

## Health Insurance

The following chart summarizes the medical and prescription drug plans available for 2026.

Services	\$750 PPO Plan		\$1500 PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible*</b> (Individual/Family)	\$750/\$1,500	\$3,000/\$6,000	\$1,500/\$3,000	\$3,000/\$6,000
<b>Coinsurance</b> (Plan pays/Member pays)	90%/10%	50%/50%	80%/20%	50%/50%
<b>Coinsurance Maximum</b>	\$250/\$500	\$1,250/\$2,500	\$2,000/\$4,000	\$5,000/\$10,000
<b>Total Max Out-of-Pocket</b> (Individual/Family)	\$9,200/\$18,400	Not Applicable	\$9,200/\$18,400	Not Applicable
<b>Primary Care Visit</b>	\$15 copay	50% after deductible	\$15 copay	50% after deductible
<b>Specialist Care Visit</b>	\$35 copay	50% after deductible	\$35 copay	50% after deductible
<b>Urgent Care Visit</b>	\$35 copay	50% after deductible	\$75 copay	50% after deductible
<b>Teladoc Medical Visit</b>	\$0 copay	Not covered	\$0 copay	Not covered
<b>Teladoc Mental Health Visit</b>	\$0 copay	Not covered	\$0 copay	Not covered
<b>Emergency Room Visit</b>	\$250 copay - waived if admitted		\$250 copay - waived if admitted	
<b>Preventive Care</b>	100%	50% after deductible	100%	50% after deductible
<b>Inpatient Hospital</b>	10% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Outpatient Facility</b>	10% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Outpatient Diagnostic Testing</b>	10% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Inpatient Mental Health</b>	10% after deductible	50% after deductible	20% after deductible	50% after deductible
<b>Office Visit Mental Health</b>	\$15 copay	50% after deductible	\$15 copay	50% after deductible
<b>Therapy (PT/OT/Speech)</b>	\$35 copay	50% after deductible	\$35 copay	50% after deductible
<b>Retail Pharmacy</b> Generic Formulary Brand Non-Formulary Brand Specialty (30-day supply)	Retail / Mail \$15 copay / \$30 copay \$30 copay / \$60 copay \$60 copay / \$120 copay \$30 Copay		Retail / Mail 10% coinsurance 30% coinsurance 50% coinsurance 30% coinsurance	

**\*See page 8 for information on the Health Reimbursement Account (HRA) that reimburses part of your annual deductible.**