Single			This plan has Higher Deductibles and CO-Pays	
	70/30 Split		80/20 Split	
	Current		Option 1	
Calendar Year Deductible (Non-embedded)	**In Network**	**Out Of Network**	**In Network**	**Out Of Network**
Single Coverage	$2,000	$4,000	$2,000	$5,000
Family Coverage	$4,000	$8,000	$4,000	$10,000
Out-of-Pocket Maximum per Calendar Year (Includes Calendar Year Deductible)				
Single Coverage	$2,000	$8,000	$4,000	$10,000
Family Coverage	$4,000	$16,000	$8,000	$20,000
Plan Coinsurance %:	100%	80%	80%	60%
Per Visit Co-payments (After Deductible)				
Primary Care	Not Applicable		$25.00	N/A
Specialist			$50.00	
Emergency Room			$300.00	
Urgent Care			$0.00	
Prescription Drug CoPayments (After Deductible)				
Co-Pay per Generic Rx Order	$0	N/A	$0	N/A
Co-Pay per Preferred Brand Rx Order	$0		$20	
Co-Pay per Non-preferred Brand Name Rx Order	$0		$60	
Co-Pay per Specialty Rx (not program eligible)**	$0		$200	
Mail Order Options (90 day supply)(after Deductible)				
Co-Pay per Generic Rx Order	$0	N/A	$0	N/A
Co-Pay per Preferred Brand Rx Order	$0		$40	
Co-Pay per Non-preferred Brand Name Rx Order	$0		$120	
Co-Pay per Specialty Rx (not program eligible)**	$0		Not covered	
**Requires enrollment in the ACMS Rx Asst Program				

Single	$1,471.95	$1,405.72
Emp+Spouse	$3,135.17	$2,994.09
Emp+Child(ren)	$2,840.77	$2,712.94
Family	$4,621.88	$4,413.90

New Rates Jan 1 2026 Employee Share per pay	30 per Cent	20 per Cent
Single per pay	$ 220.79	$ 140.57
Emp + Spouse per pay	$ 470.28	$ 299.41
Emp + Child(ren) per pay	$ 426.12	$ 271.29
Family per pay	$ 693.28	$ 441.39

What you are now paying per pay	current	Increase per pay	current	Increase per pay
Single per pay	126.69	$ 94.10	126.69	$ 13.88
Emp + Spouse per pay	269.85	$ 200.43	269.85	$ 29.56
Emp + Child(ren) per pay	244.51	$ 181.61	244.51	$ 26.78
Family per pay	397.81	$ 295.47	397.81	$ 43.58

			This Plan has Co-Pays	
	Single	2,000.00		4,000.00
	H.S.A.	(500.00)		(500.00)
	out of Pocket	1,500.00		3,500.00
	Total Premium	5,298.96		3,373.68
	Out of Pocket cost Plus Premiums	6,798.96		6,873.68

Family

	70/30 Split Current		80/20 Split Option 1	
alendar Year Deductible (Non-embedded)	In Network	Out Of Network	In Network	Out Of Network
Single Coverage	$2,000	$4,000	$2,000	$5,000
Family Coverage	$4,000	$8,000	$4,000	$10,000
ut-of-Pocket Maximum per Calendar Year ncludes Calendar Year Deductible)				
Single Coverage	$2,000	$8,000	$4,000	$10,000
Family Coverage	$4,000	$16,000	$8,000	$20,000
lan Coinsurance %:	100%	80%	80%	60%
er Visit Co-payments (After Deductible)				
Primary Care	Not Applicable		$25.00	N/A
Specialist			$50.00	
Emergency Room			$300.00	
Urgent Care			$0.00	
rescription Drug CoPayments (After Deductible)				
Co-Pay per Generic Rx Order	$0	N/A	$0	N/A
Co-Pay per Preferred Brand Rx Order	$0		$20	
Co-Pay per Non-preferred Brand Name Rx Order	$0		$60	
Co-Pay per Specialty Rx (not program eligible)**	$0		$200	
Mail Order Options (90 day supply)(after Deductible)				
Co-Pay per Generic Rx Order	$0	N/A	$0	N/A
Co-Pay per Preferred Brand Rx Order	$0		$40	
Co-Pay per Non-preferred Brand Name Rx Order	$0		$120	
Co-Pay per Specialty Rx (not program eligible)**	$0		Not covered	
**Requires enrollment in the ACMS Rx Asst Program				
Total Rate (Board share & Employee Share)				
Single	$1,471.95		$1,405.72	
Emp+Spouse	$3,135.17		$2,994.09	
Emp+Child(ren)	$2,840.77		$2,712.94	
Family	$4,621.88		$4,413.90	

