2027 Medical Plan Comparison

Percentages below reflect plan payment

	Anthem High Deductible Health Plan (HDHP)		Anthem Preferred Provider Network Plan (PPO)	
PLAN PROVISIONS	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 *Anthem National PPO Bluecard Network* . 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 *Anthem National PPO Bluecard Network* . Charges submitted by out-of-network providers that exceed the maximum reimbursable charges (MRC) are patient responsibility.	
Annual Deductible	$1,800 Individual / $3,600 Family[1]; Applies to all services, except preventive care services as indicated below		$600 Individual / $1,200 Family[2]; Waived for preventive care, doctor office visits, urgent care and emergency room services	
Seagate Health Savings Account (HSA) Match[3]	$500 Individual / $1,000 Family		Not Applicable	
Plan Payment For most eligible expenses	80% after deductible, up to calendar year out-of-pocket maximum; plan pays 100% thereafter	60% of MRC* after deductible, 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)	$4,000 Individual / $8,000 Family[4] (with $6,850 embedded maximum); penalties and services with calendar year and lifetime maximums do not apply to this limit		$3,200 Individual / $6,400 Family[4] (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	80% after deductible	60% of MRC* after deductible	$30 copay for primary care / $50 copay for specialists (deductible waived)	70% coinsurance after deductible
WELLNESS CARE				
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	80% after deductible	60% of MRC* after deductible	$30 copay (deductible waived)	70% coinsurance after deductible
HOSPITAL CARE				
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	80% after deductible	60% of MRC* after deductible	90% after deductible	70% of MRC* after deductible
Emergency Room Treatment	80% after deductible		$200 (Deductible waived)	
Ambulance Charges	80% after deductible		90% after deductible	
Urgent Care	80% after deductible		$50 copay (Deductible waived)	
SURGICAL EXPENSES				
Outpatient	80% after deductible	60% of MRC* after deductible	90% after deductible	70% of MRC* after deductible
Inpatient	80% after deductible	60% of MRC* after deductible	90% after deductible	70% of MRC* after deductible
BEHAVIORAL HEALTH				
Outpatient	First eight visits with an *Anthem network provider* 100% covered through *Anthem Employee Assistance Program*			
	80% after deductible	60% of MRC* after deductible	$30 copay (deductible waived)	70% coinsurance after deductible

Inpatient	80% after deductible	60% of MRC* after deductible	90% after deductible	70% of MRC* after deductible
	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
OTHER MEDICAL CARE				
Pharmacy Benefits Managed by Navitus Health Solutions	30-day and 90-day[5] prescriptions 80% after deductible Most 90-day generic preventives covered at 100%; no deductible	60% of MRC* after deductible	30-day prescriptions: Generic: $10 copay Preferred Brand: $30 copay Non-Preferred Brand: $60 copay 90-day prescriptions[5] Generic: $20 copay Preferred Brand: $60 copay Non-Preferred Brand: $120 copay Most 90-day generic preventives covered at 100%	70% of MRC* after deductible
Acupuncture Treatment	80% after deductible; Maximum 25 visits per calendar year	60% of MRC* after deductible; Maximum 25 visits per calendar year	$50 copay (deductible waived) Maximum 25 visits per calendar year	70% of MRC* after deductible; Maximum 25 visits per calendar year
Hearing Aids and Devices	70% after deductible; every two calendar years		90% after deductible; every two calendar years	70% of MRC* after deductible; every two calendar years
Chiropractic Care	80% after deductible; Maximum 25 visits per calendar year	60% of MRC* after deductible; Maximum 25 visits per calendar year	$50 copay (deductible waived) Maximum 25 visits per calendar year	70% of MRC* after deductible; Maximum 25 visits per calendar year
Durable Medical Equipment & External Prosthetic Appliances[6]	80% after deductible	60% of MRC* after deductible	90% after deductible	70% of MRC* after deductible
Diagnostic Lab and X-ray (at an independent lab)	100% after deductible	60% of MRC* after deductible	100% no deductible	70% of MRC* after deductible
Fertility Treatment[7]	80% after deductible; drugs covered at 50% after deductible; donor services not covered	60% of MRC* after deductible; drugs covered at 50% after deductible; donor services not covered	90% after deductible; drugs covered at 50% after deductible; donor services not covered	70% of MRC* after deductible; drugs covered at 50% after deductible; donor services not covered
Maternity Pre/PostNatal	80% after deductible for physician & delivery services	60% of MRC* after deductible for physician & delivery dervices	Doctor office visits $30 copay; 90% after deductible for physician & delivery services	70% of MRC* after deductible for doctor office visits, physician & delivery services
Physical, Occupational & Speech Therapy	80% after deductible; 40 visits per calendar year, per therapy	60% of MRC* after deductible; 40 visits per calendar year, per therapy	$50 copay (deductible waived) 40 visits per calendar year, per therapy	70% of MRC* after deductible; 40 visits per calendar year, per therapy

*Refer to Summary Plan Description for more information on Maximum Reimbursable Charges.

[1] Family deductible must be satisfied in full before claims are covered under coinsurance levels. Individual deductibles do not apply.

[2] When one family member satisfies the $600 embedded deductible, co-insurance applies for that family member.

[3]Seagate will match 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.

[4] 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.

[5] Three 30-day prescriptions must be filled before a 90-day supply may be filled. Walgreens is excluded from pharmacy network.

[6] 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.

[7] $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.

Although we have made every attempt to ensure that the information in this overview is correct, if there are any discrepancies between this document and the plan document, the plan document rules in all cases.

9/25/2026