



2026 BENEFIT PRODUCT GUIDE: INDIANA

Presented By: ICUL/Servicecorp Group Benefits



Servicecorp Group Benefit Highlights



Medical and Rx Plan

- 18 medical plans that best fit the needs of your credit union, your employees, and their families.
- Anthem Blue Cross & Blue Shield with access to **Blue Access PPO**. To obtain the most current participating provider listing, go to www.anthem.com/find-care/
- Rx coverage provided by CVS Caremark <https://www.caremark.com/>



Dental Plan

- 5 dental plans
- Each plan includes your choice of employer-paid rates or voluntary rates and is administered by Delta Dental and includes both their **Premier and PPO Dental Networks**. You can log on to www.DeltaDentalIN.com for current provider information.



Vision Plan

- 4 vision plans
- One of these plans is currently offered at no cost. The other 2 plans include your choice of employer-paid/contributory rates or voluntary rates where the employee pays the entire premium and is administered by Vision Service Plan.
- VSP utilizes the **VSP Choice Vision Network**. For the most current provider information, go to www.vsp.com



EAP

- Employee Assistance Program (EAP) through SupportLinc at no additional cost to group health participants.
- Includes up to six free sessions per issue, legal and financial referrals, child and elder care referrals, and critical incident stress debriefings.



Group Life & Disability

- Life, AD&D, Voluntary Life, Short-Term (STD) and Long-Term Disability (LTD) through OneAmerica.



Worksite Voluntary Plans

- Critical Illness, Accident and Hospital Indemnity Insurance issued by ReliaStar Life Insurance Company, a member of the Voya Financial family of companies.



Section 105 Admin Services

- Third-Party Administrative (TPA) Services for Health Reimbursement Account, as well as Dependent Care Reimbursement to include plan setup, plan documents, enrollment, education, claim processing, and accounting.



Section 125 Admin Services

- TPA Services for Flexible Spending Accounts include plan setup, plan documents, enrollment, education, claim processing, and accounting. Flex debit card available for the convenience of enrollees for the Healthcare Flexible Spending Account.

Your Dedicated Service Team: 800-285-5300

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2026 Medical Plan Options



Overview of Anthem Blue Access Network



Plan Name	P250		P500	
	Blue Access PPO	Non-Network	Blue Access PPO	Non-Network
Annual Deductible				
Single	\$250	\$500	\$500	\$1,000
Family	\$750	\$1,500	\$1,500	\$3,000
Medical- Annual OOP Max				
Individual (includes Deductible)	\$2,000	\$4,000	\$3,000	\$6,000
Family (includes Deductible)	\$4,000	\$8,000	\$6,000	\$12,000
Total Out-of-Pocket Limit (includes Medical & Pharmacy)				
Individual	\$6,600	\$8,600	\$6,600	\$9,600
Family	\$13,200	\$17,200	\$13,200	\$19,200
	Member Cost Share		Member Cost Share	
Primary Physician Visits	\$25 copay	Ded then 40% coins	\$25 copay	Ded then 40% coins
Specialist Office Visits	\$50 copay	Ded then 40% coins	\$50 copay	Ded then 40% coins
Preventive Care Services	No cost	Ded then 40% coins	No cost	Ded then 40% coins
Inpatient Hospital Services	Ded then 20% coins	Ded then 40% coins	Ded then 20% Coins	Ded then 40% coins
Outpatient Services	Ded then 20% coins	Ded then 40% coins	Ded then 20% Coins	Ded then 40% coins
Diagnostic Services	No cost	Ded then 40% coins	No cost	Ded then 40% coins
Urgent Care Services	\$100 copay	Ded then 40% coins	\$100 copay	Ded then 40% coins
Emergency Room Services	\$250 copay		\$250 copay	
Mental / Nervous Inpatient	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40% Coins
Mental / Nervous Outpatient	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40% coins
Prescription Drugs	Retail		Retail	
Drug Copays OOP Max	\$4,600 Single / \$9,200 Family		\$3,600 Single / \$7,200 Family	
Tier 1	\$10 copay (Home & Retail)	Greater of \$60 or 50% coin Retail (home delivery not covered)	\$10 copay (Home & Retail)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 2	\$35 copay (Retail) / \$80 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)	\$35 copay (Retail) / \$80 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 3	\$70 copay (Retail) / \$160 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)	\$70 copay (Retail) / \$160 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 4	25% to \$300 max	Not covered	25% to \$300 max	Not covered

