

MEDICAL PLAN PREMIUMS AND COVERAGE – 2026

YOUR SHARE OF THE PREMIUM				
	National network – Choice Plus		Narrow network – Core Twin Cities Metro only	
	<i>per pay period</i>	<i>annual</i>	<i>per pay period</i>	<i>annual</i>
Employee	\$60.00	\$1,560.00	\$55.90	\$1,453.40
Employee + 1	\$156.92	\$4,079.92	\$141.73	\$3,684.98
Family	\$244.62	\$6,360.12	\$227.43	\$5,913.18

YOUR DEDUCTIBLE		
	Network	Nonnetwork
Employee	\$3,400	\$5,400
Employee + 1	\$3,400 per person	\$5,400 per person
Family	\$3,400 per person not more than \$6,800 per family	\$5,400 per person not more than \$10,800 per family

YOUR OUT-OF-POCKET MAXIMUM		
Employee	\$3,400	\$7,900
Employee + 1	\$3,400 per person	\$7,900 per person
Family	\$3,400 per person not more than \$6,800 per family	\$7,900 per person not more than \$15,800 per family

YOUR COINSURANCE		
Preventive care	0%; \$0 deductible	Not covered
Emergency room	0% after you pay the deductible	0% after you pay the network deductible
Urgent care	0% after you pay the deductible	0% after you pay the deductible
Primary care physician office visit	0% after you pay the deductible	20% after you pay the deductible
Virtual visits	0%; \$0 deductible	Not covered
Other care, including: <ul style="list-style-type: none"> • Hospital care, inpatient or outpatient • Maternity care, prenatal and delivery • Mental health care, inpatient or outpatient • Substance abuse treatment, inpatient or outpatient 	0% after you pay the deductible	20% after you pay the deductible Preauthorization is required for certain services

