

Medical Plans effective July 1, 2025 - June 30, 2026

PLAN COMPARISON

Health Care Plan Option through UMR	2024-2025	Renewal Changes	2024-2025	Renewal Changes	2024-2025	Renewal Changes
In-Network Benefit Plan Design	POS		EPO		HDHP/HSA	
Deductible (ind/ind+1 dep/fam)	\$100/\$300/\$600	\$100/\$300/\$600	\$750/\$1,500/\$2,000	\$800/\$1,600/\$2,150	\$2,500/\$3,750/\$5,000	\$2,500/\$3,750/\$5,000
Coinsurance (plan paid)	100%	100%	80%	80%	100%	100%
Out-of-Pocket Maximum (ind/ind+1dep/fam)	\$2,000/\$4,000/\$6,000	\$2,000/\$4,000/\$6,000	\$2,500/\$5,000/\$7,500	\$2,500/\$5,000/\$7,500	\$4,000/\$6,000/\$8,000	\$4,000/\$6,000/\$8,000
Primary Care Office Visit Copay	\$30 copay	\$30 copay	\$30 after ded	\$30 after ded	100% after ded	100% after ded
Specialist Office Visit Copay	\$45 copay	\$45 copay	\$40 after ded	\$40 after ded	100% after ded	100% after ded
Preventive Care Office Visit	100% covered no ded	100% covered no ded	100% covered no ded	100% covered no ded	100% covered no ded	100% covered no ded
Inpatient Hospital	10% after ded	10% after ded	25% after ded	25% after ded	100% after ded	100% after ded
Outpatient Hospital	\$300 copay	\$300 copay	10% after ded	20% after ded	100% after ded	100% after ded
Emergency Room	\$350 copay	\$350 copay	\$150 after ded	\$150 after ded	100% after ded	100% after ded
Urgent Care	\$50 copay	\$50 copay	\$40 copay	\$40 copay	100% after ded	100% after ded
Lab Services	100% covered	100% covered	100% covered after ded	100% covered after ded	100% after ded	100% after ded
X-Ray / Imaging (MRI, CT, PET)	100% covered	100% covered	100% covered after ded	100% covered after ded	100% after ded	100% after ded
Pharmacy- Rx Benefits/Optum Rx						
Retail (30-day supply)	\$20/\$50/\$75/50% max \$100	\$25/\$55/\$80/50% to max \$150	\$20/\$50/\$75/50% max \$100	\$25/\$55/\$80/50% to max \$150	\$15/\$35/\$60 after ded	\$20/\$40/\$65/50% max to \$150 after ded
Mail Service (90-day supply)	\$40/\$100/\$150	\$50/\$110/\$160	\$40/\$100/\$150	\$50/\$110/\$160	\$30/\$70/\$120 after ded	\$40/\$80/\$130/50% max to \$150 after ded
Out-of-Pocket Maximum (ind/ind+1dep/fam)	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Network Benefits	Yes		No (except emergencies)		Yes	

Red font indicates benefits that changed

Health Care Plan Option through UMR	2025-2026	2025-2026	2025-2026
In-Network Benefit Plan Design	POS	EPO	HDHP/HSA
Deductible (ind/ind+1 dep/fam)	\$100/\$300/\$600	\$800/\$1,600/\$2,150	\$2,500/\$3,750/\$5,000
Coinsurance (plan paid)	100%	80%	100%
Out-of-Pocket Maximum (ind/ind+1dep/fam)	\$2,000/\$4,000/\$6,000	\$2,500/\$5,000/\$7,500	\$4,000/\$6,000/\$8,000
Primary Care Office Visit Copay	\$30 copay	\$30 after ded	100% after ded
Specialist Office Visit Copay	\$45 copay	\$40 after ded	100% after ded
Preventive Care Office Visit	100% covered no ded	100% covered no ded	100% covered no ded
Inpatient Hospital	10% after ded	25% after ded	100% after ded
Outpatient Hospital	\$300 copay	20% after ded	100% after ded
Emergency Room	\$350 copay	\$150 after ded	100% after ded
Urgent Care	\$50 copay	\$40 copay	100% after ded
Lab Services	100% covered	100% covered after ded	100% after ded
X-Ray / Imaging (MRI, CT, PET)	100% covered	100% covered after ded	100% after ded
Pharmacy- Rx Benefits/Optum Rx			
Retail (30-day supply)	\$25/\$55/\$80/50% to max \$150	\$25/\$55/\$80/50% to max \$150	\$20/\$40/\$65/50% max to \$150 after ded
Mail Service (90-day supply)	\$50/\$110/\$160	\$50/\$110/\$160	\$40/\$80/\$130/50% max to \$150 after ded
Out-of-Pocket Maximum (ind/ind+1dep/fam)	Integrated with Medical	Integrated with Medical	Integrated with Medical
Out-of-Network Benefits	Yes	No (except emergencies)	Yes

Red font indicates benefits that changed