



## 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				
<b>Deductible</b>	\$500 / \$1,000 Family Maximum		\$750 / \$1,500 Family Maximum					
<b>Coinsurance</b>	90% / 10%	80% / 20%	80% / 20%	70% / 30%				
<b>Out-of-Pocket Maximum</b>	\$1,000 / \$2,000 Family Maximum		\$1,500 / \$3,000 Family Maximum					
<b>Office Visits</b>	\$20 Copay	Deductible / Coinsurance	\$25 Copay	Deductible / Coinsurance				
<b>Emergency Room</b>	\$100 Copay, waived if admitted to hospital		\$150 Copay, waived if admitted to hospital					
<b>Chiropractic Visits</b>	\$8 copay	\$10 copay	\$8 copay	\$10 copay				
<b>Rx Copays - Retail, 30 day supply</b>								
Tier 1	20% / \$20 Max		20% / \$20 Max					
Tier 2	30% / \$40 Max		30% / \$40 Max					
Tier 3	40% / \$80 Max		40% / \$80 Max					
<b>Mail Order, 90 Day Supply</b>								
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					
<b>MONTHLY PREMIUMS (divided between 1st &amp; 2nd payrolls)</b>								
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				