2026 Medical Plan Options



Overview of Anthem Blue Access Network



Plan Name	P1000		P1500	
	Blue Access PPO	Non-Network	Blue Access PPO	Non-Network
Annual Deductible				
Single	\$1,000	\$2,000	\$1,500	\$3,000
Family	\$3,000	\$6,000	\$4,500	\$9,000
Annual OOP Max				
Individual (includes Deductible)	\$4,000	\$8,000	\$5,000	\$10,000
Family (includes Deductible)	\$8,000	\$16,000	\$10,000	\$20,000
Total Out-of-Pocket Limit (includes Medical & Pharmacy)				
Individual	\$6,600	\$10,600	\$6,600	\$11,600
Family	\$13,200	\$21,200	\$13,200	\$23,200
	Member Cost Share		Member Cost Share	
Primary Physician Visits	\$25 copay	Ded then 40%	\$25 copay	Ded then 40%
Specialist Office Visits	\$50 copay	Ded then 40%	\$50 copay	Ded then 40%
Preventive Care Services	No Cost	Ded then 40%	No Cost	Ded then 40%
Inpatient Hospital Services	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%
Outpatient Services	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%
Diagnostic Services	No Cost	Ded then 40%	No Cost	Ded then 40%
Urgent Care Services	\$100 copay	Ded then 40%	\$100 copay	Ded then 40%
Emergency Room Services	\$250 copay		\$250 Copay	
Mental / Nervous Inpatient	Ded then 20%	Ded then 40%	Ded then 0%	Ded then 40%
Mental / Nervous Outpatient	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%
Prescription Drugs	Retail		Retail	
Drug Copays OOP Max	\$2,600 Single / \$5,200 Family		\$1,600 Single / \$3,200 Family	
Tier 1	\$10 copay (Home & Retail)	Greater of \$60 or 50% coin Retail (home delivery not covered)	\$10 copay (Home & Retail)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 2	\$35 copay (Retail) / \$80 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)	\$35 copay (Retail) / \$80 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 3	\$70 copay (Retail) / \$160 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)	\$70 copay (Retail) / \$160 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 4	25% to \$300 max	Not covered	25% to \$300 max	Not covered

2026 Medical Plan Options

Overview of Anthem Blue Access Network



Plan Name	P2500	
	Blue Access PPO	Non-Network
Annual Deductible		
Single	\$2,500	\$5,000
Family	\$7,500	\$15,000
Annual OOP Max		
Individual (includes Deductible)	\$5,000	\$10,000
Family (includes Deductible)	\$10,000	\$20,000
Total Out-of-Pocket Limit (includes Medical & Pharmacy)		
Individual	\$6,600	\$11,600
Family	\$13,200	\$23,200
	<u>Member Cost Share</u>	
Primary Physician Visits	\$25 copay	Ded then 40%
Specialist Office Visits	\$50 copay	Ded then 40%
Preventive Care Services	No Cost	Ded then 40%
Inpatient Hospital Services	Ded then 20%	Ded then 40%
Outpatient Services	Ded then 20%	Ded then 40%
Diagnostic Services	No Cost	Ded then 40%
Urgent Care Services	\$100 copay	Ded then 40%
Emergency Room Services	\$250 copay	
Mental / Nervous Inpatient	Ded then 20%	Ded then 40%
Mental / Nervous Outpatient	Ded then 20%	Ded then 40%
Prescription Drugs	<u>Retail</u>	
Drug Copays OOP Max	\$1,600 Single / \$3,200 Family	
Tier 1	\$10 copay (Home & Retail)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 2	\$35 copay (Retail) / \$80 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 3	\$70 copay (Retail) / \$160 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 4	25% to \$300 max	Not covered

