

2026 Medical PreTax Contributions (Monthly)

STANDARD

	Wellness Participants - Met Goal	Wellness Participants - Goal Not Met	Non-Participants
Single	\$236.00	\$268.00	\$348.00
EE + Spouse	\$598.00	\$634.00	\$718.00
EE + Child	\$574.00	\$612.00	\$694.00
EE + Children	\$574.00	\$612.00	\$694.00
Family	\$840.00	\$880.00	\$964.00

PREMIUM

	Wellness Participants - Met Goal	Wellness Participants - Goal Not Met	Non-Participants
Single	\$390.00	\$424.00	\$528.00
EE + Spouse	\$790.00	\$830.00	\$932.00
EE + Child	\$756.00	\$794.00	\$898.00
EE + Children	\$756.00	\$794.00	\$898.00
Family	\$1,078.00	\$1,120.00	\$1,224.00

HDHP (HMED)

	Wellness Participants - Met Goal	Wellness Participants - Goal Not Met	Non-Participants
Single	\$154.00	\$186.00	\$266.00
EE + Spouse	\$492.00	\$528.00	\$612.00
EE + Child	\$468.00	\$504.00	\$588.00
EE + Children	\$468.00	\$504.00	\$588.00
Family	\$680.00	\$718.00	\$800.00

HSA

	Wellness Participants - Met Goal	Wellness Participants - Goal Not Met	Non-Participants
Single	\$76.00	\$110.00	\$190.00
EE + Spouse	\$332.00	\$368.00	\$452.00
EE + Child	\$310.00	\$344.00	\$424.00
EE + Children	\$310.00	\$344.00	\$424.00
Family	\$498.00	\$534.00	\$616.00

NOTE

Note: New employees without a baseline Wellness score will be charged the middle tier of rates until they get a baseline score. Employees hired in the first half of the year will be given an opportunity to get tested and get a baseline score. Those hired in the second half of the year will wait until the next regular testing.

