



2026—2027 New Hire Health Plan Highlights

Key Medical Benefits	HPN—Copay In-Network Only*	HPN—HDHP In-Network Only*
Deductible (per plan year)		
Individual / Family	\$2,500 / \$5,000	\$3,400 / \$6,800
Out-of-Pocket Maximum (per plan year)		
Individual / Family	\$8,150 / \$16,300	\$7,050/ \$14,100
Covered Services		
Office Visits Primary Care	\$70 copay, \$15 MEHC	30% coinsurance*, \$15 MEHC
Virtual Visits	\$12 copay, \$15 MEHC	\$42, \$15 MEHC
Specialist Care	\$70 copay	30% coinsurance*
Routine Preventive Care	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	30% coinsurance*	30% coinsurance*
Complex Imaging (MRI, CT Scan, Ultrasound)	30% coinsurance*	30% coinsurance*
Ambulance	30% coinsurance*	30% coinsurance*
Emergency Room	\$500 copay (waived if true emergency) per visit plus deductible, then coinsurance	
	Freestanding emergency room \$500 copay per visit plus deductible, then coinsurance	
Urgent Care Facility	\$50 copay	30% coinsurance*
Inpatient Hospital Stay	30% coinsurance*	30% coinsurance*
Outpatient Surgery	30% coinsurance*	30% coinsurance*
Prescription Drugs (Generic/ Brand Name/ Non-Preferred Brand Name/ Specialty)		
Retail Pharmacy (30-day supply)	\$15 / 30%*/ 50%*/ 30%*	20%* / 25%*/ 50%*/ 20%*
Mail Order (90-day supply)	\$45 / 30%*/ 50%*	20%*/ 25%*/ 50%*

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

+No out-of-network coverage except for emergency or urgent care –both inside and outside the HPN service area.