

2026 Plan Comparison

The deductible must be met before coinsurance rates apply. Deductible, copays, and coinsurance apply to the out-of-pocket maximum. All tiers cross-accumulate. The provider tier determines payment for the claim. The amount of the claim that applies to the deductible and out-of-pocket maximum will apply to all tiers. Prescription drug deductible, copays, and coinsurance apply to Tier 1.

	CDHP 1			CDHP 2			Traditional		
	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network
Deductible									
Single	\$3,000	\$6,000	\$7,500	\$2,000	\$5,000	\$6,500	\$1,000	\$4,000	\$5,500
Family	\$6,000	\$12,000	\$15,000	\$4,000	\$10,000	\$13,000	\$2,000	\$8,000	\$11,000
Out-of-Pocket Maximum									
Single	\$4,500	\$7,500	\$9,000	\$4,000	\$6,500	\$8,000	\$2,500	\$5,500	\$7,000
Family	\$9,000	\$15,000	\$18,000	\$8,000	\$13,000	\$16,000	\$5,000	\$11,000	\$14,000
Individual embedded	n/a	\$10,600	n/a	n/a	\$10,600	n/a	n/a	\$10,600	n/a
Coinsurance Rates									
Office Visit	10%	30%	50%	10%	30%	50%	10%	30%	50%
Inpatient	10%	30%	50%	10%	30%	50%	10%	30%	50%
Emergency Room	10%	10%	10%	10%	10%	10%	10%	10%	10%
Urgent Care	10%	30%	50%	10%	30%	50%	10%	30%	50%
Wellness Prevention	0%	0%	50%	0%	0%	50%	0%	0%	50%

	Prescription Drug Coverage		
	Deductible must be met before coinsurance rates apply		
	Retail Pharmacy Network (Up to 30-day supply)	Mail Order Pharmacy (Up to 90-day supply)	Retail Pharmacy Network (Up to 90-day supply)
Preventive Medicines (mandated by the ACA)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)
Generic Medicines	\$10 copay	\$20 copay	\$30 copay
Preferred Brand-Name Medicines	20% Min \$30, Max \$50	20% Min \$60, Max \$100	20% Min \$90, Max \$150
Non-Preferred Brand-Name Medicines	40% Min \$50, Max \$70	40% Min \$100, Max \$140	40% Min \$150, Max \$210
Specialty Medicines	40% Min \$75, Max \$150 (30-day supply)		