2026 Medical Plan Options



Overview of Anthem Blue Access Network



Plan Name	P3000		P5000	
	Blue Access PPO	Non-Network	Blue Access PPO	Non-Network
Annual Deductible				
Single	\$3,000	\$6,000	\$5,000	\$10,000
Family	\$9,000	\$18,000	\$10,000	\$20,000
Annual OOP Max				
Individual (includes Deductible)	\$7,000	\$14,000	\$7,000	\$14,000
Family (includes Deductible)	\$14,000	\$28,000	\$14,000	\$28,000
Total Out-of-Pocket Limit (includes Medical & Pharmacy)				
Individual	\$7,000	\$14,000	\$7,000	\$14,000
Family	\$14,000	\$28,000	\$14,000	\$28,000
	Member Cost Share		Member Cost Share	
Primary Physician Visits	\$25 copay	Ded then 40%	\$25 copay	Ded then 40%
Specialist Office Visits	\$50 copay	Ded then 40%	\$50 copay	Ded then 40%
Preventive Care Services	No Cost	Ded then 40%	No Cost	Ded then 40%
Inpatient Hospital Services	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%
Outpatient Services	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%
Diagnostic Services	No Cost	Ded then 40%	No Cost	Ded then 40%
Urgent Care Services	\$75 copay	Ded then 40%	\$75 copay	Ded then 40%
Emergency Room Services	\$250 copay		\$250 copay	
Mental / Nervous Inpatient	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%
Mental / Nervous Outpatient	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%
Prescription Drugs	Retail		Retail	
Drug Copays OOP Max	Included in Medical OOP Max		Included in Medical OOP Max	
Tier 1	\$10 copay (Home & Retail)	Greater of \$60 or 50% coin Retail (home delivery not covered)	\$10 copay (Home & Retail)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 2	\$35 copay (Retail) / \$80 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)	\$35 copay (Retail) / \$80 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 3	\$70 copay (Retail) / \$160 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)	\$70 copay (Retail) / \$160 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 4	25% to \$300 max	Not covered	25% to \$300 max	Not covered

2026 Medical Plan Options

Overview of Anthem Blue Access Network



Plan Name	H2000/0	
	Blue Access PPO	Non-Network
Annual Deductible		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
Annual OOP Max		
Individual (includes Deductible)	\$2,000	\$8,000
Family (includes Deductible)	\$4,000	\$16,000
Total Out-of-Pocket Limit (includes Medical & Pharmacy)		
Individual	\$3,000	\$8,000
Family	\$6,000	\$16,000
	<u>Member Cost Share</u>	
Primary Physician Visits	Ded then 0%	Ded then 30%
Specialist Office Visits	Ded then 0%	Ded then 30%
Preventive Care Services	No Cost	Ded then 30%
Inpatient Hospital Services	Ded then 0%	Ded then 30%
Outpatient Services	Ded then 0%	Ded then 30%
Diagnostic Services	Ded then 0%	Ded then 30%
Urgent Care Services	Ded then 0%	Ded then 30%
Emergency Room Services	Ded then 0%	
Mental / Nervous Inpatient	Ded then 0%	Ded then 30%
Mental / Nervous Outpatient	Ded then 0%	Ded then 30%
Prescription Drugs	<u>Retail</u>	
Drug Copays OOP Max	\$1000 Single / \$2,000 Family	Included in Medical OOP Max
Tier 1	Ded then \$10 copay (Home & Retail)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 2	Ded then \$35 copay (Retail) / \$80 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 3	Ded then \$70 copay (Retail) / \$160 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 4	Ded then 25% to \$300 max	Not covered

2026 Medical Plan Options



Overview of Anthem Blue Access Network



Plan Name	H3500/0		H3500/20	
	Blue Access PPO	Non-Network	Blue Access PPO	Non-Network
Annual Deductible				
Single	\$3,500	\$7,000	\$3,500	\$7,000
Family	\$7,000	\$14,000	\$7,000	\$14,000
Annual OOP Max				
Individual (includes Deductible)	\$3,500	\$14,000	\$6,000	\$14,000
Family (includes Deductible)	\$7,000	\$28,000	\$12,000	\$28,000
Total Out-of-Pocket Limit (includes Medical & Pharmacy)				
Individual	\$4,500	\$14,000	\$6,000	\$14,000
Family	\$9,000	\$28,000	\$12,000	\$28,000
	Member Cost Share		Member Cost Share	
Primary Physician Visits	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Specialist Office Visits	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Preventive Care Services	No Cost	Ded then 30%	No Cost	Ded then 30%
Inpatient Hospital Services	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Outpatient Services	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Diagnostic Services	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Urgent Care Services	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Emergency Room Services	Ded then 0%		Ded then 20%	
Mental / Nervous Inpatient	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Mental / Nervous Outpatient	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Prescription Drugs	Retail		Retail	
Drug Copays OOP Max	\$1000 Single / \$2,000 Family	Included in Medical OOP Max	Included in Medical OOP Max	
Tier 1	Ded then \$10 copay (Home & Retail)	Greater of \$60 or 50% coin Retail (home delivery not covered)	Ded then 20% (retail & home delivery)	Ded then 30% Retail - (home delivery not covered)
Tier 2	Ded then \$35 copay (Retail) / \$80 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)	Ded then 20% (retail & home delivery)	Ded then 30% Retail - (home delivery not covered)
Tier 3	Ded then \$70 copay (Retail) / \$160 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)	Ded then 20% (retail & home delivery)	Ded then 30% Retail - (home delivery not covered)
Tier 4	Ded then 25% to \$300 max	Not covered	Ded then 20% (retail & home delivery)	Not covered

