

Medical Plan Comparison

2026 Plan Year	PPO PLATINUM In-network & Out-of-Network	PPO PLATINUM In-network Only
Network	Horizon BCBS	Horizon BCBS
Overall Out-of-Pocket Maximum (In-Network & Out-of-Network)	\$5,000 / \$10,000	\$5,000 / \$10,000
In-Network Benefits		
Deductible (Individual / Family)	\$200 / \$400	\$50 / \$100
Coinsurance / Max	10% / \$500*	10% / \$250*
Coinsurance Out-of-Pocket Maximum <i>Once this limit is reached, coinsurance is reduced to 0% for the remainder of the plan year and only copays will continue to be charged and accumulate toward the Overall Out-of-Pocket Max</i>	*\$500 per person	*\$250 per person
Office Visits Preventative Care PCP / Specialist Diagnostic Lab / X-Ray Urgent Care Acupuncture *NEW* 1/1/26	Covered 100% \$20 / \$30 copay Deductible then 10% \$50 copay \$20 copay	Covered 100% \$15 / \$25 copay Deductible then 10% \$50 copay \$20 copay
Hospital Visits Inpatient Care Outpatient Surgery Major Diagnostics / Imaging Emergency Room	Deductible then 10% Deductible then 10% Deductible then 10% \$100	Deductible then 10% Deductible then 10% Deductible then 10% \$100 copay
Out-of-Network Benefits		
Deductible (Individual / Family)	\$450 / \$900	In-network only, except in the case of true medical emergency
Coinsurance / Max	20% / \$1,500*	
Coinsurance Out-of-Pocket Maximum <i>Once this limit is reached, coinsurance is reduced to 0% for the remainder of the plan year and only copays will continue to be charged and accumulate toward the Overall Out-of-Pocket Max</i>	*\$1,500 per person	