HEALTH PLAN COMPARISON

2026 TO 2027

	CDHP1		CDHP2		PPO*	
	2026	2027	2026	2027	2026	2027
PREMIUMS	26 PAY | 20 PAY		26 PAY | 20 PAY		26 PAY | 20 PAY	
Employee	$47.84 | $62.19	$52.84 | $68.69	$59.31 | $77.10	$64.31 | $83.60	$130.01 | $169.01	$140.01 | $182.01
Employee + Child(ren)	$86.11 | $111.95	$96.11 | $124.95	$106.75 | $138.78	$116.75 | $151.78	$234.02 | $304.23	$254.02 | $330.23
Employee + Spouse	$105.25 | $136.82	$115.25 | $149.82	$130.47 | $169.61	$140.47 | $182.61	$286.02 | $371.83	$306.02 | $397.83
Family	$153.09 | $199.02	$163.09 | $212.02	$189.78 | $246.71	$199.78 | $259.71	$416.03 | $540.84	$441.03 | $573.34
HSA CONTRIBUTION (no changes)						
Employee	$900		$600		N/A	
Employee + Child(ren)	$1,800		$1,200		N/A	
Employee + Spouse					N/A	
Family					N/A	
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.

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