2026 Medical Plan Options



Overview of Anthem Blue Access Network



Plan Name	H4000/0		H4000/20	
	Blue Access PPO	Non-Network	Blue Access PPO	Non-Network
Annual Deductible				
Single	\$4,000	\$8,000	\$4,000	\$8,000
Family	\$8,000	\$16,000	\$8,000	\$16,000
Annual OOP Max				
Individual (includes Deductible)	\$4,000	\$12,000	\$6,000	\$12,000
Family (includes Deductible)	\$8,000	\$24,000	\$12,000	\$24,000
Total Out-of-Pocket Limit (includes Medical & Pharmacy)				
Individual	\$5,000	\$12,000	\$6,000	\$12,000
Family	\$10,000	\$24,000	\$12,000	\$24,000
	Member Cost Share		Member Cost Share	
Primary Physician Visits	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Specialist Office Visits	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Preventive Care Services	No Cost	Ded then 30%	No Cost	Ded then 30%
Inpatient Hospital Services	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Outpatient Services	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Diagnostic Services	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Urgent Care Services	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Emergency Room Services	Ded then 0%		Ded then 20%	
Mental / Nervous Inpatient	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Mental / Nervous Outpatient	Ded then 0%	Ded then 30%	Ded then 20%	Ded then 30%
Prescription Drugs	Retail		Retail	
Drug Copays OOP Max	\$1000 Single / \$2,000 Family	Included in Medical OOP Max	Included in Medical OOP Max	
Tier 1	Ded then \$10 copay retail & home	Ded then 30% retail - (home delivery not covered)	Ded then 20% (retail & home delivery)	Ded then 30% Retail - (home delivery not covered)
Tier 2	Ded then \$35 copay retail / \$80 copay home	Ded then 30% retail - (home delivery not covered)	Ded then 20% (retail & home delivery)	Ded then 30% Retail - (home delivery not covered)
Tier 3	Ded then \$70 copay retail / \$160 copay home	Ded then 30% retail - (home delivery not covered)	Ded then 20% (retail & home delivery)	Ded then 30% Retail - (home delivery not covered)
Tier 4	Ded then 25% to \$300 max	Not covered	Ded then 20% (retail & home delivery)	Not covered

2026 Medical Plan Options



Overview of Anthem Blue Access Network



Plan Name	H5000/0	
	Blue Access PPO	Non-Network
Annual Deductible		
Single	\$5,000	\$10,000
Family	\$10,000	\$20,000
Annual OOP Max		
Individual (includes Deductible)	\$5,000	\$12,000
Family (includes Deductible)	\$10,000	\$24,000
Total Out-of-Pocket Limit (includes Medical & Pharmacy)		
Individual	\$6,000	\$12,000
Family	\$12,000	\$24,000
	<u>Member Cost Share</u>	
Primary Physician Visits	Ded then 0%	Ded then 30%
Specialist Office Visits	Ded then 0%	Ded then 30%
Preventive Care Services	No Cost	Ded then 30%
Inpatient Hospital Services	Ded then 0%	Ded then 30%
Outpatient Services	Ded then 0%	Ded then 30%
Diagnostic Services	Ded then 0%	Ded then 30%
Urgent Care Services	Ded then 0%	Ded then 30%
Emergency Room Services	Ded then 0%	
Mental / Nervous Inpatient	Ded then 0%	Ded then 30%
Mental / Nervous Outpatient	Ded then 0%	Ded then 30%
Prescription Drugs	<u>Retail</u>	
Drug Copays OOP Max	\$1000 Single / \$2,000 Family	Included in Medical OOP Max
Tier 1	Ded then \$10 copay (Home & Retail)	Ded then 30% Retail - (home delivery not covered)
Tier 2	Ded then \$35 copay (Retail) / \$80 copay (Home)	Ded then 30% Retail - (home delivery not covered)
Tier 3	Ded then \$70 copay (Retail) / \$160 copay (Home)	Ded then 30% Retail - (home delivery not covered)
Tier 4	Ded then 25% to \$300 max	Not covered

