

2025/2026 Health Insurance Plans - 12 Month Deductions

Rates Effective 10/1/2025 - 9/30/2026

Medical		Anthem PPO 40328B	Anthem PPO 40328C	Anthem PPO 40328D	Anthem PPO 40328E	Anthem PPO Proactive Care	WABE (No Medical)	Kaiser Permanente	Kaiser Permanente
		80/20%	80/20%	HSA 5000	80/20%	Platinum	WABE	High Plan	Low Plan
Deductible		\$200/\$500	\$500/\$1,000	\$5,000	\$2,000/\$4,000	No Deductible	N/A	No Deductible	No Deductible
Max Out-of-Pocket		\$1,000/\$3,000	\$2,000/\$4,000	\$6,350	\$4,000/\$8,000	\$2,000/\$4,000	N/A	\$1,500/\$3,000	\$1,500/\$3,000
Medical Co-Insurance		80%	80%	70%	80%	\$0	N/A	\$0	\$0
PCP/Urgent Care Visit		\$20	\$30	\$60 (1st 3 Visits)/30%	\$30	\$0	N/A	\$20	\$30
Specialist Visit		\$20	\$30	30%	\$30	\$70	N/A	\$20	\$30
Radiology Center	X-Ray	20%	20%	30%	20%	\$50	N/A	\$0	\$0
	Other Scans	20%	20%	30%	20%	\$200	N/A	\$0	\$0
Outpatient Hospital	X-Ray	20%	20%	30%	20%	\$150	N/A	\$0	\$0
	Other Scans	20%	20%	30%	20%	\$500	N/A	\$0	\$0
Independent Laboratory		20%	20%	30%	20%	\$0	N/A	\$0	\$0
Hospital Laboratory		20%	20%	30%	20%	\$100	N/A	\$0	\$0
Emergency Room		\$100 + 20%	\$100 + 20%	\$100 + 30%	\$100 + 20%	\$600	N/A	\$100	\$100
Inpatient Hospital Copay		20%	20%	30%	20%	\$400/day	N/A	\$0	\$0
Skilled Nursing Services		20%	20%	30%	20%	\$800/day	N/A	\$0	\$0
Ambulance		\$100 + 20%	\$100 + 20%	\$100 + 30%	\$100 + 20%	\$600	N/A	\$50	\$50
Prescription									
Generic		\$9	\$10	\$9	\$15	\$9	N/A	\$10	\$10
Brand		\$35	\$35	\$35	\$50	\$35	N/A	\$30	\$30
Employee Pays Per Check									
Single*		\$ 135.74	\$ 81.74	\$ -	\$ 32.74	\$ 95.74	\$ -	\$ 106.74	\$ 99.24
2-Party*		\$ 291.40	\$ 186.40	\$ 25.00	\$ 88.90	\$ 211.40	\$ 25.00	\$ 233.40	\$ 218.40
Family*		\$ 435.00	\$ 287.50	\$ 50.00	\$ 149.00	\$ 321.00	\$ 50.00	\$ 354.50	\$ 333.50
*If Employee elects Vision Plan XP Health, additional cost applies each pay period						Single - \$1.40	2-Party - \$2.80	Family - \$4.20	
Single Medical - 2-Party Dental/Vision			\$12.50/Check	Single Medical - Family Dental/Vision		\$27.50/Check	2-Party Medical - Family Dental/Vision		\$12.50/Check

2025/2026 Health Insurance Plans - 11 Month Deductions

Rates Effective 10/1/2025 - 9/30/2026

Medical		Anthem PPO 40328B	Anthem PPO 40328C	Anthem PPO 40328D	Anthem PPO 40328E	Anthem PPO Proactive Care	WABE (No Medical)	Kaiser Permanente	Kaiser Permanente
		80/20%	80/20%	HSA 5000	80/20%	Platinum	WABE	High Plan	Low Plan
Deductible		\$200/\$500	\$500/\$1,000	\$5,000	\$2,000/\$4,000	No Deductible	N/A	No Deductible	No Deductible
Max Out-of-Pocket		\$1,000/\$3,000	\$2,000/\$4,000	\$6,350	\$4,000/\$8,000	\$2,000/\$4,000	N/A	\$1,500/\$3,000	\$1,500/\$3,000
Medical Co-Insurance		80%	80%	70%	80%	\$0	N/A	\$0	\$0
PCP/Urgent Care Visit		\$20	\$30	\$60 (1st 3 Visits)/30%	\$30	\$0	N/A	\$20	\$30
Specialist Visit		\$20	\$30	30%	\$30	\$70	N/A	\$20	\$30
Radiology Center	X-Ray	20%	20%	30%	20%	\$50	N/A	\$0	\$0
	Other Scans	20%	20%	30%	20%	\$200	N/A	\$0	\$0
Outpatient Hospital	X-Ray	20%	20%	30%	20%	\$150	N/A	\$0	\$0
	Other Scans	20%	20%	30%	20%	\$500	N/A	\$0	\$0
Independent Laboratory		20%	20%	30%	20%	\$0	N/A	\$0	\$0
Hospital Laboratory		20%	20%	30%	20%	\$100	N/A	\$0	\$0
Emergency Room		\$100 + 20%	\$100 + 20%	\$100 + 30%	\$100 + 20%	\$600	N/A	\$100	\$100
Inpatient Hospital Copay		20%	20%	30%	20%	\$400/day	N/A	\$0	\$0
Skilled Nursing Services		20%	20%	30%	20%	\$800/day	N/A	\$0	\$0
Ambulance		\$100 + 20%	\$100 + 20%	\$100 + 30%	\$100 + 20%	\$600	N/A	\$50	\$50
Prescription									
Generic		\$9	\$10	\$9	\$15	\$9	N/A	\$10	\$10
Brand		\$35	\$35	\$35	\$50	\$35	N/A	\$30	\$30
Employee Pays Per Check									
Single		\$ 148.08	\$ 89.17	\$ -	\$ 35.72	\$ 104.44	\$ -	\$ 116.44	\$ 108.26
2-Party		\$ 317.89	\$ 203.35	\$ 27.27	\$ 96.98	\$ 230.62	\$ 27.27	\$ 254.62	\$ 238.25
Family		\$ 474.55	\$ 313.64	\$ 54.55	\$ 162.55	\$ 350.18	\$ 54.55	\$ 386.73	\$ 363.82
*If Employee elects Vision Plan XP Health, additional cost applies each pay period						Single - \$1.53	2-Party - \$3.06	Family - \$4.58	
Single Medical - 2-Party Dental/Vision			\$13.63/Check	Single Medical - Family Dental/Vision		\$30.00/Check	2-Party Medical - Family Dental/Vision		\$13.63/Check