

2025 - 2026 Group Health Plan Details

	Consumer-Driven HSA Plan		HSA Value Plan		Traditional Copay Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Individual	\$3,000	\$6,000	\$6,350	\$19,050	\$2,000	\$4,500
Family	\$6,000	\$16,500	\$12,700	\$38,100	\$4,000	\$13,500
Coinsurance (what you pay)	20%	50%	0%	50%	20%	40%
Out-of-Pocket Max (includes deductible)						
Individual	\$6,000	\$16,500	\$6,350	\$19,050	\$6,000	\$13,500
Family	\$12,000	\$33,000	\$12,700	\$38,100	\$12,000	\$40,500
Physician Services						
Office Visit	20% After deductible	50% After deductible	0% After deductible	50% After deductible	\$30 copay	40% After deductible
Preventive Care	100% Covered	50% After deductible	100% Covered	50% After deductible	\$0 copay	40% After deductible
Hospital Services						
Inpatient/Outpatient	20% After deductible	50% After deductible	0% After deductible	50% After deductible	20% After deductible	Plan pays 60%
Emergency Room	20% After deductible	50% After deductible	0% After deductible	50% After deductible	\$200 copay; then plan pays 100%	\$200 copay; then plan pays 100%

Biweekly Payroll Deductions (Based on 26 Pay Deduction Calendar)

Cigna Open Access Plus Network

Cigna LocalPlus Network

Plan Tier	Cigna Open Access Plus Network			Cigna LocalPlus Network		
	Consumer-Driven Plan	Value Plan	Copay Plan	Consumer-Driven Plan	Value Plan	Copay Plan
Employee Only	\$80.27	\$44.58	\$156.14	\$56.12	\$29.40	\$122.92
Employee + Spouse (DP)	\$163.57	\$104.08	\$312.27	\$114.35	\$70.79	\$250.48
Employee + Child(ren)	\$158.25	\$100.74	\$301.34	\$111.08	\$68.07	\$241.77
Employee + Family	\$242.96	\$154.11	\$473.99	\$173.16	\$106.19	\$356.67