b> Most 90-day generic preventives covered at 100%; no deductible	<b>60% of MRC* after deductible</b>	<b>30-day prescriptions:</b> Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$60 copay <b>90-day prescriptions<sup>5</sup></b> Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$120 copay Most 90-day generic preventives covered at 100%	<b>70% of MRC* after deductible</b>
Acupuncture Treatment	<b>80% after deductible;</b> Maximum 25 visits per calendar year	<b>60% of MRC* after deductible;</b> Maximum 25 visits per calendar year	<b>\$50 copay (deductible waived)</b> <b>Maximum 25 visits per calendar year</b>	<b>70% of MRC* after deductible;</b> <b>Maximum 25 visits per calendar year</b>
Hearing Aids and Devices	70% after deductible; every two calendar years		<b>90% after deductible; every two calendar years</b>	<b>70% of MRC* after deductible; every two calendar years</b>
Chiropractic Care	<b>80% after deductible;</b> Maximum 25 visits per calendar year	<b>60% of MRC* after deductible;</b> Maximum 25 visits per calendar year	<b>\$50 copay (deductible waived)</b> <b>Maximum 25 visits per calendar year</b>	<b>70% of MRC* after deductible;</b> <b>Maximum 25 visits per calendar year</b>
Durable Medical Equipment & External Prosthetic Appliances <sup>6</sup>	<b>80% after deductible</b>	<b>60% of MRC* after deductible</b>	<b>90% after deductible</b>	<b>70% of MRC* after deductible</b>
Diagnostic Lab and X-ray	100% after deductible	<b>60% of MRC* after deductible</b>	<b>90% after deductible</b>	<b>70% of MRC* after deductible</b>
Fertility Treatment <sup>7</sup>	<b>80% after deductible;</b> drugs covered at 50% after deductible; donor services not covered	<b>60% of MRC* after deductible;</b> drugs covered at 50% after deductible; donor services not covered	<b>90% after deductible;</b> drugs covered at 50% after deductible; donor services not covered	<b>70% of MRC* after deductible;</b> drugs covered at 50% after deductible; donor services not covered
Maternity Pre/PostNatal	<b>80% after deductible for physician &amp; delivery services</b>	<b>60% of MRC* after deductible for physician &amp; delivery services</b>	<b>Doctor office visits \$30 copay; 90% after deductible for physician &amp; delivery services</b>	<b>70% of MRC* after deductible for doctor office visits, physician &amp; delivery services</b>
Physical, Occupational & Speech Therapy	<b>80% after deductible;</b> 40 visits per calendar year, per therapy	<b>60% of MRC* after deductible;</b> 40 visits per calendar year, per therapy	<b>\$50 copay (deductible waived)</b> <b>40 visits per calendar year, per therapy</b>	<b>70% of MRC* after deductible;</b> <b>40 visits per calendar year, per therapy</b>

<sup>1</sup> Refer to Summary Plan Description for more information on Maximum Reimbursable Charges.

<sup>2</sup> Family deductible must be satisfied in full before claims are covered under coinsurance levels. Individual deductibles do not apply.

<sup>3</sup> Coinsurance applies for each family member after \$600 individual deductible met.

<sup>4</sup> Seagate will contribute 50% of employee's annual contribution, up to \$500 for individual coverage and \$1,000 for family coverage. Seagate's contribution will be made each payroll period over the course of the full calendar year.

<sup>5</sup> HDHP: When one family member satisfies \$6,850 out-of-pocket maximum, plan pays 100% for that family member. PPO: When one family member satisfies \$3,200 out-of-pocket maximum, plan pays 100% for that family member.

<sup>5</sup> Three 30-day prescriptions must be filled before a 90-day supply may be filled. Walgreens is excluded from pharmacy network.

<sup>6</sup> Durable medical equipment expenses require pre-notification. In-network: provider is responsible for pre-notification. Out-of-network: employee is responsible for pre-notification. Penalties may apply if pre-notification is not obtained.

<sup>7</sup> \$25,000 lifetime max on treatments that attempt to create a pregnancy but do not cure a medical condition. Oral prescription drugs do not count toward lifetime maximum.