

AIMS Health Plan - Effective 1/1/2026

PLANS 2026	Current	2026	Current	2026	Current	2026	Current	2026
	5k HSA	Basic HSA	3k HSA	Core HSA	2k HSA	Premium HSA	80-60 PPO	PPO
In-Network	Embedded	Embedded	Embedded	Embedded	Non-Embedded	Non-Embedded	Embedded	Embedded
Deductible Ind	\$5,000	\$5,000	\$3,300	\$3,500	\$2,000	\$2,500	\$500	\$1,000
Deductible Family	\$10,000	\$10,000	\$6,600	\$7,000	\$4,000	\$5,000	\$1,000	\$2,000
Coinsurance	30%	30%	20%	20%	20%	20%	20%	20%
Out of Pocket Maximum Ind	\$8,300	\$8,300	\$6,600	\$7,000	\$4,000	\$5,000	\$4,000	\$5,000
Out of Pocket Maximum Family	\$16,600	\$16,600	\$13,200	\$14,000	\$8,000	\$10,000	\$8,000	\$10,000
In-Network Copays								
PCP	30% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible	\$20 copay after	\$20 copay after Deductible	\$20 Copay	\$20 copay
Specialist	30% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	\$40 copay after Deductible	\$20 Copay	\$20 copay
UC	30% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	\$75 copay after Deductible	20% after Deductible	\$75 copay
ER	30% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	\$250 copay after Deductible	20% after Deductible	\$250 copay
Inpatient	30% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible
Outpatient	30% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible
In-Network Copays								
Retail Rx	\$10/\$30/\$50 after Deductible	\$10/\$30/\$50/20% coinsurance up to \$150 after Deductible	\$10/\$30/\$50 after Deductible	\$10/\$30/\$50/20% coinsurance up to \$150 after Deductible	\$10/\$30/\$50 after Deductible	\$10/\$30/\$50/20% coinsurance up to \$150 after Deductible	\$10/\$30/\$50	\$10/\$30/\$50/20% coinsurance up to \$150
Mail Order	2 x Retail 30	2 x Retail 30	2 x Retail 30	2 x Retail 30	2 x Retail 30	2 x Retail 30	2 x Retail 30	2 x Retail 30
Out of Network								
Deductible Ind	\$10,000	\$10,000	\$6,600	\$10,000	\$4,000	\$10,000	\$2,000	\$2,000
Deductible Family	\$20,000	\$20,000	\$13,200	\$20,000	\$8,000	\$20,000	\$4,000	\$4,000
Coinsurance	50%	50%	40%	40%	40%	40%	40%	40%
Out of Pocket Maximum Ind	\$20,000	\$20,000	\$13,200	\$20,000	\$8,000	\$20,000	\$4,000	\$10,000
Out of Pocket Maximum Family	\$40,000	\$40,000	\$26,400	\$40,000	\$16,000	\$40,000	\$8,000	\$20,000