

2026 Health Plan Summary

	PPO Plan	HDHP (High-Deductible Health Plan)
Health Savings Account Eligible	No	Yes
Employer Contribution to Employee's Health Savings Account	No	\$125.00 Monthly Contribution (\$1,500.00 Annual Contribution)
Eligible for up to \$200 in Wellness Rewards through Anthem <i>(Employees and Covered Spouses)</i>	Yes	Yes
Deductible In-Network Single / Family Out-of-Network Single / Family Type of Deductible	\$1,000 / \$2,000 \$2,000 / \$4,000 Embedded*	\$3,400 / \$6,800 \$5,000 / \$10,000 Embedded*
Cost Share After Deductible In-Network (Employee Share) Out-of-Network (Employee Share)	20% 50%	20% 50%
Maximum Out-of-Pocket In-Network Single / Family Out-of-Network Single / Family	\$3,500 / \$7,000 \$7,000 / \$14,000	\$4,000 / \$8,000 \$10,000 / \$20,000
Preventive Care	Covered 100%	Covered 100%
Physician Visits Primary Care (Employee Share) <i>virtual and Office Visits</i> Specialist Care (Employee Share) Out-of-Network (Employee Share)	\$25 Copay per visit <i>deductible does not apply</i> 20% After Deductible 50% After Deductible	20% After Deductible 20% After Deductible 40% After Deductible
Urgent Care and ER In-Network (Employee Share) Out-of-Network (Employee Share)	20% After Deductible 50% After Deductible**	20% After Deductible 40% After Deductible**
Inpatient/Outpatient In-Network (Employee Share) Out-of-Network (Employee Share)	20% After Deductible 50% After Deductible	20% After Deductible 40% After Deductible
Prescription Drugs Retail Pharmacies (In-Network) Impact on Deductible Retail Pharmacies (Out-of-Network) Home Delivery (In-Network 90-Day Supply)	Tier 1: Greater of \$15 or 5% Tier 2: Greater of \$45 or 10% Tier 3: Greater of \$75 or 20% Tier 4: 20% to maximum of \$250 •Pharmacy copays do not accumulate towards your deductible but accumulate towards your out-of-pocket expenses. 50% Tier 1: Greater of \$30 or 5% Tier 2: Greater of \$90 or 10% Tier 3: Greater of \$150 or 20% Tier 4: 20% to max of \$250	Tier 1: \$15 Tier 2: \$45 Tier 3: \$75 Tier 4: 20% up to max of \$250 • Preventive Rx Plus drugs do not accumulate towards your deductible but accumulate towards your out-of-pocket maximums. • All other drugs subject to your deductible, then copays. 40% • Preventive Rx Plus applies to HDHP members only. See qualifying "Preventive Rx" medication list for qualifying drugs.

*Embedded deductibles require only an individual deductible to be met for a member on a family plan to begin coinsurance.

**Out-of-Network ER visits are covered as an in-network benefit.