

Patterson JUSD EPO Plans Effective 10/01/2025 - 09/30/2026			
MEMBER RESPONSIBILITY			
Annual Limits and Co-Insurance	Plan 5	Plan 6	Plan 7
Calendar Year Deductible (Individual)	\$500	\$2,000	\$5,000
Calendar Year Deductible (Family)	\$1,000	\$4,000	\$10,000
Calendar Year Out-of-Pocket Maximum (Individual OOPM)	\$1,750	\$5,250	\$6,350
Calendar Year Out-of-Pocket Maximum (Family OOPM)	\$3,500	\$10,500	\$12,700
Coinsurance	10% After Deductible	20% After Deductible	30% After Deductible
Office Visits	MEMBER RESPONSIBILITY		
Preventive Care/Immunizations	No Charge	No Charge	No Charge
Doctor Visits (Primary Care)	\$20	20% After Deductible	First 3 Visits \$60, Then 30% After Deductible
Doctor Visits (Specialists)	\$40	20% After Deductible	30% After Deductible
Urgent Care	\$20	20% After Deductible	30% After Deductible
Chiropractic	\$20	20% After Deductible	30% After Deductible
Physical Therapy	10% After Deductible	20% After Deductible	30% After Deductible
Prescriptions Drugs	MEMBER RESPONSIBILITY		
Tier 1	\$5 Copay	20% After Deductible	Deductible Then \$20 Copay
Tier 2	\$10 Copay	20% After Deductible	Deductible Then \$40 Copay
Tier 3	\$25 Copay	20% After Deductible	Deductible Then \$100 Copay
Tier 4	\$50 Copay	20% After Deductible	Deductible Then \$150 Copay
Mail Order - Tier 1/Tier 2	\$10/\$20 After Mail-In Reimbursement	20% After Deductible	Deductible Then \$40/\$80 After Mail-In Reimbursement

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Ambulance and DME	Plan 5	Plan 6	Plan 7
Ambulance-Ground/Air	10% After Deductible	20% After Deductible	30% After Deductible
Durable Medical Equipment	10% After Deductible	20% After Deductible	30% After Deductible
Laboratory and Radiology	MEMBER RESPONSIBILITY		
Outpatient Diagnostic Tests and or Imaging	10% After Deductible	20% After Deductible	30% After Deductible
Radiation Therapy Chemotherapy	10% After Deductible	20% After Deductible	30% After Deductible
Substance Abuse and Mental Health	MEMBER RESPONSIBILITY		
Telephonic Medical Services	No Charge	No Charge	No Charge
Mental Health In & Out Patient	10% After Deductible	20% After Deductible	30% After Deductible
Substance Abuse In & Out Patient	10% After Deductible	20% After Deductible	30% After Deductible
Hospital	MEMBER RESPONSIBILITY		
Outpatient Surgery	10% After Deductible	20% After Deductible	30% After Deductible
Hospital Inpatient	10% After Deductible	20% After Deductible	30% After Deductible
Emergency Room	10% After Deductible	20% After Deductible	30% After Deductible
Home Health Care	10% After Deductible	20% After Deductible	30% After Deductible
2025-2026 Rates	Plan 5	Plan 6	Plan 7
Employee Only	\$ 1,098.00	\$ 663.00	\$ 610.00
Employee + 1	\$ 1,889.00	\$ 1,140.00	\$ 1,049.00
Employee + 2 or more	\$ 2,383.00	\$ 1,439.00	\$ 1,324.00