

2026 VPSB Health Insurance Benefits/Premiums

	Buy Up PPO	Standard PPO	HDHP
Services:			<i>HSA Qualified Plan</i>
Annual Individual Deductible	\$1,000 Network \$2,000 Out of Network	\$2,000 Network \$4,000 Out of Network	\$2,000 Network \$6,000 Out of Network (EE only Coverage Tier)
Annual Family Deductible	\$3,000 Network \$6,000 Out of Network	\$6,000 Network \$12,000 Out of Network	\$4,000 Network \$12,000 Out of Network
Annual Individual Out of Pocket Maximum	\$5,250 Network \$10,500 Out of Network	\$6,250 Network \$12,500 Out of Network	\$5,500 Network \$11,000 Out of Network (EE Only Coverage Tier)
Annual Family Out of Pocket Maximum	\$10,500 Network \$21,000 Out of Network	\$12,500 Network \$25,000 Out of Network	\$11,000 Network \$22,000 Out of Network
Member Coinsurance	10% - Network 40% - Out of Network	20% - Network 50% - Out of Network	20% - Network 50% - Out of Network
Preventative Services – Network	Covered in Full - Deductible Waived	Covered in Full - Deductible Waived	Covered in Full - Deductible Waived
Office/Specialist Visit – Network	\$20 office/\$35 specialist copayment	\$20 office/\$35 specialist copayment	Deductible then Coinsurance
Prescription Drugs	Tier 1: \$7 Copayment Tier 2: \$30 Copayment Tier 3: \$70 Copayment Tier 4: 10% up to \$150	Tier 1: \$7 Copayment Tier 2: \$30 Copayment Tier 3: \$70 Copayment Tier 4: 10% up to \$150	Deductible then Coinsurance

Note: If an employee on the HDHP has dependents, (spouse and/or children) enrolled, they MUST satisfy the family deductible and out-of-pocket maximum before the policy pays their share of coinsurance. Not subject to individual deductible or maximums.

Employee Monthly Rates			
Coverage Tier	Buy Up PPO	Standard PPO	HDHP
Employee Only	\$294.00	\$220.00	\$50.00
Employee + Spouse	\$647.00	\$491.00	\$406.00
Employee + Child(ren)	\$586.00	\$449.00	\$374.00
Family	\$921.00	\$706.00	\$589.00
Two Married VPSB Employees	\$547.00	\$391.00	\$100.00
Two Married VPSB Employees - Family	\$821.00	\$606.00	\$489.00