2026 Medical Plan Options



Overview of Anthem Blue Access Network



Plan Name	HNE3000/20		HNE4000/20	
	Blue Access PPO	Non-Network	Blue Access PPO	Non-Network
Annual Deductible				
Single	\$3,000	\$6,000	\$4,000	\$8,000
Family	\$6,000	\$12,000	\$8,000	\$16,000
Annual OOP Max				
Individual (includes Deductible)	\$5,000	\$10,000	\$5,000	\$10,000
Family (includes Deductible)	\$10,000	\$20,000	\$10,000	\$20,000
Total Out-of-Pocket Limit (includes Medical & Pharmacy)				
Individual	\$5,000	\$10,000	\$5,000	\$10,000
Family	\$10,000	\$20,000	\$10,000	\$20,000
Individual Within a Family	\$8,550	\$17,100	\$8,550	\$17,100
	Member Cost Share		Member Cost Share	
Primary Physician Visits	Ded then 20%	Ded then 30%	Ded then 20%	Ded then 30%
Specialist Office Visits	Ded then 20%	Ded then 30%	Ded then 20%	Ded then 30%
Preventive Care Services	No Cost	Ded then 30%	No Cost	Ded then 30%
Inpatient Hospital Services	Ded then 20%	Ded then 30%	Ded then 20%	Ded then 30%
Outpatient Services	Ded then 20%	Ded then 30%	Ded then 20%	Ded then 30%
Diagnostic Services	Ded then 20%	Ded then 30%	Ded then 20%	Ded then 30%
Urgent Care Services	Ded then 20%	Ded then 30%	Ded then 20%	Ded then 30%
Emergency Room Services	Ded then 20%		Ded then 20%	
Mental / Nervous Inpatient	Ded then 20%	Ded then 30%	Ded then 20%	Ded then 30%
Mental / Nervous Outpatient	Ded then 20%	Ded then 30%	Ded then 20%	Ded then 30%
Prescription Drugs	Retail		Retail	
Drug Copays OOP Max	Included in Medical OOP Max		Included in Medical OOP Max	
Tier 1	Ded then \$10 copay (Home & Retail)	Ded then 30% Retail - (home delivery not covered)	Ded then \$10 copay (Home & Retail)	Ded then 30% Retail - (home delivery not covered)
Tier 2	Ded then \$35 copay (Retail) / \$80 copay (Home)	Ded then 30% Retail - (home delivery not covered)	Ded then \$35 copay (Retail) / \$80 copay (Home)	Ded then 30% Retail - (home delivery not covered)
Tier 3	Ded then \$70 copay (Retail) / \$160 copay (Home)	Ded then 30% Retail - (home delivery not covered)	Ded then \$70 copay (Retail) / \$160 copay (Home)	Ded then 30% Retail - (home delivery not covered)
Tier 4	Ded then 25% to \$300 max	Not covered	Ded then 25% to \$300 max	Not covered

