



2026 Health Plans—Four Choices

| | PPO | PPO CDHP | HMO | HMO CDHP |
|---------------------------------------|------------|------------|------------|------------|
| Benefit Details | In Network | In Network | In Network | In Network |
| First Dollar Coverage | | | | |
| Preventive Care Copay | \$0 | \$0 | \$0 | \$0 |
| Deductible - Pre All Coverage | | | | |
| Single | n/a | \$1,700 | n/a | \$1,700 |
| Family | n/a | \$3,400 | n/a | \$3,400 |
| Rx Copays | | | | |
| Generic | \$5 | \$10 | \$5 | \$10 |
| Brand - Preferred | \$40 | \$40 | \$20 | \$40 |
| Brand - Non-Preferred | \$80 | \$40 | \$30 | \$40 |
| Mail Order | 2x | 2x | 2x | 2x |
| Medical Co-Pays | | | | |
| Office Visit | \$20 | n/a | \$20 | n/a |
| Specialist | \$20 | n/a | \$20 | n/a |
| UC | \$20 | n/a | \$20 | n/a |
| ER Copay | \$150 | n/a | \$150 | n/a |
| Deductible - Pre Coinsurance | | | | |
| Single | \$1,000 | \$1,700 | \$1,000 | \$1,700 |
| Family | \$2,000 | \$3,400 | \$2,000 | \$3,400 |
| Coinsurance | | | | |
| Single | 20% | 10% | 20% | 10% |
| Annual Coinsurance Max | | | | |
| Single | \$2,000 | \$2,000 | \$1,000 | \$1,000 |
| Family | \$4,000 | \$4,000 | \$2,000 | \$2,000 |
| Annual Out of Pocket Max Total | | | | |
| Single | \$6,350 | \$6,350 | \$6,350 | \$6,350 |
| Family | \$12,700 | \$12,700 | \$12,700 | \$12,700 |



This is a general outline of covered benefits and does not include all the benefits, limitations, and exclusions of the benefit programs that can be found in the official benefit plan documents.