2026 Benefit Summary Comparison

	STANDARD PLAN		PREMIUM PLAN		HIGH DEDUCTIBLE PLAN		HSA PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
MAJOR MEDICAL								
Employee Deductible (Ded)	\$700/Individual \$2,100/Family	\$2,800/Individual \$8,400/Family	\$450/Individual \$1,350/Family	\$1,800/Individual \$5,400/Family	\$1,625/Individual \$4,875/Family	\$6,500/Individual \$19,500/Family	\$2,100/Individual \$6,300/Family	\$4,200/Individual \$12,600/Family
Coinsurance (MM)	80%	60%	90%	70%	80%	50%	80%	60%
Out-Of-Pocket Maximum (Excluding Deductible)	\$4,000/Individual \$12,000/Family	\$8,000/Individual \$24,000/Family	\$2,650/Individual \$7,950/Family	\$4,800/Individual \$14,400/Family	\$4,750/Individual \$14,250/Family	\$10,500/Individual \$31,500/Family	\$6,550/Individual \$13,100/Family	\$10,500/Individual \$31,500/Family
Lifetime Maximum Per Family Member	Unlimited		Unlimited		Unlimited		Unlimited	
PHYSICIAN'S OFFICE VISITS (excludes X-ray and Lab, refer to Lab benefit below)								
	\$30 Co-pay, then 100%	60% (Ded & MM)	\$30 Co-pay, then 100%	70% (Ded & MM)	\$30 Co-pay, then 100%	50% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
URGENT CARE								
	\$40 Co-pay, then 100% Deductible waived	60% (Ded & MM)	\$40 Co-pay, then 100% Deductible waived	70% (Ded & MM)	\$40 Co-pay, then 100% Deductible waived	50% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
WELLNESS/PREVENTIVE (Routine Care)								
Physical Examinations	Covered at 100%	60% (Ded & MM)	Covered at 100%	70% (Ded & MM)	Covered at 100%	50% (Ded & MM)	Covered at 100%	40% (Ded & MM)
Routine Care (Age 2 and over)	Covered at 100%	60% (Ded & MM)	Covered at 100%	70% (Ded & MM)	Covered at 100%	50% (Ded & MM)	Covered at 100%	40% (Ded & MM)
Well Child Care (Age 2 and under)	Covered at 100%	60% (Ded & MM)	Covered at 100%	70% (Ded & MM)	Covered at 100%	50% (Ded & MM)	Covered at 100%	40% (Ded & MM)
Wellness Health								
	100%; Deductible Waived. Is a program that provides Eligible Participants with the convenience of on-site health screenings. issues of which they are unaware. This program is based on three core strategies - Discovery, Education, and Control - and is intended to help Eligible Participants identify health							
HOSPITAL BENEFITS								
Per Confinement Deductible	None	\$500/Confinement	None	\$500/Confinement	None	\$500/Confinement	80% (Ded & MM)	60% (Ded & MM)
In-Patient	80% (Ded & MM)	60% (Ded & MM)	90% (Ded & MM)	70% (Ded & MM)	80% (Ded & MM)	50% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
Out-Patient	80% (Ded & MM)	60% (Ded & MM)	90% (Ded & MM)	70% (Ded & MM)	80% (Ded & MM)	50% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
EMERGENCY ROOM								
	\$250 Co-pay then subject to Deductible and Co-insurance Co-pay is Waived if Admitted	\$250 Co-pay then subject to Deductible and Co-insurance Co-pay is Waived if Admitted	\$250 Co-pay, then subject to Deductible and Co-insurance Co-pay is Waived if Admitted	\$250 Co-pay then subject to Deductible and Co-insurance Co-pay is Waived if Admitted	\$250 Co-pay then subject to Deductible and Co-insurance Co-pay is Waived if Admitted	\$250 Co-pay then subject to Deductible and Co-insurance Co-pay is Waived if Admitted	80% (Ded & MM)	80% (Ded & MM)
<small>(Medical emergency; includes facility & professional fees)</small>								
SURGICAL BENEFITS								
Per Confinement Deductible	None	\$500/Individual	None	\$500/Individual	None	\$500/Individual	80% (Ded & MM)	60% (Ded & MM)
In-Patient	80% (Ded & MM)	60% (Ded & MM)	90% (Ded & MM)	70% (Ded & MM)	80% (Ded & MM)	50% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
Out-Patient	80% (Ded & MM)	60% (Ded & MM)	90% (Ded & MM)	70% (Ded & MM)	80% (Ded & MM)	50% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
MENTAL/NERVOUS DISORDER: Medical Certification Needed								
Per Confinement Deductible		\$500/Individual	None	\$500/Individual	None	\$500/Individual	None	None
In-Patient	80% (Ded)	60% (Ded)	90% (Ded)	70% (Ded)	80% (Ded)	50% (Ded)	80% (Ded)	60% (Ded)
Out-Patient	\$30 Co-pay, then 100%	60% (Ded)	\$30 Co-pay, then 100%	70% (Ded)	\$30 Co-pay, then 100%	50% (Ded)	80% (Ded)	60% (Ded)
All Other out-patient	80% (Ded)	60% (Ded)	90% (Ded)	70% (Ded)	80% (Ded)	50% (Ded)	80% (Ded)	60% (Ded)
SUBSTANCE USE								
Per Confinement Deductible	None	\$500/Individual	None	\$500/Individual	None	\$500/Individual	None	None
In-Patient	80% (Ded)	60% (Ded)	90% (Ded)	70% (Ded)	80% (Ded)	50% (Ded)	80% (Ded)	60% (Ded)
Out-Patient	\$30 Co-pay, then 100%	60% (Ded)	\$30 Co-pay, then 100%	70% (Ded)	\$30 Co-pay, then 100%	50% (Ded)	80% (Ded)	60% (Ded)
All Other out-patient	80% (Ded)	60% (Ded)	90% (Ded)	70% (Ded)	80% (Ded)	50% (Ded)	80% (Ded)	60% (Ded)

2026 Benefit Summary Comparison

	STANDARD PLAN		PREMIUM OPTION		HIGH DEDUCTIBLE PLAN		HIGH DEDUCTIBLE PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
DIAGNOSTIC X-RAY AND LABORATORY SERVICES	80% (Ded & MM)	60% (Ded & MM)	90% (Ded & MM)	70% (Ded & MM)	80% (Ded & MM)	50% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)