2026 Medical Plan Options



Overview of Anthem Blue Access Network



HealthSync

Plan Name	HSH3500/0		
Annual Deductible	<u>Anthem HealthSync</u>	<u>Blue Access PPO</u>	<u>Non-Network</u>
Single	\$3,500	\$4,750	\$15,000
Family	\$7,000	\$9,500	\$30,000
Annual OOP Max			
Individual (includes Deductible)	\$7,000	\$7,000	\$21,000
Family (includes Deductible)	\$14,000	\$14,000	\$42,000
Total Out-of-Pocket Limit (includes Medical & Pharmacy)			
Individual	\$7,000	\$7,000	\$21,000
Family	\$14,000	\$14,000	\$42,000
		Member Cost Share	
Primary Physician Visits	Ded then 0%	Ded then 20%	Ded then 50%
Specialist Office Visits	Ded then 0%	Ded then 20%	Ded then 50%
Preventive Care Services	No Cost	No Cost	Ded then 50%
Inpatient Hospital Services	Ded then 0%	Ded then 20%	Ded then 50%
Outpatient Services	Ded then 0%	Ded then 20%	Ded then 50%
Diagnostic Services	Ded then 0%	Ded then 20%	Ded then 50%
Urgent Care Services	Ded then 0%	Ded then 20%	Ded then 50%
Emergency Room Services	\$250 copay per visit then 0% coinsurance after deductible; copay waived if admitted.		
Mental / Nervous Inpatient	Ded then 0%	Ded then 0%	Ded then 50%
Mental / Nervous Outpatient	Ded then 0%	Ded then 0%	Ded then 50%
Prescription Drugs		Retail	
Drug Copays OOP Max	Combined with Medical OOP Max		
Tier 1	Ded then \$10 copay (Home & Retail)	Ded then \$10 copay (Home & Retail)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 2	Ded then \$35 copay (Retail) / \$80 copay (Home)	Ded then \$35 copay (Retail) / \$80 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 3	Ded then \$70 copay (Retail) / \$160 copay (Home)	Ded then \$70 copay (Retail) / \$160 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 4	Ded then 25% to \$300 max	Ded then 25% to \$300 max	Not covered

2026 Medical Plan Options



Overview of Anthem Blue Access Network



HealthSync

Plan Name	HSP500		
	Anthem HealthSync	Blue Access PPO	Non-Network
Annual Deductible			
Single	\$500	\$1,500	\$6,000
Family	\$1,500	\$4,500	\$12,000
Annual OOP Max			
Individual (includes Deductible)	\$4,000	\$4,000	\$12,000
Family (includes Deductible)	\$8,000	\$8,000	\$24,000
Total Out-of-Pocket Limit (includes Medical & Pharmacy)			
Individual	\$4,000	\$4,000	\$12,000
Family	\$8,000	\$8,000	\$24,000
	<u>Member Cost Share</u>		
Primary Physician Visits	\$15 copay	\$40 copay	Ded then 50% coins
Specialist Office Visits	\$30 copay	\$80 copay	Ded then 50% coins
Preventive Care Services	No cost	No cost	Ded then 50% coins
Inpatient Hospital Services	Ded then 10% Coins	Ded then 20% Coins	Ded then 50% coins
Outpatient Services	Ded then 10% Coins	Ded then 20% Coins	Ded then 50% coins
Diagnostic Services	No cost	No cost	Ded then 50% coins
Urgent Care Services	\$75 copay	\$150 copay	Ded then 50% coins
Emergency Room Services	\$250 then 10%		
Mental / Nervous Inpatient	Ded then 10%	Ded then 20%	Ded then 50% coins
Mental / Nervous Outpatient	Ded then 10%	Ded then 20%	Ded then 50% coins
Prescription Drugs	<u>Retail</u>		
Drug Copays OOP Max	Combined with Medical OOP Max		
Tier 1	\$10 copay (Home & Retail)	\$10 copay (Home & Retail)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 2	\$35 copay (Retail) / \$80 copay (Home)	\$35 copay (Retail) / \$80 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 3	\$70 copay (Retail) / \$160 copay (Home)	\$70 copay (Retail) / \$160 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 4	25% to \$300 max	25% to \$300 max	Not covered

