

Medical Plan Comparison 2026

In Network Benefits	\$25 Co-pay Plan	\$15 Co-pay Plan	\$1,000 High Deductible Plan	\$3,000 High Deductible Plan
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Network Choice	Open Access OR Achieve	Open Access OR Achieve	Open Access OR Achieve	Open Access OR Achieve
Calendar Year Deductible	None	None	\$1,000 per member \$2,000 per family	\$3,000 per member \$6,000 per family
Calendar Year Medical Out-of-Pocket Maximum	\$1,200 per member \$3,600 per family	\$1,200 per member \$3,600 per family	\$2,000 per member \$4,000 per family	\$4,500 per member \$9,000 per family
Calendar Year Rx Out-of-Pocket Maximum	Does not apply	\$500 per member \$1,000 per family	Does not apply	Does not apply
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Office/Urgent Care Visit	\$25 co-pay \$2 copay Allergy Injections	\$15 co-pay \$2 copay Allergy Injections	You pay 20% after deductible	You pay 20% after deductible
Convenience Care Virtuwell online care	\$10 co-pay Virtuwell 1 st 3 visits free	\$5 co-pay Virtuwell 1 st 3 visits free	You pay 20% after deductible Virtuwell 1 st 3 visits free	You pay 20% after deductible Virtuwell 1 st 3 visits free
ER Visit	\$100 co-pay	\$100 co-pay	You pay 20% after deductible	You pay 20% after deductible
Hospital Services	You pay 20%	You pay 10%	You pay 20% after deductible	You pay 20% after deductible
Retail Pharmacy (31 day supply)	Generic Formulary: \$15 Brand Formulary: \$15 Non-formulary: \$30	Generic Formulary: \$15 Brand Formulary: \$15 Non-formulary: \$30	Generic Formulary: \$12 Brand Formulary: \$35 Non-formulary: \$50	Generic Formulary: \$20 Brand Formulary: \$35 Non-formulary: \$60