



# Medical Benefits

## HSA PLAN

### HSA PLAN - PPO

### PARTICIPATING PROVIDERS

### NON-PARTICIPATING PROVIDERS (SUBJECT TO USUAL AND CUSTOMARY CHARGES)

LIFETIME & CALENDAR YEAR MAXIMUM BENEFIT	UNLIMITED	
<b>CALENDAR YEAR DEDUCTIBLE</b>		
Single	\$2,100	\$4,200
Family	\$6,300	\$12,600
Maximum amount that one person will satisfy towards the annual family out-of-pocket	\$3,400	\$5,000
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM</b>	<b>(Include: Deductible, Coinsurance - combined with Rx Drug Card)</b>	
Single	\$6,550	\$10,500
Family	\$13,100	\$31,500
Maximum amount that one person will satisfy towards the annual family out-of-pocket	\$5,200	\$6,000

### MEDICAL BENEFITS (Cost to you after Deductible has been met)

#### PHYSICIAN'S SERVICES

Preventative Care/Screening/Immunization	No Charge; Deductible Waived	40% Coinsurance
Primary Care Visit To Treat An Injury Or Illness	20% Coinsurance	40% Coinsurance
Special Visit	20% Coinsurance	40% Coinsurance

#### HOSPITAL EXPENSES OR LONG TERM ACUTE CARE FACILITY/HOSPITAL (FACILITY CHARGES)

Inpatient	20% Coinsurance	40% Coinsurance
Physician/Surgeon Fee	20% Coinsurance	40% Coinsurance
Outpatient	20% Coinsurance	40% Coinsurance
Physician/Surgeon Fee	20% Coinsurance	40% Coinsurance

#### IMMEDIATE CARE

Ambulance Services	20% Coinsurance	20% Coinsurance
Emergency Services/Emergency Room Services	20% Coinsurance	40% Coinsurance
Urgent Care Facility	20% Coinsurance	40% Coinsurance

#### TESTS & IMAGING

X-Ray & Laboratory Services	20% Coinsurance	40% Coinsurance
Imaging (Ct/Pet Scans, Mri's)	20% Coinsurance	40% Coinsurance

#### MATERNITY

Office Visits	20% Coinsurance	40% Coinsurance
Childbirth/Delivery Professional Services	20% Coinsurance	40% Coinsurance
Childbirth/Delivery Facility Services	20% Coinsurance	40% Coinsurance

#### OTHER

Chiropractic Care/Spinal Manipulation	20% Coinsurance	40% Coinsurance
Durable Medical Equipment (DME)	20% Coinsurance	40% Coinsurance

This is only a brief summary of the benefits available. Some restrictions may apply. For more specific information about the coverage details including limitations, exclusions and other requirements, please refer to the actual Summary Plan Description.

# HEALTH SAVINGS ACCOUNT - MUST BE ENROLLED IN OUR HSA PPO PLAN

A pre-tax savings account that can be used to pay for qualified medical, dental and vision expenses.

- You must be enrolled in a qualified HDHP to contribute to an HSA.

CONTRIBUTION LIMITS	2026
Single	\$4,400
Family*	\$8,750
Age 55+ (additional contribution)	\$1,000

\* Includes Employee Child  
and Employee Spouse tiers.

## HSA Advantages:

- Funds go with you if you leave.
- Account balance rolls over year after year.
- You can use the funds in your account for eligible medical expenses for ANY tax dependent.
- Interest earned is tax free.