2026 Medical Plan Options



Overview of Anthem Blue Access Network



HealthSync

Plan Name	HSP1000		
	Anthem HealthSync	Blue Access PPO	Non-Network
Annual Deductible			
Single	\$1,000	\$3,000	\$8,000
Family	\$3,000	\$9,000	\$16,000
Annual OOP Max			
Individual (includes Deductible)	\$5,000	\$5,000	\$16,000
Family (includes Deductible)	\$10,000	\$10,000	\$32,000
Total Out-of-Pocket Limit (includes Medical & Pharmacy)			
Individual	\$5,000	\$5,000	\$16,000
Family	\$10,000	\$10,000	\$32,000
	<u>Member Cost Share</u>		
	\$15 copay	\$40 copay	Ded then 50%
Primary Physician Visits	\$30 copay	\$80 copay	Ded then 50%
Specialist Office Visits	No Cost	No Cost	Ded then 50%
Preventive Care Services	Ded then 10%	Ded then 20%	Ded then 50%
Inpatient Hospital Services	Ded then 10%	Ded then 20%	Ded then 50%
Outpatient Services	No Cost	No Cost	Ded then 50%
Diagnostic Services	\$100 copay	\$100 copay	Ded then 50%
Urgent Care Services	\$75	\$150	Ded then 50%
Emergency Room Services		\$250 then 10%	
Mental / Nervous Inpatient	Ded then 10%	Ded then 20%	Ded then 50%
Mental / Nervous Outpatient	Ded then 10%	Ded then 20%	Ded then 50%
Prescription Drugs	<u>Retail</u>		
Drug Copays OOP Max	Combined with Medical OOP Max		
Tier 1	\$10 copay (Home & Retail)	\$10 copay (Home & Retail)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 2	\$35 copay (Retail) / \$80 copay (Home)	\$35 copay (Retail) / \$80 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 3	\$70 copay (Retail) / \$160 copay (Home)	\$70 copay (Retail) / \$160 copay (Home)	Greater of \$60 or 50% coin Retail (home delivery not covered)
Tier 4	25% to \$300 max	25% to \$300 max	Not covered

2026 Dental Plan Options



Dental Plans

Plan Name	DE01 / DV01	DE02/DV02	DE03/DV03
Deductible (Single/Family)	\$0 / \$0	\$0 / \$0	\$50 / \$150
Dental Maximum Payment	\$500 / year	\$1,000 / year	\$1,500 / year
Diagnostic & Preventive Services (Emergency Palliative Treatment, Brush Biopsy, X-Rays)	100%	100%	100%
Basic Services (Sealants, Radiographs Minor Restorative)	No Coverage	50%	80%
Major Services (Prosthodontic, Endodontic, Periodontics, Oral Surgery, Major Restorative, Relines & Repairs)	No Coverage	50%	50%
Orthodontic	No Coverage	50%	50%
Orthodontic Age Limit	No Coverage	No Age Limit	No Age Limit
Orthodontic Max Payment	No Coverage	\$1,000 Lifetime	\$1,500 Lifetime

Plan Name	DE04 / DV04	DE05 / DV05
Deductible (Single/Family)	\$50 / \$150	\$50 / \$150
Dental Maximum Payment	\$2,000 / year	\$2,000 / year
Diagnostic & Preventive Services (Emergency Palliative Treatment, Brush Biopsy, X-Rays)	100%	100%
Basic Services (Sealants, Radiographs Minor Restorative)	80%	80%
Major Services (Prosthodontic, Endodontic, Periodontics, Oral Surgery, Major Restorative, Relines & Repairs)	50%	50%***
Orthodontic	50%	50%
Orthodontic Age Limit	No Age Limit	No Age Limit
Orthodontic Max Payment	\$1,500 Lifetime	\$1,500 Lifetime

***Perio and Endo services covered at 80% D105 plan only

2026 Vision and Flexible Spending Plan Options



Vision Plans

Plan Name	V101		V102		V103		V104	
	Benefit	Frequency	Benefit	Frequency	Benefit	Frequency	Benefit	Frequency
Exam	\$50 Copay	Unlimited	\$20 Copay	Calendar Year	\$10 Copay	Calendar Year	\$10 Copay	Calendar Year
Lenses	\$40 to \$75 Copay	Unlimited	\$20 Copay	Every Other Calendar Year	\$20 Copay	Calendar Year	\$20 Copay	Calendar Year
Frames	25% Discount	Unlimited	\$20 Copay, up to \$130 allowance (up to \$70 allowance at Costco)	Every Other Calendar Year	\$20 Copay, up to \$130 allowance (up to \$70 allowance at Costco)	Every Other Calendar Year	\$20 Copay, up to \$200 allowance (up to \$110 allowance at Costco)	Calendar Year
Contact Lenses	15% Discount on Exam	Unlimited	In Lieu of frames & lenses	Every Other Calendar Year	In lieu of frames & lenses	Calendar Year	In lieu of frames & lenses	Calendar Year



