

Effective: January 1, 2026

Medical Plan Comparison Chart	HDHP		PPO		Value PPO	
	In-Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
Deductible:	\$4,000 / single	\$8,000 / single	\$4,500 / single	\$9,000 / single	\$5,500 / single	\$11,000 / single
	\$4,000 per person / \$8,500 per family	\$8,000 per person / \$17,000 per family	\$8,500 / family	\$15,000 / family	\$11,000 / family	\$22,000 / family
Plan Paid Coinsurance:	80%	60%	80%	60%	70%	50%
Out of Pocket Max:	\$6,000 / single	\$12,000 / single	\$6,000 / single	\$12,000 / single	\$7,000 / single	\$14,000 / single
	\$12,000 / family	\$24,000 / family	\$12,000 / family	\$24,000 / family	\$14,000 / family	\$28,000 / family
Preventive Care	100%	Not Covered	100%	Not Covered	100%	Not Covered
Primary Care	Deductible then 20% coinsurance	Deductible then 40% coinsurance	\$15 copay per visit, first two visits \$0 co-pay	40% coinsurance	\$15 copay per visit, first two visits \$0 co-pay	50% coinsurance
Telemedicine	\$5 per visit after deductible	Deductible then 40% coinsurance	\$5 per visit	40% coinsurance	\$5 per visit	50% coinsurance
Specialty Care	Deductible then 20% coinsurance	Deductible then 40% coinsurance	\$50 copay per visit	40% coinsurance	\$75 copay per visit	50% coinsurance
Urgent Care	Deductible then 20% coinsurance	Deductible then 40% coinsurance	\$75 copay per visit	40% coinsurance	\$100 copay per visit	50% coinsurance
Emergency Room	Deductible then 20% coinsurance	Deductible then 40% coinsurance	\$200 co-pay; then 20%	40% coinsurance	\$350 co-pay; then 30%	50% coinsurance
Inpatient	Deductible then 20% coinsurance	Deductible then 40% coinsurance	\$350 copay then 20% coinsurance	40% coinsurance	\$500 copay then 30% coinsurance	50% coinsurance
Outpatient	Deductible then 20% coinsurance	Deductible then 40% coinsurance	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
Diagnostic (Imagina/Lab)	Deductible then 20% coinsurance	Deductible then 40% coinsurance	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
Mental/Behavioral Health	Deductible then 20% coinsurance	Deductible then 40% coinsurance	\$15 copay office visit, 20% outpat and inpat	40% coinsurance	\$15 copay office visit, 30% outpat and inpat	50% coinsurance
Rx Coverage	HDHP		PPO		PPO	
Retail (30 day supply)	Per Prescription		Per Prescription		Per Prescription	
Tier 1	Deductible then \$10 copay		\$10 copay		\$10 copay	
Tier 2	Deductible then \$30 copay		\$30 copay		\$30 copay	
Tier 3	Deductible then \$50 copay		\$50 copay		\$50 copay	
Specialty	30% (\$0 if enrolled in PrudentRX after deductible)		30% (\$0 if enrolled in PrudentRX)		30% (\$0 if enrolled in PrudentRX)	
Preventive Medications	See CVS's PreventiveRx Drug list for prescriptions covered at 100%		See CVS's PreventiveRx Drug list for prescriptions covered at 100%		See CVS's PreventiveRx Drug list for prescriptions covered at 100%	