HEALTH PLAN COMPARISON
2025 TO 2026

	CDHP 1		CDHP 2		PPO	
	2025	2026	2025	2026	2025	2026
PREMIUMS	26 PAY/20 PAY					
Employee	$30.49 / $39.64	$47.84 / $62.19	$41.88 / $54.44	$59.31 / $77.10	$113.94 / $148.12	$130.01 / $169.01
Employee + Child(ren)	$55.54 / $72.20	$86.11 / $111.95	$80.79 / $105.03	$106.75 / $138.78	$219.81 / $285.76	$234.02 / $304.23
Employee + Spouse	$62.87 / $81.73	$105.25 / $136.82	$91.45 / $118.88	$130.47 / $169.61	$248.80 / $323.44	$286.02 / $371.83
Family	$92.67 / $120.47	$153.09 / $199.02	$134.80 / $175.24	$189.78 / $246.71	$366.75 / $476.78	$416.03 / $540.84
HSA CONTRIBUTION						
Employee	$1,070	$900	$1,070	$600	N/A	
Employee + Child(ren)	$1,910	$1,800	$1,910	$1,200	N/A	
Employee + Spouse	$1,910	$1,800	$1,910	$1,200	N/A	
Family	$2,130	$1,800	$2,130	$1,200	N/A	
ANNUAL DEDUCTIBLE	IN-NETWORK					
Individual	$2,500	$3,000	$1,850	$2,000	$1,900	
Family	$5,000	$6,000	$3,700	$4,000	$3,800	
OUT-OF-POCKET MAXIMUM	IN-NETWORK					
Individual	$4,000	$5,000	$3,250	$4,000	$5,000	
Family	$8,000	$10,000	$6,500	$8,000	$10,000	
COINSURANCE	IN-NETWORK					
Preventive Care	Covered at 100%		Covered at 100%		Covered at 100%	
Office Visit	25% after deductible	20% after deductible	25% after deductible	20% after deductible	$35 copay & 45% after deductible	
Specialist Office Visit						
Urgent Care					$100 copay	
Emergency Room					$300 copay	
Inpatient Facility Services					$300 copay & 30%	
Outpatient Charges					30% after deductible	
PHARMACY	IN-NETWORK					
Preventive Prescriptions	100% covered		100% covered		100% covered	
Retail Tier 1 (generic)	25% after deductible	20% after deductible	25% 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	

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