

2026 Association Benefits

In-Network Benefits

Plan Number	Deductible Single/Family	Plan Coins	Plan Copays				RX Copays Retail/Mail-Order 31 day supply/90 day supply				Standard Out-of-Pocket	Maximum Out-of-Pocket
			PCP	Spec	Urgent Care	ER	Generic	Pref'd	Non-Pref'd	Spec Drugs	Deductible & Coinsurance	Deductible, Coinsurance & Copays
Plan 1	\$500/\$1,000	80%	\$ 30	\$ 60	\$ 60	\$ 300	\$20/\$30	\$50/\$110	\$100/\$200	\$200	\$4,000	\$7,350
Plan 2	\$1,000/\$2,000	80%	\$ 30	\$ 60	\$ 60	\$ 300	\$20/\$30	\$50/\$110	\$100/\$200	\$200	\$4,500	\$7,350
Plan 3	\$1,500/\$3,000	80%	\$ 30	\$ 60	\$ 60	\$ 300	\$20/\$30	\$50/\$110	\$100/\$200	\$200	\$4,000	\$7,350
Plan 4	\$2,000/\$4,000	80%	\$ 35	\$ 70	\$ 70	\$ 300	\$20/\$30	\$50/\$110	\$100/\$200	\$200	\$4,500	\$7,350
Plan 5	\$1,500/\$3,000	70%	\$ 35	\$ 70	\$ 70	\$ 300	\$20/\$30	\$50/\$110	\$100/\$200	\$200	\$7,350	\$7,350
Plan 6	\$2,500/\$5,000	75%	\$ 35	\$ 70	\$ 70	\$ 300	\$20/\$30	\$50/\$110	\$100/\$200	\$200	\$5,000	\$7,350
Plan 7	\$2,500/\$5,000	70%	\$ 40	\$ 80	\$ 80	\$ 300	\$20/\$30	\$50/\$110	\$100/\$200	\$200	\$7,350	\$7,350
Plan 8	\$3,000/\$6,000	75%	\$ 40	\$ 80	\$ 80	\$ 300	\$20/\$30	\$50/\$110	\$100/\$200	\$200	\$7,350	\$7,350
Plan 9	\$2,000/\$4,000	50%	\$ 40	\$ 80	\$ 80	\$ 300	\$20/\$30	\$50/\$110	\$100/\$200	\$200	\$7,350	\$7,350
Plan 10	\$3,500/\$7,000	75%	\$ 40	\$ 80	\$ 80	\$ 300	\$20/\$30	\$50/\$110	\$100/\$200	\$200	\$7,350	\$7,350
Plan 11	\$4,000/\$8,000	50%	\$ 50	\$ 100	\$ 100	\$ 300	\$20/\$30	\$50/\$110	\$100/\$200	\$250	\$8,500	\$8,500
Plan 12	\$2,800/\$5,600	100%	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	\$2,800	\$2,800
Plan 13	\$3,000/\$6,000	100%	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	\$3,000	\$3,000
Plan 14	\$4,000/\$8,000	100%	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	\$4,000	\$4,000
Plan 15	\$4,000/\$8,000	50%	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	\$7,000	\$7,000
Plan 16	\$6,350/\$12,700	100%	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	\$6,350	\$6,350
Plan 17	\$8,300/\$16,600	100%	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	Ded/CoIN	\$8,300	\$8,300
Plan 18	\$9,000/\$18,000	50%	\$ 60	\$ 120	\$ 120	\$ 300	\$25/\$35	\$55/\$115	\$105/\$205	\$250	\$10,150	\$10,150
Sustained Health Benefits:	\$500 max, PCP Copay						*Office Visits with Basic & Enhanced Services:					
Chiropractic Benefits:	\$500 max, Specialist copay						Copay includes covered services for Office visits, Consultations,					
Emergency Room Services:	\$300 Copay + Deductible + Coinsurance						Medical Supplies, Allergy Injections, Minor Office Surgeries,					
Inpatient Benefits:	Deductible + Coinsurance						Surgical Second opinions, Labs, X-Rays, and Hearing Evaluations.					
Plans 14 - 17 are Qualified High Deductible Health Plans eligible for health savings accounts							Other covered services are subject to coinsurance.					
Plan 18 is new for 2026							Other covered services are subject to coinsurance.					

2026 Association Benefits

Out-of-Network Benefits

Plan Number	Deductible Single/Family	Plan Coins	Plan Copays				RX Copays Retail/Mail-Order				Standard Out-of-Pocket
			PCP	Spec	UC	ER	Generic	Pref'd	Non-Pref'd	Spec Drugs	Deductible & Coinsurance
Plan 1	\$1,000/\$2,000	60%	Deductible then Coinsurance								\$8,000/\$16,000
Plan 2	\$2,000/\$4,000	60%	Deductible then Coinsurance								\$9,000/\$18,000
Plan 3	\$3,000/\$6,000	60%	Deductible then Coinsurance								\$8,000/\$16,000
Plan 4	\$4,000/\$8,000	60%	Deductible then Coinsurance								\$9,000/\$18,000
Plan 5	\$3,000/\$6,000	50%	Deductible then Coinsurance								\$8,000/\$16,000
Plan 6	\$5,000/\$10,000	60%	Deductible then Coinsurance								\$10,000/\$20,000
Plan 7	\$5,000/\$10,000	50%	Deductible then Coinsurance								\$11,000/\$22,000
Plan 8	\$6,000/\$12,000	60%	Deductible then Coinsurance								\$12,000/\$24,000
Plan 9	\$4,000/\$8,000	50%	Deductible then Coinsurance								\$10,000/\$20,000
Plan 10	\$7,000/\$14,000	50%	Deductible then Coinsurance								\$13,000/\$26,000
Plan 11	\$8,000/\$16,000	50%	Deductible then Coinsurance								\$17,000/\$34,000
Plan 12	\$5,000/\$10,000	60%	Deductible then Coinsurance								\$10,000/\$20,000
Plan 13	\$6,000/\$12,000	60%	Deductible then Coinsurance								\$12,000/\$24,000
Plan 14	\$8,000/\$16,000	60%	Deductible then Coinsurance								\$16,000/\$32,000
Plan 15	\$8,000/\$16,000	50%	Deductible then Coinsurance								\$14,000/\$28,000
Plan 16	\$10,000/\$20,000	60%	Deductible then Coinsurance								\$20,000/\$40,000
Plan 17	\$16,600/\$33,200	60%	Deductible then Coinsurance								\$16,600/\$33,200
Plan 18	\$18,000/\$36,000	50%	Deductible then Coinsurance								\$20,300/\$40,600