

# 2026 EMPLOYEE MEDICAL & RX BENEFITS OVERVIEW

<b>COST PER PAY PERIOD*</b>	<b>CHOICE</b>	<b>CHOICE PLUS</b>	<b>CHOICE PLUS W/ HSA</b>
EMPLOYEE ONLY	\$61.16	\$49.29	\$25.97
EMPLOYEE + SPOUSE	\$270.66	\$243.95	\$191.47
EMPLOYEE + CHILD(REN)	\$235.17	\$212.62	\$168.30
EMPLOYEE + FAMILY	\$346.03	\$308.64	\$235.17
<b>MEDICAL BENEFITS</b> (UnitedHealthcare)	<b>CHOICE</b>	<b>CHOICE PLUS</b>	<b>CHOICE PLUS W/ HSA</b>
<b>PLAN HIGHLIGHTS</b> Lifetime maximum	In-network only Unlimited	In-network   Out-of-network Unlimited	In-network   Out-of-network Unlimited
<b>ANNUAL DEDUCTIBLE</b> Individual Family	Embedded \$0 \$0	Embedded \$500   \$1,000 \$1,500   \$3,000	Aggregate \$1,775   \$3,550 \$3,550   \$7,100
<b>COINSURANCE</b> <i>(Member pays after deductible)</i>	10%	20%   40%	20%   40%
<b>OUT-OF-POCKET LIMITS</b> Individual Family	\$3,500 \$7,000	\$2,500   \$5,000 \$5,000   \$10,000	\$4,300   \$8,600 \$8,000   \$16,000
<b>ACCOUNT FUNDING</b>	N/A	N/A	Single: \$500/Family: \$1,000
<b>OFFICE VISITS</b> Primary care office visit Specialist office visit Office procedures In-office lab and x-ray	\$30 Copay \$40 Copay 10% Included	\$25 Copay   Ded & 40% \$35 Copay   Ded & 40% Ded & 20%   Ded & 40% Included   Ded & 40%	Ded & 20%   Ded & 40% Ded & 20%   Ded & 40% Ded & 20%   Ded & 40% Ded & 20%   Ded & 40%
<b>PREVENTATIVE CARE</b>	Free	Free   Ded & 40%	Free   Ded & 40%
<b>OTHER SERVICES</b> Other lab and x-ray MRI/CT/PET scans Outpatient facility Inpatient facility	\$100 Copay & 10% \$100 Copay & 10% 10% \$200 Copay & 10%	Ded & 20%   Ded & 40% Ded & 20%   Ded & 40% Ded & 20%   Ded & 40% Ded & 20%   Ded & 40%	Ded & 20%   Ded & 40% Ded & 20%   Ded & 40% Ded & 20%   Ded & 40% Ded & 20%   Ded & 40%
<b>VIRTUAL VISITS</b> <i>(Through UHC's selected providers)</i>	\$0 Copay	\$0 Copay	\$54 Copay
<b>URGENT CARE</b>	\$50 Copay	\$50 Copay   Ded & 40%	Ded & 20%   Ded & 40%
<b>EMERGENCY ROOM</b> Emergency Medical Transport Facility Charges ER Physician Charges	\$100 Copay \$200 Copay & 10% 10%	Ded & 20% Ded & 20% Ded & 20%	Ded & 20% Ded & 20% Ded & 20%
<b>PRESCRIPTION DRUGS</b>			
Tier 1 Retail	10% with \$10 min, \$50 max	10% with \$10 min, \$50 max	Ded & 20%
Mail Order	10% with \$10 min, \$100 max	10% with \$10 min, \$100 max	Ded & 20%
Specialty	10% with \$20 min, \$100 max	10% with \$20 min, \$100 max	Ded & 20%
Tier 2 Retail	30% with \$30 min, \$100 max	30% with \$30 min, \$100 max	Ded & 20%
Mail Order	30% with \$30 min, \$200 max	30% with \$30 min, \$200 max	Ded & 20%
Specialty	30% with \$60 min, \$200 max	30% with \$60 min, \$200 max	Ded & 20%
Tier 3 Retail	50% with \$60 min, \$150 max	50% with \$60 min, \$150 max	Ded & 20%
Mail Order	50% with \$60 min, \$300 max	50% with \$60 min, \$300 max	Ded & 20%
Specialty	50% with \$120 min, \$300 max	50% with \$120 min, \$300 max	Ded & 20%

\*Premiums displayed are based on Non-Tobacco medical plans. A \$75 tobacco surcharge will apply to Tobacco medical plans. See Summary of Benefits and Coverage (SBC) for more details. If a discrepancy is found between this overview and the SBC, the SBC will govern.