New Rates Jan 1 2026 Per Pay Employee Share	30 per Cent		20 per Cent	
Single per pay	$ 220.79		$ 140.57	
Emp + Spouse per pay	$ 470.28		$ 299.41	
Emp + Child(ren) per pay	$ 426.12		$ 271.29	
Family per pay	$ 693.28		$ 441.39	
What you are now paying per pay	current	Increase per pay	current	Increase per pay
Single per pay	126.69	$ 94.10	126.69	$ 13.88
Emp + Spouse per pay	269.85	$ 200.43	269.85	$ 29.56
Emp + Child(ren) per pay	244.51	$ 181.61	244.51	$ 26.78
Family per pay	397.81	$ 295.47	397.81	$ 43.58
			This Plan has Co-Pays	
	Family	4,000.00		8,000.00
	H.S.A.	(1,000.00)		(1,000.00)
	Out of Pocket	3,000.00		7,000.00
	Your premium Cost per year	16,638.72		10,593.36
	Out of Pocket cost Plus Premiums	19,638.72		17,593.36

Employee/Spouse			This plan has Higher Deductibles and CO-Pays	
	70/30 Split		80/20 Split	
	Current		Option 1	
Calendar Year Deductible (Non-embedded)	**In Network**	**Out Of Network**	**In Network**	**Out Of Network**
Single Coverage	$2,000	$4,000	$2,000	$5,000
Family Coverage	$4,000	$8,000	$4,000	$10,000
Out-of-Pocket Maximum per Calendar Year (Includes Calendar Year Deductible)				
Single Coverage	$2,000	$8,000	$4,000	$10,000
Family Coverage	$4,000	$16,000	$8,000	$20,000
Plan Coinsurance %:	100%	80%	80%	60%
Per Visit Co-payments (After Deductible)				
Primary Care	Not Applicable		$25.00	N/A
Specialist			$50.00	
Emergency Room			$300.00	
Urgent Care			$0.00	
Prescription Drug CoPayments (After Deductible)				
Co-Pay per Generic Rx Order	$0	N/A	$0	N/A
Co-Pay per Preferred Brand Rx Order	$0		$20	
Co-Pay per Non-preferred Brand Name Rx Order	$0		$60	
Co-Pay per Specialty Rx (not program eligible)**	$0		$200	
Mail Order Options (90 day supply)(after Deductible)				
Co-Pay per Generic Rx Order	$0	N/A	$0	N/A
Co-Pay per Preferred Brand Rx Order	$0		$40	
Co-Pay per Non-preferred Brand Name Rx Order	$0		$120	
Co-Pay per Specialty Rx (not program eligible)**	$0		Not covered	
**Requires enrollment in the ACMS Rx Asst Program				

Single	$1,471.95		$1,405.72	
Emp+Spouse	$3,135.17		$2,994.09	
Emp+Child(ren)	$2,840.77		$2,712.94	
Family	$4,621.88		$4,413.90	

New Rates Jan 1 2026 Employee Share per pay	30 per Cent		20 per Cent	
Single per pay	$ 220.79		$ 140.57	
Emp + Spouse per pay	$ 470.28		$ 299.41	
Emp + Child(ren) per pay	$ 426.12		$ 271.29	
Family per pay	$ 693.28		$ 441.39	
What you are now paying per pay	current	Increase per pay	current	Increase per pay
Single per pay	126.69	$ 94.10	126.69	$ 13.88
Emp + Spouse per pay	269.85	$ 200.43	269.85	$ 29.56
Emp + Child(ren) per pay	244.51	$ 181.61	244.51	$ 26.78
Family per pay	397.81	$ 295.47	397.81	$ 43.58

			This Plan has Co-Pays
	Empl/ Spouse	4,000.00	8,000.00
	H.S.A.	(1,000.00)	(1,000.00)
	Out of Pocket	3,000.00	7,000.00
	Total Premium	11,286.72	7,185.84
	Out of Pocket cost Plus Premiums	14,286.72	14,185.84

