

Summary of Medical Plan Options



	TrueCost	PPO	HDHP
Medical	No Network	Anthem/Blue Access	
Preventive Care ¹	Preventive services covered 100% for all plans as defined under the Affordable Care Act (ACA)		
Annual Deductible ² <i>This is the dollar amount you must pay first in a year before the plan begins paying specified benefits</i>	\$0 /person \$0 /family (No deductible)	\$650 /person \$1,300/family	\$3,400/person \$6,000/family
Doctor Office Visit <i>Primary care includes family practice, internist, pediatrician, OB/GYN, mental health, and chiropractor.</i>	\$30 copay for primary care \$50 copay for specialist	\$30 copay for primary care \$50 copay for specialist	Ded, then 80/20
Urgent Care	\$40 copay	\$40 copay	Ded, then 80/20
Emergency Room	\$200 copay (copay waived if admitted)	\$200 copay (copay waived if admitted)	Ded, then 80/20
Inpatient and Outpatient Services	\$250 per day, (copay not to exceed \$750 per admission)	Ded, then 80/20	Ded, then 80/20
Lab & X-rays	\$0	Ded, then 80/20	Ded, then 80/20
CT, MRI	\$250 copay (Imaging Center) \$500 copay (Hospital)	Ded, then 80/20	Ded, then 80/20
Prescription Drugs³	No Deductible	Deductible does not apply	After deductible is met
Retail <i>Up to 34-Day Prescription</i>	\$0 Generic \$35 Preferred Brand	\$15 Generic \$35 Preferred Brand	\$15 Generic \$35 Preferred Brand
Express Scripts Prime Pharmacy Network	Nationwide network which includes CVS, Meijer, Walmart, Kroger and more		
Mail Order or Smart90 <i>Up to 90-Day Prescription</i>	\$0 Generic \$85 Preferred Brand	\$35 Generic \$85 Preferred Brand	\$35 Generic \$85 Preferred Brand
Express Scripts Home Delivery or Smart90 Standard Pharmacy Network	Long-term maintenance medication up to 90-day supply filled either through Express Scripts Home Delivery or a Smart90 Standard retail pharmacy which includes Meijer, Walmart, Kroger and more		
Specialty <i>Up to 34-Day Prescription</i>	\$75	\$75	\$75
Annual Maximum Out-of-Pocket <i>Includes medical and Rx deductibles, coinsurance, and copays. This is the most you will pay toward your in-network medical and prescription expenses</i>	\$2,500 /person \$5,000 /family	\$2,650/person \$5,300 /family	\$4,000 /person \$8,000 /family

Footnotes:

¹ ACA approved preventative services are found at <https://www.healthcare.gov/coverage/preventive-care-benefits/>. Providers must bill under a preventative code.

² A wellness credit of \$150 may be applied toward the medical deductible for employees and enrolled spouse who participate in the Biometric Screening Health Risk Assessment (HRA).

³ HDHP may be adjusted annually as provided under IRS Code to be eligible as a Qualified HDHP (High Deductible Health Plan).

This chart is a summary of in-network benefits for comparison purposes. Refer to the most recent Benefit Book for complete description of Plan benefits. Plan changes from 2025 to 2026 in blue.