

**Plan Year: October 1, 2025 –  
September 30, 2026**

## OPTION 1

## OPTION 2

### IN-NETWORK – Independence Blue Cross

#### DEDUCTIBLE

Individual / Family	\$3,000 / \$6,000*	\$2,000 / \$4,000*
---------------------	--------------------	--------------------

\*If enrolled with family members, one person can be responsible for the family amount.

#### PRIMARY CARE PHYSICIAN ELECTION AND REFERRALS REQUIRED

No

No

#### HSA COMPATIBLE

Yes

Yes

#### MAXIMUM OUT-OF-POCKET

Individual / Family	\$6,750 / \$13,500	\$6,750 / \$13,500
---------------------	--------------------	--------------------

Maximum Out-of-Pocket Includes: Deductible and Copayments (including prescription copays)

#### PREVENTIVE CARE AT PREVENTIVE PLUS PROVIDERS

Annual Well Check, Immunizations, and Other Related Services	\$0	\$0
--	-----	-----

#### FACILITY VISITS

Telehealth	\$0 after deductible	\$0 after deductible
Primary Care	\$30 copay after deductible	\$0 after deductible
Specialist Visits	\$60 copay after deductible	\$0 after deductible
Inpatient Hospital	\$500 per day + deductible	\$0 after deductible
Outpatient Surgery	\$500 after deductible	\$0 after deductible
Emergency Room	\$300 copay after deductible	\$0 after deductible
Urgent Care	\$100 copay after deductible	\$0 after deductible

#### OUTPATIENT DIAGNOSTIC SERVICES

X-Ray Services	Freestanding: \$60 after deductible Hospital: \$120 after deductible	Freestanding: \$0 after deductible Hospital: 10% after deductible
CT/PET Scan, MRI	\$200 after deductible	\$0 after deductible

#### PRESCRIPTIONS

Tier 1	\$20 copay after deductible	\$20 copay after deductible
Tier 2	\$40 copay after deductible	\$40 copay after deductible
Tier 3	\$70 copay after deductible	\$70 copay after deductible
Tier 4	50% copay after deductible	50% copay after deductible
Mail Order	2x retail	2x retail

### OUT-OF-NETWORK – Included, please refer to Summary of Benefits and Coverage

#### BI-WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE\*\*

Employee Only	\$83.93	\$184.48
Employee + Spouse	\$232.52	\$488.13
Employee + Child(ren)	\$172.29	\$328.30
Employee + Family	\$235.60	\$495.24

\*\*Smokers pay an additional \$20/pay surcharge.