Employee/with Children			This plan has higher Deductibles and Co-Pays	
	70/30 Split		80/20 Split	
	Current		Option 1	
Calendar Year Deductible (Non-embedded)	**In Network**	**Out Of Network**	**In Network**	**Out Of Network**
Single Coverage	$2,000	$4,000	$2,000	$5,000
Family Coverage	$4,000	$8,000	$4,000	$10,000
Out-of-Pocket Maximum per Calendar Year (Includes Calendar Year Deductible)				
Single Coverage	$2,000	$8,000	$4,000	$10,000
Family Coverage	$4,000	$16,000	$8,000	$20,000
Plan Coinsurance %:	100%	80%	80%	60%
Per Visit Co-payments (After Deductible)				
Primary Care	Not Applicable		$25.00	N/A
Specialist			$50.00	
Emergency Room			$300.00	
Urgent Care			$0.00	
Prescription Drug CoPayments (After Deductible)				
Co-Pay per Generic Rx Order	$0	N/A	$0	N/A
Co-Pay per Preferred Brand Rx Order	$0		$20	
Co-Pay per Non-preferred Brand Name Rx Order	$0		$60	
Co-Pay per Specialty Rx (not program eligible)**	$0		$200	
Mail Order Options (90 day supply)(after Deductible)				
Co-Pay per Generic Rx Order	$0	N/A	$0	N/A
Co-Pay per Preferred Brand Rx Order	$0		$40	
Co-Pay per Non-preferred Brand Name Rx Order	$0		$120	
Co-Pay per Specialty Rx (not program eligible)**	$0		Not covered	
**Requires enrollment in the ACMS Rx Asst Program				

Single	$1,471.95	$1,405.72
Emp+Spouse	$3,135.17	$2,994.09
Emp+Child(ren)	$2,840.77	$2,712.94
Family	$4,621.88	$4,413.90

New Rates Jan 1 2026 Employee Share per pay	30 per Cent	20 per Cent
Single per pay	$ 220.79	$ 140.57
Emp + Spouse per pay	$ 470.28	$ 299.41
Emp + Child(ren) per pay	$ 426.12	$ 271.29
Family per pay	$ 693.28	$ 441.39

What you are now paying per pay	current	Increase per pay	current	Increase per pay
Single per pay	126.69	$ 94.10	126.69	$ 13.88
Emp + Spouse per pay	269.85	$ 200.43	269.85	$ 29.56
Emp + Child(ren) per pay	244.51	$ 181.61	244.51	$ 26.78
Family per pay	397.81	$ 295.47	397.81	$ 43.58

	Emp/Childred	4,000.00		8,000.00
	H.S.A.	(1,000.00)		(1,000.00)
	Out of Pocket	3,000.00		7,000.00
	Total Premium	10,226.88		6,510.96
	Out of Pocket cost Plus Premiums	13,226.88		13,510.96

	80/20 Split MVP	
Calendar Year Deductible (Non-embedded)	**In Network**	**Out Of Network**
Single Coverage	$5,000	$10,000
Family Coverage	$10,000	$20,000
Out-of-Pocket Maximum per Calendar Year (Includes Calendar Year Deductible)		
Single Coverage	$6,500	$13,000
Family Coverage	$13,000	$26,000
Plan Coinsurance %:	50%	50%
Per Visit Co-payments (After Deductible)		
Primary Care	Not Applicable	
Specialist		
Emergency Room		
Urgent Care		
Prescription Drug CoPayments (After Deductible)		
Co-Pay per Generic Rx Order	50%	N/A
Co-Pay per Preferred Brand Rx Order	50%	
Co-Pay per Non-preferred Brand Name Rx Order	50%	
Co-Pay per Specialty Rx (not program eligible)**	50%	
Mail Order Options (90 day supply)(after Deductible)		
Co-Pay per Generic Rx Order	50%	N/A
Co-Pay per Preferred Brand Rx Order	50%	
Co-Pay per Non-preferred Brand Name Rx Order	50%	
Co-Pay per Specialty Rx (not program eligible)**	50%	
**Requires enrollment in the ACMS Rx Asst Program		

Single	$1,009.75
Emp+Spouse	$2,150.73
Emp+Child(ren)	$1,948.77
Family	$3,170.61

New Rates Jan 1 2026 Employee Share per Pay	20 Per Cent	
Single per pay	$64.94	
Emp + Spouse per pay	$215.07	
Emp + Child(ren) per pay	$194.88	
Family per pay	$317.06	
What you are now paying per pay	current	Increase per pay
Single per pay	56.6	$8.34
Emp + Spouse per pay	185.12	$29.95
Emp + Child(ren) per pay	167.73	$27.15
Family per pay	272.90	$44.16

Family	13,000.00
H.S.A.	-
Out of Pocket	13,000.00
Your premium Cost per year	7,609.44
Out of Pocket cost Plus Premiums	20,609.44

Employee/Spouse	13,000.00
H.S.A.	-
Out of Pocket	13,000.00
Total Premium	5,161.68
Out of Pocket cost Plus Premiums	18,161.68

Emp/Childred	13,000.00
H.S.A.	-
Out of Pocket	13,000.00
Total Premium	4,677.12
Out of Pocket cost Plus Premiums	17,677.12

Single	6,500.00
H.S.A.	-
out of Pocket	6,500.00
Total Premium	1,558.56
Out of Pocket cost Plus Premiums	8,058.56