## Werner 2026 Medical Plan Options

	\$1,500 individual \$3,000 family (all other tiers) Deductible (PPO)		\$2,500 individual \$5,000 family (all other tiers) (HDHP)		\$3,400 individual \$6,800 family (all other tiers) (HDHP)	
HEALTH SAVINGS ACC	OUNT					
HSA Eligible	No		Yes		Yes	
HSA Employer Funding	N/A		\$300/year for individual <sup>1</sup> \$600/year for family (all other tiers) <sup>1</sup>		\$500/year for individual <sup>1</sup> \$1,000/year for family (all other ties	
	IN-NETWORK	OUT-OF- NETWORK	IN-NETWORK	OUT-OF- NETWORK	IN-NETWORK	OUT-OF- NETWORK
ANNUAL DEDUCTIBLE		NETWORK		METWORK		NETWORK
		<u> </u>				
Individual	\$1,500	\$4,000	\$2,500	\$5,000	\$3,400	\$6,800
Family	\$3,000	\$8,000	\$5,000	\$10,000	\$6,800	\$13,600
OUT-OF-POCKET MAX				, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , ,
Individual	\$2.500	\$7,000	\$4.150	\$8,300	\$6,400	¢12 900
	\$3,500 \$7,000	\$7,000	\$4,150 \$8,300	\$8,300	\$6,400	\$12,800 \$25,600
Family MEDICAL BENEFIT CO		\$14,000	υνοίονο	310,000	\$12,0UU	325,000
WEDICAL BENEFIT CO	VENAGE					
Plan Coinsurance	80%	60%	80%	60%	70%	50%
Preventive Care	\$0 copay <sup>2</sup>	60%	100%	60%	100%	50%
Primary Care Visit	\$40 copay <sup>2</sup>	60%	80%	60%	70%	50%
Specialist Visit	\$50 copay <sup>2</sup>	60%	80%	60%	70%	50%
Telemedicine/Virtual Health	\$0 copay <sup>2</sup>	N/A	80%²	N/A	70%²	N/A
Inpatient Hospital	80%	60%	80%	60%	70%	50%
Outpatient Hospital	80%	60%	80%	60%	70%	50%
Urgent Care	\$40 copay <sup>2</sup>	60%	80%	60%	70%	50%
Emergency Room	\$250 copay, then deductible and coinsurance	\$250 copay, then deductible and coinsurance	80%	80%	70%	70%
RETAIL PRESCRIPTION		and comsurance				
Tier 1	\$10 copay <sup>2</sup>	Not covered	80%³	Not covered	70%3	Not covered
Tier 2	70% (min \$25, max \$50)	Not covered	80%³	Not covered	70%³	Not covered
Tier 3	55% (min \$40, max \$80)	Not covered	80%³	Not covered	70%³	Not covered
MAIL-ORDER PRESCRI	IPTIONS (90-DAY SUF	PPLY)				
	IN-NETWORK	OUT-OF-	IN-NETWORK	OUR-OF-	IN-NETWORK	OUT-OF-
		NETWORK		NETWORK		NETWORK
Tier 1	\$25 copay <sup>2</sup>	Not covered	80%³	Not covered	70%³	Not covered
Tier 2	\$70% (min \$62.50, max \$125)	Not covered	80%³	Not covered	70%³	Not covered
Tier 3	55% (min \$100, max \$200)	Not covered	80%³	Not covered	70%³	Not covered

<sup>&</sup>lt;sup>1</sup> HSA Employer funding is per pay period. Annual amounts listed assume HSA is open and associate has been in that plan all 12 months.

<sup>&</sup>lt;sup>2</sup> deductible does not apply

<sup>&</sup>lt;sup>3</sup> deductible waived for some medications