REGULAR RETIREE PLAN COMPARISON

2026 TO 2027

	CDHP1		CDHP2		PPO*	
	2026	2027	2026	2027	2026	2027
MONTHLY PREMIUMS						
Employee	$971.23	$1,034.13	$1,004.84	$1,068.25	$1,027.30	$1,093.70
Employee + Child(ren)	$1,748.24	$1,863.60	$1,808.71	$1,925.02	$1,849.14	$1,972.99
Employee + Spouse	$2,136.74	$2,272.91	$2,210.64	$2,347.98	$2,260.07	$2,401.80
Family	$3,107.97	$3,296.21	$3,215.49	$3,405.40	$3,287.37	$3,484.61
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	$41.29	$43.73	$8.75	$9.50
Employee + Child(ren)	$78.45	$83.08	$18.59	$20.18
Employee + Spouse	$82.58	$87.45	$17.38	$18.87
Family	$132.13	$139.93	$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.