ADDITIONAL MEDICAL BENEFITS									
Home Health Care	100% (No Ded) 1 Visit per Day up to 100 Visits	100% (No Ded)	100% (No Ded) 1 Visit per Day up to 100 Visits	100% (No Ded)	100% (No Ded) 1 Visit per Day up to 100 Visits	100% (No Ded) 1 Visit per Day up to 100 Visits	100% (No Ded)	80% (Ded & MM) 1 Visit per Day up to 100 Visits	60% (Ded & MM)
Skilled Nursing Facility	100% (No Ded)	100% (No Ded)	100% (No Ded)	100% (No Ded)	100% (No Ded)	100% (No Ded)	100% (No Ded)	80% (Ded & MM)	60% (Ded & MM)
Calendar Year Benefit	100 Days	100 Days	100 Days	100 Days	100 Days	100 Days	100 Days	100 Days	100 Days
Per Confinement Deductible	None	\$500/Individual	None	\$500/Individual	None	\$500/Individual	\$500/Individual	None	None
Hospice	100% (No Ded)	100% (No Ded)	100% (No Ded)	100% (No Ded)	100% (No Ded)	100% (No Ded)	100% (No Ded)	80% (Ded & MM)	60% (Ded & MM)
Per Confinement Deductible (Pre-Certification)	None	\$500/Individual	None	\$500/Individual	None	\$500/Individual	\$500/Individual	None	None
Outpatient Therapies (Speech, Hearing, Occupational)	80% (Ded)	60% (Ded)	90% (Ded)	70% (Ded)	80% (Ded)	50% (Ded)	80% (Ded)	80% (Ded)	60% (Ded)
Calendar Year Benefit	20 Visits	20 Visits	20 Visits	20 Visits	20 Visits	20 Visits	20 Visits	20 Visits	20 Visits
Physical Therapy	80% (Ded)	60% (Ded)	90% (Ded)	70% (Ded)	80% (Ded)	50% (Ded)	80% (Ded)	80% (Ded)	60% (Ded)
Calendar Year Benefit	12 Visits	12 Visits	12 Visits	12 Visits	12 Visits	12 Visits	12 Visits	12 Visits	12 Visits
Chiropractic Care	80% (Ded)	60% (Ded)	90% (Ded)	70% (Ded)	80% (Ded)	50% (Ded)	80% (Ded)	80% (Ded)	60% (Ded)
Calendar Year Benefit	10 Visits	10 Visits	10 Visits	10 Visits	10 Visits	10 Visits	10 Visits	10 Visits	10 Visits
Ambulance	80% (Ded & MM)	80% (Ded & MM)	90% (Ded & MM)	90% (Ded & MM)	80% (Ded & MM)	80% (Ded & MM)	80% (Ded & MM)	80% (Ded & MM)	80% (Ded & MM)
Durable Medical Equipment	80% (Ded & MM)	60% (Ded & MM)	90% (Ded & MM)	70% (Ded & MM)	80% (Ded & MM)	50% (Ded & MM)	80% (Ded & MM)	80% (Ded & MM)	60% (Ded & MM)
Items per Lifetime	20 Items	20 Items	20 Items	20 Items	20 Items	20 Items	20 Items	20 Items	20 Items

PRESCRIPTION DRUG CARD									
Standard Co-Pay (30 Day Supply)	\$15 Generic \$30 Preferred \$50 Non-Preferred	\$15 Generic \$30 Preferred \$50 Non-Preferred	\$15 Generic \$30 Preferred \$45 Non-Preferred	\$15 Generic \$30 Preferred \$45 Non-Preferred	\$15 Generic \$30 Preferred \$50 Non-Preferred	\$15 Generic \$30 Preferred \$50 Non-Preferred	\$15 Generic \$30 Preferred \$50 Non-Preferred	80% (Ded) 80% (Ded) 80% (Ded)	60% (Ded) 60% (Ded) 60% (Ded)
Specialty Drugs - NOT COVERED									
Mail Order Co-Pay (90 Day Supply)	\$30 Generic \$60 Preferred \$100 Non-Preferred	\$30 Generic \$60 Preferred \$100 Non-Preferred	\$30 Generic \$60 Preferred \$90 Non-Preferred	\$30 Generic \$60 Preferred \$90 Non-Preferred	\$30 Generic \$60 Preferred \$100 Non-Preferred	\$30 Generic \$60 Preferred \$100 Non-Preferred	\$30 Generic \$60 Preferred \$100 Non-Preferred	80% (Ded) 80% (Ded) 80% (Ded)	60% (Ded) 60% (Ded) 60% (Ded)

**Specialty drugs are prescription often require special handling, close monitoring, or help from a pharmacist or care team to use safely and effectively. Because they are more complex and expensive than typical prescriptions, specialty drugs are usually filled through a specialty pharmacy.