



BENEFITS, HEALTH
+ WELLNESS

2026

BENEFITS



HEALTH PLAN COMPARISON

Weekly Premiums Medical/Prescription	CORE PPO PLAN				HEALTH INVESTMENT PLAN				PREMIER PPO PLAN			
	EMP	EMP/SP	EMP/CH	EMP/SP/CH	EMP	EMP/SP	EMP/CH	EMP/SP/CH	EMP	EMP/SP	EMP/CH	EMP/SP/CH
	\$0.00	\$52.08	\$45.74	\$62.90	\$15.74	\$103.36	\$90.79	\$124.84	\$33.74	\$167.60	\$146.27	\$228.75
Deductible	In-Network				In-Network				In-Network			
Individual	\$4,000				\$2,000				\$1,000			
2 Individuals	\$8,000				\$3,400				\$2,000			
3+ Individuals	\$8,000				\$4,000				\$2,000			
Out-of-Pocket Max (includes deductible)												
Individual	\$7,000				\$4,000				\$4,000			
2 Individuals	\$14,000				\$7,000				\$8,000			
3+ Individuals	\$14,000				\$8,000				\$8,000			
Office Visits & Specialist												
Preventive-Care Visit	Covered 100%				Covered 100%				Covered 100%			
PCP Office Visit	\$40 copay				80% after deductible				\$25 copay			
Virtual PCP Office Visit	Covered 100%				Covered 100%				Covered 100%			
Specialist Office Visit	\$60 copay				80% after deductible				\$40 copay			
Emergency & Hospitalization												
Inpatient Hospital	70% after deductible				80% after deductible				80% after deductible			
Emergency Room	70% after deductible				80% after deductible				80% after deductible			
Urgent Care	\$75 copay				80% after deductible				\$50 copay			
Prescriptions												
Preventive Medications (Blood Pressure and Cholesterol Lowering)	Subject to copay below				Covered 100%				Subject to copay below			
Generic	\$10 copay				\$10 copay after deductible				\$10 copay			
Preferred	30% - \$25/\$75				30% - \$25/\$75 after deductible				30% - \$25/\$75			
Non-Preferred	50% - \$50/\$100				50% - \$50/\$100 after deductible				50% - \$50/\$100			
Specialty Medications	50% to \$250 copay				50% to \$250 copay after deductible				50% to \$250 copay			
Retail 90-Day Supply and Mail Order 90-Day Supply												
Preventive Medications (Blood Pressure and Cholesterol Lowering)	Subject to copay below				Covered 100%				Subject to copay below			
Generic	\$25 copay				\$25 copay after deductible				\$25 copay			
Preferred	30% - \$62.50 min/\$187.50 max				30% - \$62.50 min/\$187.50 max after deductible				30% - \$62.50 min/\$187.50 max			
Non-Preferred	50% - \$125 min/\$250 max				50% - \$125 min/\$250 max after deductible				50% - \$125 min/\$250 max			

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