



Medical Benefits

Administered by Independence Blue Cross (IBC) · No referrals required · Plan Year October 1, 2025 – September 30, 2026

SynaTek offers three medical plans through **Independence Blue Cross**. All plans use the same network and require **no referrals**. Choose the plan that best fits your healthcare needs and budget.

PPO PLAN		PPO PLAN		HSA-ELIGIBLE PLAN	
\$1,500 PPO		\$2,500 PPO		\$5,000 HSA	
Deductible (Ind.)	\$1,500	Deductible (Ind.)	\$2,500	Deductible (Ind.)	\$5,000
Out-of-Pocket Max	\$7,900	Out-of-Pocket Max	\$7,900	Out-of-Pocket Max	\$6,750
PCP Visit	\$20 copay	PCP Visit	\$30 copay	PCP Visit	\$40 + ded.
Specialist	\$40 copay	Specialist	\$60 copay	Specialist	\$70 + ded.
Coinsurance	0%	Coinsurance	0%	Coinsurance	0%
Rx (T1/T2/T3)	\$15/\$35/\$50	Rx (T1/T2/T3)	\$20/\$40/\$60	Rx (T1/T2/T3)	\$20/\$40/\$70

IN-NETWORK	PPO \$1,500	PPO \$2,500	PPO \$5,000 HSA
COST SHARING			
Deductible (Ind. / Family)	\$1,500 / \$3,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Out-of-Pocket Max (Ind. / Family)	\$7,900 / \$15,800	\$7,900 / \$15,800	\$6,750 / \$13,500
OFFICE & URGENT VISITS			
Primary Care Physician	\$20 copay	\$30 copay	\$40 copay after deductible
Specialist	\$40 copay	\$60 copay	\$70 copay after deductible
Urgent Care	\$85 copay	\$100 copay	\$100 after deductible
Emergency Room	\$250 after deductible	\$300 after deductible	\$300 after deductible
DIAGNOSTICS & IMAGING			
Outpatient Lab – Freestanding / Hospital	\$40 / \$80 copay	\$60 / \$120 copay	\$70 / \$140 after deductible
Outpatient X-Ray	\$40 copay	\$60 copay	\$70 after deductible
MRI, CT, or PET Scan	\$80 copay	\$200 copay	\$300 after deductible
HOSPITAL & SURGERY			
Inpatient Hospital	\$0 after deductible	\$0 after deductible	\$250 after deductible
Outpatient Surgery	\$250 after deductible	\$300 after deductible	\$250 after deductible
PRESCRIPTION DRUGS			
Retail Copays (Tier 1 / Tier 2 / Tier 3)	\$15 / \$35 / \$50	\$20 / \$40 / \$60	\$20 / \$40 / \$70
Mail Order Copays	2x Retail	2x Retail	2x Retail

Per-Paycheck Deductions (26 Pay Periods)

Coverage Tier	PPO \$1,500	PPO \$2,500	PPO \$5,000 HSA
Employee Only	\$94.22	\$61.99	\$0.00
Employee + Spouse	\$423.60	\$349.44	\$208.96
Employee + Child(ren)	\$237.33	\$179.86	\$71.00
Employee + Family	\$651.24	\$556.67	\$377.54

INDEPENDENCE BLUE CROSS
1-800-275-2583

WEBSITE
www.ibx.com

FIND A PROVIDER / VIEW ID CARD
Download the IBC Mobile App