75 PLAN RETIREE PLAN COMPARISON

2026 TO 2027

	CDHP1		CDHP2		PPO*	
	2026	2027	2026	2027	2026	2027
MONTHLY PREMIUMS						
Employee	$103.65	$114.48	$128.50	$139.33	$281.69	$303.35
Employee + Child(ren)	$186.58	$208.24	$231.29	$252.95	$507.04	$550.36
Employee + Spouse	$228.04	$249.70	$282.69	$304.35	$619.72	$663.04
Family	$331.69	$353.35	$411.19	$432.85	$901.41	$955.50
ANNUAL DEDUCTIBLE (no changes)	**IN-NETWORK**					
Individual	$3,000		$2,000		$1,900	
Family	$6,000		$4,000		$3,800	
OUT-OF-POCKET MAXIMUM (no changes)	**IN-NETWORK**					
Individual	$5,000		$4,000		$5,000	
Family	$10,000		$8,000		$10,000	
COINSURANCE (no changes)	**IN-NETWORK**					
Preventive Care	Covered at 100%		Covered at 100%		Covered at 100%	
Office Visit	20% after deductible		20% after deductible		$35 copay	
Specialist Office Visit					$70 copay	
Urgent Care					$100 copay	
Emergency Room					$300 copay	
Inpatient Facility Services					$300 copay & 30% after ded.	
Outpatient Charges					30% after deductible	
PHARMACY (no changes)	**IN-NETWORK**					
Preventive Prescriptions	Covered at 100%		Covered at 100%		Covered at 100%	
Retail Tier 1 (generics)	20% after deductible		20% after deductible		$10 copay	
Retail Tier 2 (brand formulary)					$50 copay	
Retail Tier 3 (brand non-formulary)					$100 copay	
Retail Tier 4 (specialty)					10% to $200 copay	
Mail Order (90 day supply)					$20/$150/$300/10% to $400	

*The PPO is a closed plan and only available to those currently enrolled in the plan.

	Delta Dental		VSP Vision	
	2026	2027	2026	2027
MONTHLY PREMIUMS				
Employee	$10.62	$11.25	$8.75	$9.50
Employee + Child(ren)	$19.25	$20.39	$18.59	$20.18
Employee + Spouse	$23.79	$25.19	$17.38	$18.87
Family	$33.05	$35.00	$29.72	$32.27

Retiree health and dental plan coverage ends at age 65 for both retirees and any covered dependents.

See the **website** for full plan information, including out-of-network benefits.