PPO, EPO and Select PPO Plans	Benefit Category	2026 Benefit	2027 Benefit
PPO/Select PPO HSA PRx 1700	Plan Name	• HSA PRx 1700	• HSA 1750
	Calendar Year Deductible: In-Network	• $1,700 individual • $3,400 family, embedded $3,400 per member	• $1,750 individual • $3,500 family, embedded $3,500 per member
	Calendar Year Deductible: Out-of-Network	• $3,400 individual • $6,800 family	• $3,500 individual • $7,000 family
	Out-of-Pocket Maximum: In-Network	• $7,500 individual • $15,000 family	• $8,700 individual • $17,400 family
	Out-of-Pocket Maximum: Out-of-Network	• $15,000 per member	• $16,000 per member
	Coinsurance: In-Network	• 45%	• 50%
PPO/Select PPO HSA PRx 1900	Plan Name	• HSA PRx 1900	• HSA 1950
	Calendar Year Deductible: In-Network	• $1,900 individual • $3,800 family, embedded $3,400 per member	• $1,950 individual • $3,900 family, embedded $3,500 per member
	Calendar Year Deductible: Out-of-Network	• $3,800 individual • $7,600 family	• $3,900 individual • $7,800 family
PPO/Select PPO HSA PRx 2000	Plan Name	• HSA PRx 2000	• HSA 2150
	Calendar Year Deductible: In-Network	• $2,000 individual • $4,000 family, embedded $3,400 per member	• $2,150 individual • $4,300 family, embedded $3,500 per member
	Calendar Year Deductible: Out-of-Network	• $4,000 individual • $8,000 family	• $4,300 individual • $8,600 family
	Out-of-Pocket Maximum: In-Network	• $7,900 individual • $15,800 family	• $8,700 individual • $17,400 family
	Out-of-Pocket Maximum: Out-of-Network	• $15,800 per member	• $16,000 per member
	Coinsurance: In-Network	• 30%	• 35%
PPO/Select PPO HSA PRx 3000	Plan Name	• HSA PRx 3000	• HSA 3000
	Calendar Year Deductible: In-Network	• $3,000 individual • $6,000 family, embedded $3,400 per member	• $3,000 individual • $6,000 family, embedded $3,500 per member
	Out-of-Pocket Maximum: In-Network	• $7,500 individual • $15,000 family	• $8,700 individual • $17,400 family
	Out-of-Pocket Maximum: Out-of-Network	• $15,000 per member	• $16,000 per member
	Coinsurance: In-Network	• 30%	• 35%

Note: Family Deductibles and Out-of-Pockets have an embedded amount equivalent to the Individual amounts unless specified otherwise.

PPO, EPO and Select PPO Plans	Benefit Category	2026 Benefit	2027 Benefit
EPO HSA PRx 3000	Plan Name	• EPO HSA PRx 3000	• PPO HSA 3000-E
	Calendar Year Deductible: In-Network	• $3,000 individual • $6,000 family, embedded $3,400 per member	• $3,000 individual • $6,000 family, embedded $3,500 per member
	Out-of-Pocket Maximum: In-Network	• $7,500 individual • $15,000 family	• $8,700 individual • $17,400 family
	Coinsurance: In-Network	• 30%	• 35%
PPO/Select PPO HSA PRx 4000	Plan Name	• HSA PRx 4000	• HSA 4000
	Out-of-Pocket Maximum: In-Network	• $7,500 individual • $15,000 family	• $8,700 individual • $17,400 family
	Out-of-Pocket Maximum: Out-of-Network	• $15,000 per member	• $16,000 per member
PPO/Select PPO HSA PRx 5000	Plan Name	• HSA PRx 5000	• HSA 5200
	Calendar Year Deductible: In-Network	• $5,000 individual • $10,000 family	• $5,200 individual • $10,400 family
	Calendar Year Deductible: Out-of-Network	• $10,000 individual • $20,000 family	• $10,400 individual • $20,800 family
	Out-of-Pocket Maximum: In-Network	• $8,500 individual • $17,000 family	• $8,700 individual • $17,400 family
	Coinsurance: In-Network	• 25%	• 35%
PPO/Select PPO HSA PRx 6500	Plan name	• HSA PRx 6500	• HSA 6600
	Calendar Year Deductible: In-Network	• $6,500 individual • $13,000 family	• $6,600 individual • $13,200 family
	Calendar Year Deductible: Out-of-Network	• $13,000 individual • $26,000 family	• $13,200 individual • $26,400 family
	Out-of-Pocket Maximum: In-Network	• $8,500 individual • $17,000 family	• $8,700 individual • $17,400 family
	Coinsurance: In-Network	• 0%	• 25%
PPO/Select PPO 10/0	Out-of-Pocket Maximum: In-Network	• $6,750 individual • $13,500 family	• $5,000 individual • $10,000 family
	Out-of-Pocket Maximum: Out-of-Network	• $13,500 per member	• $10,000 per member
PPO/Select PPO 25/750	Calendar Year Deductible: Out-of-Network	• $1,500 individual • $4,500 family	• $2,250 individual • $6,750 family
EPO 25/750	Plan Name	• EPO 25/750	• PPO 25/750-E
PPO/Select PPO 30/1000	Calendar Year Deductible: Out-of-Network	• $2,000 individual • $6,000 family	• $2,250 individual • $6,750 family

Note: Family Deductibles and Out-of-Pockets have an embedded amount equivalent to the Individual amounts unless specified otherwise.

