



FY26 MEDICAL/Rx PLAN DESIGNS

Effective July 1, 2025 - June 30, 2026

	\$500 PLAN		\$750 PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$500 / \$1,000 Family Maximum		\$750 / \$1,500 Family Maximum	
Coinsurance	90% / 10%	80% / 20%	80% / 20%	70% / 30%
Out-of-Pocket Maximum	\$1,000 / \$2,000 Family Maximum		\$1,500 / \$3,000 Family Maximum	
Office Visits	\$20 Copay	Deductible / Coinsurance	\$25 Copay	Deductible / Coinsurance
Emergency Room	\$100 Copay, waived if admitted to hospital		\$150 Copay, waived if admitted to hospital	
Chiropractic Visits	\$8 copay	\$10 copay	\$8 copay	\$10 copay
Rx Copays - Retail, 30 day supply				
Tier 1	20% / \$20 Max		20% / \$20 Max	
Tier 2	30% / \$40 Max		30% / \$40 Max	
Tier 3	40% / \$80 Max		40% / \$80 Max	
Mail Order, 90 Day Supply				
Tier 1	\$10 Copay for 90-day supply		\$10 Copay for 90-day supply	
Tier 2	\$30 Copay for 90-day supply		\$30 Copay for 90-day supply	
Tier 3	\$60 Copay for 90-day supply		\$60 Copay for 90-day supply	
MONTHLY PREMIUMS (divided between 1st & 2nd payrolls)				
FULL TIME EMPLOYEES	SINGLE	FAMILY	SINGLE	FAMILY
Unit 5-Sheriff	\$105.00	\$230.00	\$66.00	\$160.00
All other Units & NB (includes Sheriff NB)	\$95.00	\$210.00	\$56.00	\$140.00