

**Medical and Prescription
Plan Design Changes**

Service	Current In-Network Benefits	Changes Effective 07-01-2026
Deductible	\$500 Person \$1,500 Family	\$625 Person \$1,875 Family
Coinsurance	Member pays 10% cost sharing after deductible	
Medical Out-of-Pocket Max*	\$1,500 Person \$4,500 Family	\$1,875 Person \$5,625 Family
Primary Care	\$20 copay	\$25 copay
Specialist	\$25 copay	
Mental Health Office Visit	\$20 copay	\$25 copay
Diagnostic testing, x-ray, advanced imaging	\$25 copay, then 10% coinsurance after deductible	
Diagnostic Labs	10% coinsurance after deductible	
Inpatient Hospital	\$200 copay, then 10% coinsurance after deductible	
Urgent Care	\$40 copay	\$50 copay
Emergency	\$125 copay (waived if admitted)	\$150 copay (waived if admitted)
Prescription Drug Copays and Out-of-Pocket Max*	\$10 copay generic / 30% copay preferred brand / 50% copay non-preferred brand / \$50 copay specialty	
	\$1,500 Person / \$3,000 Family OOPM	\$1,875 Person / \$3,750 Family OOPM
Service	Current Out-Of-Network Benefits	Changes Effective 07-01-2026
Deductible	\$800 Person \$2,400 Family	\$1,000 Person \$3,000 Family
Coinsurance	Member pays 30% cost sharing after deductible	
Medical Out-of-Pocket Max*	\$1,950 Person \$5,850 Family	\$2,000 Person \$6,000 Family

*Deductibles, coinsurance, and co-pays contribute toward the Out-of-Pocket Maximum.