Flexible Spending Accounts (Healthcare) Dependent Care FSA available with an annual max contribution of \$7,500

Plan Name	F101	F201	F301	F102	F202	F302	F103	F203	F303	F104	F204	F304
Annual Max Contribution	\$1,000			\$1,500			\$2,000			\$3,200*		
Grace Period	Yes	No	No	Yes	No	No	Yes	No	No	Yes	No	No
Carry-over	No	No	Yes	No	No	Yes	No	No	Yes	No	No	Yes

*current IRS maximum contribution limits

2026 Life, AD&D, and Disability



Basic Group Life and AD&D*

Plan	Employee	Spouse	Child(ren)
Benefit Amount	\$10,000 to \$500,000 (Flat or Salary Base)	available	Available (14 Days but Less Than 6 Months) available (6 Months to Age 26)
Pricing	Quote will match current contract if applicable or it can be customized		

* Basic dependent life available

Voluntary Life and AD&D**

Plan	Employee	Spouse	Child(ren)
Minimum Amount	\$10,000	\$5,000	\$10,000
Maximum Amount	\$500,000	\$50,000	\$10,000
Guaranteed Issue	\$200,000	\$50,000	\$10,000
Pricing	Age-Rated	Based on Employee's Current Age	Rate Covers All Dependent Children

**Employees and spouses can increase up to 2 increments during open enrollment without EOI

Short-Term Disability

Plan	Can be quoted to match current plan design or it can be customized
Elimination Period for Accident	Your Choice: 1 st – 31 st Day
Elimination Period for Sickness	Your Choice: 1 st – 31 st Day
Disability Benefit	Your Choice: 50% - 70%
Maximum Weekly Benefit	Based on group underwriting
Duration of Benefit	Your Choice
Pre-Existing Exclusion	None or 3/6 (3/6 is any condition diagnosed or for which Rx was taken 3 months prior to effective date, will not be covered for the first 6 months)
Pricing	Competitive

Long-Term Disability

Plan	Can be quoted to match current plan design or it can be customized
Elimination Period	Your Choice
Disability Benefit	Your Choice: 60% - 66.67%
Maximum Monthly Benefit	Your Choice: \$5,000 - \$15,000 based on group underwriting
Duration of Benefit	SSRNA
Pre-Existing Exclusion	3/12/12 or 3/12/6 (3/12/12 is any condition diagnosed or for which Rx was taken 3 months prior to effective date, will not be covered for the first 12 months, unless 12 months treatment-free)
Pricing	competitive

2026 Accident, Illness, and Hospital Indemnity



Accident Insurance

	Basic	Enhanced
Accidental Death	Employee \$50,000, Spouse \$25,000, Children \$12,500	Employee \$200,000, Spouse \$100,000, Children \$50,000
Dislocation or Fracture	Up to \$3,900	Up to \$10,000
Ground Ambulance	\$240	\$600
X-ray	\$25	\$75
Dismemberment	Up to \$16,000	Up to \$40,000
Hospital Confinement	\$750 for admission; \$225 per day up to 365 days	\$1,750 for admission; \$450 per day up to 365 days
Emergency Room Services	\$150	\$300
Initial Doctor Visit	\$60	\$120
Wellness	\$50 Employees & Spouses; 50% of employee wellness benefit to \$100 for all children	\$50 Employees & Spouses; 50% of employee wellness benefit to \$100 for all children

Critical Illness Insurance

	Benefit Amounts
Heart Attack, Cancer, Stroke, Type 1 Diabetes, Severe Burns, Benign Brain Tumor, Advanced Dementia/Alzheimer's, Huntington's Disease, Muscular Dystrophy, Parkinson's Disease, Wellness Benefit (Health Screenings)	Choice of \$5,000 to \$20,000 for Employees; \$5,000 to \$10,000 for Spouses; \$1,000 to \$10,000 for Children
Wellness Benefit	\$50 Employees & Spouses; 50% of employee wellness benefit to \$100 for all children
Pricing	Issue Age Rated

Hospital Indemnity Insurance

	Benefit Amounts
1 st Day Hospital Confinement	\$1000
Daily Hospital Confinement	\$100, \$200 for critical care, \$50 for rehab facility
Wellness Benefit	\$100 Employees & Spouses; 50% of employee wellness benefit to \$200 for all children