



2025—2026 Health Plan Highlights

| Key Medical Benefits | EPO—High Plan (No new enrollments) In-Network Only | EPO—Low Plan In-Network Only | EPO—HDHP In-Network Only | HPN—Copay In-Network Only | HPN—HDHP In-Network Only |
|--|---|---------------------------------|-------------------------------|------------------------------|-------------------------------|
| Deductible (per plan year) | | | | | |
| Individual / Family | \$1,200 / \$3,600 | \$2,500 / \$5,000 | \$3,300 / \$6,600 | \$2,500 / \$5,000 | \$3,300 / \$6,600 |
| Out-of-Pocket Maximum (per plan year) | | | | | |
| Individual / Family | \$6,900 / \$13,800 | \$8,150 / \$16,300 | \$7,050/ \$14,100 | \$8,150 / \$16,300 | \$7,050/ \$14,100 |
| Covered Services | | | | | |
| Office Visits Primary Care | \$70 copay, \$15 clinic | \$70 copay, \$15 clinic | 30% coinsurance*, \$15 clinic | \$70 copay, \$15 clinic | 30% coinsurance*, \$15 clinic |
| Virtual Visits | \$12 copay, \$15 clinic | \$12 copay, \$15 clinic | \$42, \$15 clinic | \$12 copay, \$15 clinic | \$42, \$15 clinic |
| Specialist Care | \$70 copay | \$70 copay | 30% coinsurance* | \$70 copay | 30% coinsurance* |
| Routine Preventive Care | No charge | No charge | No charge | No charge | No charge |
| Outpatient Diagnostic (lab/X-ray) | 20% coinsurance* | 30% coinsurance* | 30% coinsurance* | 30% coinsurance* | 30% coinsurance* |
| Complex Imaging (MRI, CT Scan, Ultrasound) | 20% coinsurance* | 30% coinsurance* | 30% coinsurance* | 30% coinsurance* | 30% coinsurance* |
| Ambulance | 20% coinsurance* | 30% coinsurance* | 30% coinsurance* | 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 | \$50 copay | 30% coinsurance* | \$50 copay | 30% coinsurance* |
| Inpatient Hospital Stay | 20% coinsurance* | 30% coinsurance* | 30% coinsurance* | 30% coinsurance* | 30% coinsurance* |
| Outpatient Surgery | 20% coinsurance* | 30% coinsurance* | 30% coinsurance* | 30% coinsurance* | 30% coinsurance* |
| Prescription Drugs (Generic/ Brand Name/ Non-Preferred Brand Name/ Specialty) | | | | | |
| Retail Pharmacy (30-day supply) | \$200 Brand Deductible \$15/ 25%*/ 50%*/ 30%* | \$15/ 30%*/ 50%*/ 30%* | 20%*/25%*/50%*/ 20%* | \$15/ 30%*/ 50%*/ 30%* | 20%*/25%*/50%*/ 20%* |
| Mail Order (90-day supply) | \$45/ 25%*/ 50%* | \$45/ 30%*/ 50%* | 20%*/ 25%*/ 50%* | \$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.

| Monthly Premiums | | | | | | | | | | |
|-----------------------|---------------|--------------|---------------|--------------|---------------|--------------|---------------|--------------|---------------|--------------|
| | EPO—High Plan | | EPO—Low Plan | | EPO—HDHP | | HPN—Copay | | HPN—HDHP | |
| | Total Premium | Your Premium | Total Premium | Your Premium | Total Premium | Your Premium | Total Premium | Your Premium | Total Premium | Your Premium |
| Employee only | \$759.91 | \$300.39 | \$711.64 | \$177.91 | \$693.28 | \$173.32 | \$661.82 | \$165.46 | \$644.75 | \$161.29 |
| HSA Contributions | | | | | \$20/mo | | | | \$40/mo | |
| Employee & Spouse | \$1,595.81 | \$1,341.41 | \$1,494.44 | \$1,344.99 | \$1,455.87 | \$1,310.28 | \$1,389.83 | \$1,250.84 | \$1,353.96 | \$1,218.56 |
| Employee & Child(ren) | \$1,472.45 | \$864.68 | \$1,378.91 | \$758.40 | \$1,343.32 | \$738.82 | \$1,282.39 | \$705.31 | \$1,249.29 | \$687.11 |
| Employee & Family | \$2,451.66 | \$1,904.48 | \$2,295.92 | \$1,607.15 | \$2,236.66 | \$1,565.66 | \$2,135.21 | \$1,494.65 | \$2,080.10 | \$1,456.07 |