PPO, EPO and Select PPO Plans	Benefit Category	2026 Benefit	2027 Benefit
PPO/Select PPO 30/1250	Plan Name	• 30/1250	• 30/1300
	Calendar Year Deductible: In-Network	• $1,250 individual • $2,500 family	• $1,300 individual • $3,900 family
	Calendar Year Deductible: Out-of-Network	• $2,500 individual • $5,000 family	• $3,900 individual • $11,700 family
PPO/Select PPO 45/1850	Plan Name	• 45/1850	• 45/1900
	Calendar Year Deductible: In-Network	• $1,850 individual • $3,700 family	• $1,900 individual • $3,800 family
	Calendar Year Deductible: Out-of-Network	• $3,700 individual • $7,400 family	• $3,800 individual • $7,600 family
PPO/Select PPO 45/2250	Plan Name	• 45/2250	• 45/2300
	Calendar Year Deductible: In-Network	• $2,250 individual • $4,500 family	• $2,300 individual • $4,600 family
	Calendar Year Deductible: Out-of-Network	• $4,500 individual • $9,000 family	• $4,600 individual • $9,200 family
	Coinsurance: In-Network	• 40%	• 45%
PPO/Select PPO 45/2850	Plan Name	• 45/2850	• 45/2900
	Calendar Year Deductible: In-Network	• $2,850 individual • $5,700 family	• $2,900 individual • $5,800 family
	Calendar Year Deductible: Out-of-Network	• $5,700 individual • $11,400 family	• $5,800 individual • $11,600 family
EPO 45/2850	Plan Name	• EPO 45/2850	• 45/2900-E
	Calendar Year Deductible: In-Network	• $2,850 individual • $5,700 family	• $2,900 individual • $5,800 family
PPO/Select PPO 65/4250/0	Plan Name	• 65/4250/0	• 65/4500/0
	Calendar Year Deductible: In-Network	• $4,250 Individual • $8,500 family	• $4,500 individual • $9,000 family
	Calendar Year Deductible: Out-of-Network	• $8,500 individual • $17,000 family	• $9,000 individual • $18,000 family
	Out-of-Pocket Maximum: In-Network	• $9,000 individual • $18,000 family	• $9,500 individual • $19,000 family
PPO/Select PPO 50/6250/3	Plan Name	• 50/6250/3	• 50/6500/3
	Calendar Year Deductible: In-Network	• $6,250 Individual • $12,500 family	• $6,500 individual • $13,000 family
	Calendar Year Deductible: Out-of-Network	• $12,500 individual • $25,000 family	• $13,000 individual • $26,000 family
	Out-of-Pocket Maximum: In-Network	• $9,000 individual • $18,000 family	• $9,500 individual • $19,000 family
PPO/Select PPO 75/7500/1	Out-of-Pocket Maximum: In-Network	• $9,000 individual • $16,000 family	• $9,500 individual • $19,000 family

Note: Family Deductibles and Out-of-Pockets have an embedded amount equivalent to the Individual amounts unless specified otherwise.

PPO and Select PPO Plans	Benefit Category	2026 Benefit	2027 Benefit
PPO/Select PPO HSA 1900-C	Plan Name	• HSA PRx 1900-C	• HSA 1950-C
	Calendar Year Deductible: In-Network	• $1,900 Individual • $3,800 family	• $1,950 individual • $3,900 family embedded $3,500 per member
	Calendar Year Deductible: Out-of-Network	• $3,800 individual • $7,600 family	• $3,900 individual • $7,800 family
PPO/Select PPO HSA 2900-C	Plan Name	• PPO HSA PRx 2900-C	• PPO HSA 2950-C
	Calendar Year Deductible: In-Network	• $2,900 Individual • $5,800 family	• $2,950 individual • $5,900 family embedded $3,500 per member
	Calendar Year Deductible: Out-of-Network	• $5,800 individual • $11,600 family	• $5,900 individual • $11,800 family

No change to the following renewing plans:

Medical/Rx Plans:

- PPO and Select 30-0 C
- PPO and Select 50-0 C
- HMO and Select HMO 10/0
- HMO 10/0 IVF
- HMO and Select HMO 35/0
- HMO and Select HMO 25/1500
- HMO and Select HMO 30/3000

Dental Plans: All dental plans renewing with no benefit changes.

Vision Plans: All vision plans renewing with no benefit changes.

Life/LTD Plans: All Life/LTD policies renewing with no benefit changes.

Terminating Plans:

PPO HSA 60/0-C

Note: Family Deductibles and Out-of-Pockets have an embedded amount equivalent to the Individual amounts unless specified otherwise.