Compare Medical Plans
3/1/2026 – 2/28/2027

Choice of plan options: March 1, 2026 **SUMMARY ONLY - see Summary of Benefits in the Benefits Guide or Plan Document for**	**High-Deductible Health Plan (HDHP)** **Single $500 HSA Contribution** **Family $2,250 HSA Contribution**	**Open Access / POS Plan**
Network:	**Choice POS II**	**Choice POS II**
Deductible (Member responsibility) Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	 $3,400 | $6,800 $6,800 | $13,600 **Includes** Medical and Rx	 $400 | $550 $1,200 | $1,650
Coinsurance (Co-ins (%) – Member responsibility) In-Network / Out-of-Network	N/A / 80%	25% / 30%
Out-of-Pocket Max (Member responsibility) Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	$3,400 | $13,600 $6,800 | $27,200 **Includes** Medical and Rx	$1,400 | Unlimited $4,200 | Unlimited ***Includes*** *Medical Deductible and Medical Copays and Co-ins*
Physician Services (In-Network) Well Adult / Well Child Physician Office Visit Specialist Office Visit (Referrals not required) X-Rays Diagnostics Urgent Care Labs Outpatient	 Plan pays 100% Deductible; then plan pays 100% Deductible; then plan pays 100% Deductible; then plan pays 100% Deductible; then plan pays 100% Deductible; then plan pays 100%	 Plan pays 100% $30 copay; deductible; then Co-ins $50 copay; deductible; then Co-ins $50 copay; deductible; then Co-ins $50 copay; deductible, then Co-ins $100 copay; deductible, then Co-ins
Mental Health Outpatient Services Inpatient Services	 Deductible; then plan pays 100% Deductible; then plan pays 100%	 $30 copay; deductible; then Co-ins Deductible; then Co-ins
Inpatient Hospital Stay (& member pays co-ins) **(per admission)** In-Network	 Deductible; then plan pays 100%	 Deductible; then Co-ins
Outpatient Surgery (& member pays co-ins (%)) **(In-Network)** Facility Fee Physician/Surgeon Fees	 Deductible; then plan pays 100% Deductible; then plan pays 100%	 $50 copay; deductible; then Co-ins Deductible; then Co-ins
Emergency Room	Deductible; then plan pays 100%	$250 copay; deductible; then Co-ins
Pregnancy Office Visits Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services	 Deductible; then plan pays 100% Deductible; then plan pays 100% Deductible; then plan pays 100%	 $30 copay/visit Deductible; then Co-ins Deductible; then Co-ins
Hearing Aid	Max $2,500/device every 24 mos.	Max $2,500/device every 24 mos.

Choice of plan options: March 1, 2026	High-Deductible Health Plan (HDHP)	Point of Service (POS)
Diabetes Physician Office Visit Specialist Office Visit Supplies (Durable Medical Equipment)	 Deductible; then plan pays 100% Deductible; then plan pays 100% Deductible; then plan pays 100%	 $30 copay; deductible; then Co-ins $50 copay; deductible; then Co-ins Deductible; then Co-ins
Prescription Drugs (Retail –34 days) Generic / Formulary / Non-Formulary Note: Higher copays apply for retail 84-90 days; see full details on Employee Self Service within the Benefit Booklet.	In-Network Deductible; then pays 100% Out-of-Network: No Coverage	Rx Deductible: $50 individual /$150 family Max out-of-pocket for Rx Cost: In-Network: Rx Individual $1,000/ Rx Family $3,000 Out-of-Network Rx-No Coverage In-Network Copays: $15 / $25 / $45 / $50
Prescription Drugs (Mail Order –90 days) Generic / Formulary / Non-Formulary	In-Network Deductible; plan pays 100% Out-of-Network: No Coverage	In-Network Only Copays: $37.50/ $62.50 / $112.50 (Rx Deductible and Max Rx out of pocket applies-see Rx above)
Lifetime Maximum	Unlimited	Unlimited