

# Medical Plan Comparison

2026 Plan Year	PPO PLATINUM In-network & Out-of-Network	PPO PLATINUM In-network Only
Network	Horizon BCBS	Horizon BCBS
<b>Overall Out-of-Pocket Maximum (In-Network &amp; Out-of-Network)</b>	\$5,000 / \$10,000	\$5,000 / \$10,000
<b>In-Network Benefits</b>		
<b>Deductible</b> (Individual / Family)	\$200 / \$400	\$50 / \$100
<b>Coinsurance / Max</b>	10% / \$500*	10% / \$250*
<b>Coinsurance Out-of-Pocket Maximum</b> <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
<b>Office Visits</b> Preventative Care PCP / Specialist Diagnostic Lab / X-Ray Urgent Care <b>Acupuncture *NEW* 1/1/26</b>	Covered 100% \$20 / \$30 copay Deductible then 10% \$50 copay <b>\$20 copay</b>	Covered 100% \$15 / \$25 copay Deductible then 10% \$50 copay <b>\$20 copay</b>
<b>Hospital Visits</b> 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
<b>Out-of-Network Benefits</b>		
<b>Deductible</b> (Individual / Family)	\$450 / \$900	
<b>Coinsurance / Max</b>	20% / \$1,500*	
<b>Coinsurance Out-of-Pocket Maximum</b> <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	In-network only, except in the case of true medical emergency