2025-2026 Health Insurance Benefit	Standard	Value - Select	HDP Select (high deductible plan)	PPO – Out of Area Only
	In Network / Out of Network	In Network only	In Network only	In Network / Out of Network
Calendar Year Deductible-Single	$1,000 / $2,000	$1,500	$5,000	$1,000 / $2,000
Calendar Year Deductible-Family	$2,000 / $4,000	$3,000	$10,000	$2,000 / $4,000
Medical Out of Pocket-Single	$1,500 plus deductible / $3,000 plus deductible	$2,500 plus deductible	Deductible	$1,500 plus deductible / $3,000 plus deductible
Medical Out of Pocket-Family	$3,000 plus deductible / $6,000 plus deductible	$5,000 plus deductible	Deductible	$3,000 plus deductible / $6,000 plus deductible
Total Medical Annual Expense Risk	$2,500 ind / $5,000 fam	$4,000 ind / $8,000 fam	$5,000 ind / $10,000 fam	$2,500 ind / $5,000 fam
Plan Coinsurance	80% / 50%	80%	100%	80% / 50%
Primary Physician Office Copay Telehealth SJ & SF $0 copay	$40 copay / deductible and coinsurance	$40 copay	$40 copay 3 VISIT LIMIT	$40 copay / deductible and coinsurance
Specialist Physician Office Copay Telehealth SJ & SF $40 copay	$40 copay / deductible and coinsurance	$40 copay	Deductible	$40 copay / deductible and coinsurance
Pediatrician Office Copay Through Age 18	$25 copay / deductible and coinsurance	$25 copay	$25 copay 3 VISIT LIMIT	$25 copay / deductible and coinsurance
Most Preventive Care	100% no copay / deductible and coinsurance	100% no copay	100% no copay	100% no copay / deductible and coinsurance
Mental Health Therapy (Synergy & Axis $20)	$40 copay / deductible and coinsurance	$40 copay	Combined with 3 PCP visit limit / Deductible	$40 copay / deductible and coinsurance
Urgent Care (Med Wise $40)	$60 copay / deductible and coinsurance	$60 copay	Deductible	$60 copay / deductible and coinsurance
Emergency Care	Deductible and coinsurance / same as in network	Deductible and coinsurance in or out of network	Deductible	Deductible and coinsurance / same as in network
Hospital Inpatient per admission	Deductible and coinsurance / Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible and coinsurance/ Deductible and coinsurance
CareATC Clinics **IF ENROLLED IN THE CLINIC OPTION**	$0 copay for services and drugs at clinic	$0 copay for services and drugs at clinic	$0 copay for services and drugs at clinic	$0 copay for services and drugs at clinic
Generic Preferred Brand Non Preferred Brand Specialty Prescriptions $1000 or > Mail Order & Retail	$15 $35 $60 $200 copay for < $1000 script 20% coinsurance 90 days for 2X copay	$15 $35 $60 $200 copay for < $1000 script 20% coinsurance 90 days for 2X copay	$15 $35 $60 $200 copay for < $1000 script 20% coinsurance 90 days for 2X copay	$15 $35 $60 $200 copay for < $1000 script 20% coinsurance 90 days for 2X copay
Prescription Out of Pocket Single/Family	$2000 / $4000	$2000 / $4000	$2000 / $4000	$2000 / $4000

2025-2026 Monthly Health Insurance Benefit Rates	Standard	Value - Select	HDP Select	PPO – Out of area Only
ACTIVE BASIC				
Single	$276	$238	$100	$276
Family	$772	$688	$406	$772
ACTIVE WITH WELLNESS				
Single	$176	$138	$0	$176
Family	$572	$488	$206	$572
RETIREE BASIC				
Single	$456	$442	$327	$456
Family	$1182	$1109	$847	$1182
RETIREE WITH WELLNESS				
Single	$356	$342	$227	$356
Family	$982	$909	$647	$982
SPOUSE/DEP CONT. BASIC				
Single	$518	$491	$378	$518
Family	$1315	$1240	$958	$1315
SPOUSE/DEP CONT. WITH WELLNESS				
Single	$418	$391	$278	$418
Family	$1115	$1040	$758	$1115
COBRA BASIC				
Single	$824	$758	$659	$824
Family	$2209	$2018	$1731	$2209
COBRA WITH WELLNESS				
Single	$724	$658	$559	$724
Family	$2009	$1818	$1531	$2009

2025-2026 Monthly Health Insurance Benefit Rates	Standard WITH CLINIC ACCESS	Value – Select WITH CLINIC ACCESS	HDP Select WITH CLINIC ACCESS	PPO - Out of Area Only WITH CLINIC ACCESS
ACTIVE BASIC				
Single	$302	$264	$126	$302
Family	$798	$714	$432	$798
ACTIVE WITH WELLNESS				
Single	$202	$164	$26	$202
Family	$598	$514	$232	$598
RETIREE BASIC				
Single	$482	$468	$353	$482
Family	$1208	$1135	$873	$1208
RETIREE WITH WELLNESS				
Single	$382	$368	$253	$382
Family	$1008	$935	$673	$1008
SPOUSE/DEP CONT. BASIC				
Single	$544	$517	$404	$544
Family	$1341	$1266	$984	$1341
SPOUSE/DEP CONT. WITH WELLNESS				
Single	$444	$417	$304	$444
Family	$1141	$1066	$784	$1141
COBRA BASIC				
Single	$850	$784	$685	$850
Family	$2235	$2044	$1757	$2235
COBRA WITH WELLNESS				
Single	$750	$684	$585	$750
Family	$2035	$1844	$1557	$2035