




Did You Know?

In certain areas of the country an additional HMO medical plan option may be available.

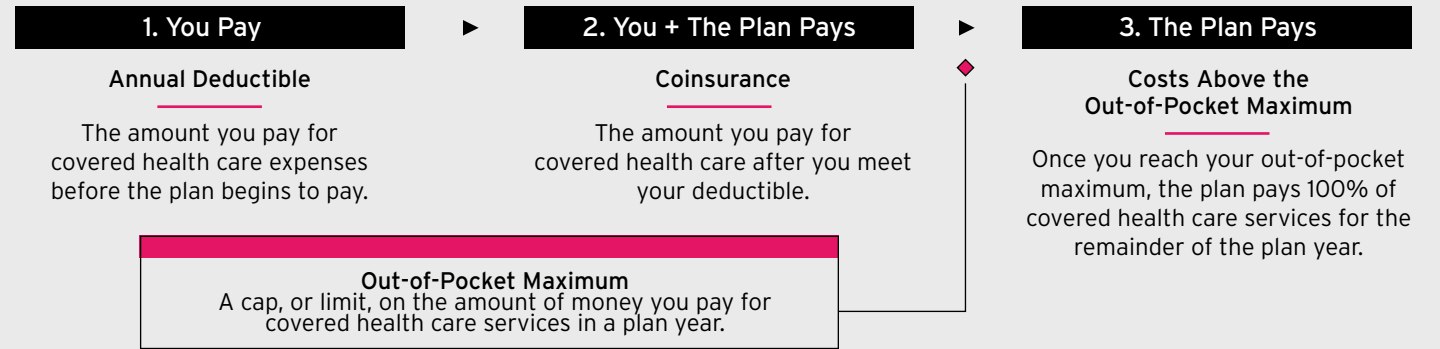
Visit [KnowYourBenefits.org](https://www.knowyourbenefits.org) to learn more.

2026 Blue Cross Blue Shield Medical Plan Summary

	50% with copays	60% with HSA	70% with copays	80% with copays*
	You Pay	You Pay	You Pay	You Pay
Annual Deductible (Individual / Family)	\$4,000 / \$8,000	\$3,400 / \$6,800	\$1,500 / \$3,000	\$750 / \$1,500
Coinsurance	50%	40%	30%	20%
Out-of-Pocket Maximum (Individual / Family)	\$8,250 / \$16,500	\$7,550 / \$15,100	\$6,250 / \$12,500	\$5,250 / \$10,500
Company HSA Contribution (Individual / Family)	N/A	\$300 / \$600	N/A	N/A
Hospital Inpatient	50% after deductible	40% after deductible	\$500 no deductible	20% after deductible
Outpatient Surgery	50% after deductible	40% after deductible	30% after deductible	20% after deductible
Urgent Care	\$60	40% after deductible	\$50	\$45
Primary Care	\$35	40% after deductible	\$25	\$20
Well360 Virtual Health Urgent Care Telemedicine	\$25	40% after deductible	\$15	\$10
Specialist	\$90	40% after deductible	\$70	\$60
Dermatology	\$60	40% after deductible	\$50	\$45
Physical Therapy Office Visit	\$60	40% after deductible	\$50	\$45
SWORD Virtual Physical Therapy	\$0	\$0	\$0	\$0
Speech / Occupational Therapy	\$90	40% after deductible	\$90	\$90
Behavioral Health Office Visit	\$60	40% after deductible	\$50	\$45
Telemedicine Mental Health Specialist Visit	\$60	40% after deductible	\$50	\$45
Emergency Room	50% after deductible	40% after deductible	30% after deductible	20% after deductible
All Medical Services Tied to Out-of-Pocket Maximum	YES	YES	YES	YES


**If you use out-of-network services, the higher deductible and out-of-network maximum will apply. Visit [KnowYourBenefits.org](https://www.knowyourbenefits.org), and click on the Summary Plan Description (SPD) section or call 844-946-6248 for a list of preventive care services.*

How Your Medical Plan Works



Prescription Benefits

Prescription coverage is included in your medical plan. Your prescription plan details are as follows:

	50% with copays	60% with HSA	70% with copays	80% with copays
	You Pay	You Pay	You Pay	You Pay
Deductible (Individual / Family)	\$175 / \$350	included with medical*	\$125 / \$250	\$100 / \$200
Retail - 30-day supply				
Generic	\$10	\$10	\$10	\$10
Preferred Brand	\$90 / \$25 insulin	\$80 / \$25 insulin	\$70 / \$25 insulin	\$60 / \$25 insulin
Non-preferred Brand	60%	50%	40%	30%
Mail Order - 90-day supply				
Generic	\$20	\$20	\$20	\$20
Preferred Brand	\$180 / \$75 insulin	\$160 / \$75 insulin	\$140 / \$75 insulin	\$120 / \$75 insulin
Non-preferred Brand	60%	50%	40%	30%
Specialty Drugs				
Retail or Mail Order	60% (\$650 max. per script)	50% (\$600 max. per script)	40% (\$550 max. per script)	30% (\$500 max. per script)

**The Blue Cross Blue Shield 60% with HSA option provides many preventive medications that are not subject to the deductible – you pay only the copay or coinsurance.*

