

Effective 01/01/2026

IN-NETWORK	Deductible for individual coverage	\$1,000
	Deductible for family coverage (Embedded deductible)	\$2,000
	Plan pays/individual pays (co-insurance) after deductible	80%/20%
	Maximum out-of-pocket (medical and prescription)	\$5,000 individual/\$8,250 family
	Primary care or retail clinic visit	\$25
	Specialist office visit (includes virtual visits)	\$45
	Teladoc®	\$0
	Wellness and preventative care (primary care/specialist)	0% no deductible
	Hospital inpatient (including maternity)	20% after deductible
	Outpatient surgery	20% after deductible
	Emergency room services	\$250 copay, then 20%
	Urgent care	\$50
	Outpatient services (CT scans, MRI, diagnostic)	20% after deductible
	Outpatient PT/OT/ST (30 visit limit per therapy type; visit limit waived with mental health services diagnosis)	\$45
	Chiropractic services (12 visits annually)	\$45
	Mental health/substance abuse: inpatient services	20% after deductible
	Mental health/substance abuse: office visit	\$25
	Vision exam (one exam every 12 months)	\$25
OUT-OF-NETWORK	Deductible for an individual	\$2,000
	Deductible for a family	\$4,000
	Plan pays/individual pays (co-insurance) after deductible	50%/50%
	Co-insurance and deductible out of pocket limit for an individual	\$22,000
	Co-insurance and deductible out of pocket limit for a family	\$24,000
	Wellness and preventive care	Not covered
	Hospital inpatient (including maternity)	\$500 copay, then 50% after deductible
	Outpatient surgery	50% after deductible
	Emergency Room Services	See In-Network Emergency Room Services
	Mental health/substance abuse: inpatient services	\$500 copay, then 50% after deductible
	Mental health/substance abuse: office visit	50% after deductible

PRESCRIPTION DRUG PROGRAM¹

RETAIL	30-Day Supply	Generic	\$15
		Preferred	\$50
		Non-Preferred	\$75
MAIL ORDER/ RETAIL	90-Day Supply	Generic	\$30
		Preferred	\$100
		Non-Preferred	\$150
		Diabetic Supplies	\$20
		Participating Insulin	\$75
SPECIALTY	30-Day Supply	Generic	\$50
		Preferred	\$75
		Non-Preferred	\$100

Additional Plan Information

The participant pays the Co-payment or drug cost, whichever is less.

Maintenance drugs filled at retail, other than the member selected retail pharmacy (CVS or Walgreens), will incur a \$10 penalty after the second retail fill. The \$10 penalty does not accumulate toward the deductible or the maximum out-of-pocket limit. This penalty does not apply to ACA preventive medications.

If a non-generic drug is purchased when a generic drug is available, the participant must pay a penalty of the difference in drug cost of the non-generic drug over its generic equivalent. This penalty does not accumulate toward the deductible or the maximum out-of-pocket limit.

A 90-day supply of maintenance drugs can be filled either by member selected retail pharmacy (Walgreens or CVS) or by mail order. Prices may vary.

Medical claims Incurred outside the United States where no network exists will be considered In-Network.

Accumulators are met by both medical and prescription expenses. Co-pays do not accumulate towards your deductible.

Co-pays for certain specialty medications will be set to the maximum available manufacturer Co-pay assistance. This Co-pay adjustment will only apply after deductible satisfaction if this is a qualified high deductible plan. These Co-pays will be paid by the manufacturer after the participant applies for Co-pay assistance and will not apply toward MOOP.

Insulin Co-pay applies to select insulin products whose manufacturers have chosen to participate in the Patient Assurance Program.