

COBRA BENEFITS 2026





Contents

Medical – PPO Plans3

Medical – HDHP with HSA4

Tips for Optimizing Benefits.....5

Express Scripts Pharmacy.....7

Virtual Healthcare8

Medical – HMO 9

Flexible Spending
Account (FSA)10

Dental 11

Vision12

Glossary of Terms13

Contacts14



This guide is
clickable

It is designed to give you quick
access to your benefits information

2026 COBRA Benefits Guide

Please read this guide carefully.
It summarizes your plan options and
provides helpful tips for optimizing
your benefits. If you have questions
about COBRA benefits, contact
hr@current.co for assistance.

Although this guide contains an
overview of benefits, for complete
information about the plans available
to you, please see the summary plan
description.

Medical - PPO Plans

www.cigna.com

800.997.1654

CIGNA

Your medical benefits are provided by Cigna and include coverage for both in-network and out-of-network providers. You will always have higher benefit coverage when visiting in-network providers.

Medical	High PPO		Mid PPO		Base PPO	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual deductible (Individual/Family)	\$1,000 / \$2,000	\$10,000 / \$16,000	\$2,000 / \$4,000	\$10,000 / \$16,000	\$4,000 / \$8,000	\$10,000 / \$16,000
Out-of-pocket maximum (Individual/Family)*	\$4,000 / \$8,000	\$15,000 / \$30,000	\$5,000 / \$10,000	\$15,000 / \$30,000	\$6,000 / \$12,000	\$15,000 / \$30,000
Preventive care	Covered at 100%	Not Covered	Covered at 100%	Not Covered	Covered at 100%	Not Covered
Primary physician office visit	\$25	50% after Ded.	\$30	50% after Ded.	\$40	50% after Ded.
Specialist office visit	\$40	50% after Ded.	\$55	50% after Ded.	\$65	50% after Ded.
Inpatient hospital services	10% after Ded.	50% after Ded.	20% after Ded.	50% after Ded.	20% after Ded.	50% after Ded.
Outpatient hospital services (lab, x-ray, diagnostic)	10% after Ded.	50% after Ded.	20% after Ded.	50% after Ded.	20% after Ded.	50% after Ded.
Advanced diagnostics	10% after Ded.	50% after Ded.	20% after Ded.	50% after Ded.	20% after Ded.	50% after Ded.
Urgent care	\$75	50% after Ded.	\$75	50% after Ded.	\$100	50% after Ded.
Emergency room care	20% after Ded.	20% after Ded.	20% after Ded.	20% after Ded.	20% after Ded.	20% after Ded.
Prescription drugs ▶						
Retail (30-day supply)						
Generic	\$10	50% Coinsurance	\$10	50% Coinsurance	\$15	50% Coinsurance
Brand preferred	\$30	50% Coinsurance	\$30	50% Coinsurance	\$40	50% Coinsurance
Brand non-preferred	\$50	50% Coinsurance	\$50	50% Coinsurance	\$65	50% Coinsurance
Mail order (90-day supply)						
Generic	\$25	50% Coinsurance	\$25	50% Coinsurance	\$38	50% Coinsurance
Brand preferred	\$75	50% Coinsurance	\$75	50% Coinsurance	\$100	50% Coinsurance
Brand non-preferred	\$125	50% Coinsurance	\$125	50% Coinsurance	\$163	50% Coinsurance

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; Out-of-network services are based on a percentage of Medicare charges. * Includes Deductible and Copayments

* For in-network providers: \$3,200/individual - employee only or \$6,400/family maximum (no more than \$3,400 per individual within a family)

Home

Health

Dental/Vision

Glossary

Contacts

Medical - HDHP with HSA

www.cigna.com

800.997.1654

CIGNA

Your medical benefits are provided by Cigna and include coverage for both in-network and out-of-network providers. You will always have higher benefit coverage when visiting in-network providers.

Medical	HDHP with HSA	
	In-network	Out-of-network
Annual deductible (Individual/Family)	\$3,200* / \$6,400 (\$3,400 embedded)	\$10,000 / \$16,000
Out-of-pocket maximum (Individual/Family)*	\$5,000 / \$10,000	\$15,000 / \$30,000
Preventive care	Covered at 100%	50% Coinsurance
Primary physician office visit	20% after Ded.	50% after Ded.
Specialist office visit	20% after Ded.	50% after Ded.
Inpatient hospital services	20% after Ded.	50% after Ded.
Outpatient hospital services (lab, x-ray, diagnostic)	20% after Ded.	50% after Ded.
Advanced diagnostics	20% after Ded.	50% after Ded.
Urgent care	20% after Ded.	50% after Ded.
Emergency room care	20% after Ded.	20% after Ded.
Prescription drugs 		
Retail (30-day supply)		
Generic	20% Coinsurance	50% Coinsurance
Brand preferred	20% Coinsurance	50% Coinsurance
Brand non-preferred	20% Coinsurance	50% Coinsurance
Mail order (90-day supply)		
Generic	20% Coinsurance	50% Coinsurance
Brand preferred	20% Coinsurance	50% Coinsurance
Brand non-preferred	20% Coinsurance	50% Coinsurance

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; Out-of-network services are based on a percentage of Medicare charges. * Includes Deductible and Copayments

*** For in-network providers: \$3,200/individual - employee only or \$6,400/family maximum (no more than \$3,400 per individual within a family)**

Tips for Optimizing Benefits

Pharmacy

- Find an in-network pharmacy or use the drug cost estimator tool by visiting myCigna.com.
- Discount sites like GoodRx and WellRx provide instant savings. (Please note: Prescriptions acquired under these plans do not go through your insurance.)
- Ask your provider or pharmacist if a generic/mail order is available.

Generic contraceptives and diaphragms are covered in full. Contact the drug manufacturer to inquire about Patient Assistance Programs (PAPs), which may provide financial assistance.

SaveOnSP

Specialty medications can cost a lot of money. That's why your plan offers you access to a service called SaveOnSP. With SaveOnSP, you'll pay \$0 out-of-pocket for your medication. There's no extra cost to participate – it's available through your pharmacy benefit. If you're filling a medication through Accredo that's available at \$0 with SaveOnSP, you should consider using this service.

- With SaveOnSP, you'll pay \$0 out-of-pocket for your medication. The medication's full cost will be paid through a manufacturer copay assistance program.
- Without SaveOnSP, you'll pay 30% coinsurance to fill your medication. You can use the Price a Medication tool on the myCigna App or myCigna.com to see how much your medication will cost.

Note: Not available to those enrolled in the HDHP with HSA plan.

Cigna Mobile App

Use the Cigna app to easily access your healthcare information and tools to help estimate costs, manage claims, and find providers — anytime and anywhere.

Preventive Healthcare

Cigna wants to help you get more out of life. Keeping you healthy is a great place to start.

So, we want you to Go. Know. Take Control.

According to the Centers for Disease Control and Prevention (CDC), Americans only use preventive services at about half the recommended rate, even though preventive care is now 100% covered by insurance under the Affordable Care Act. So before you go for your annual check-up, go to Cigna.com/takecontrol to find out what basic services you qualify for, and what additional benefits your plan offers.

Diagnostic Screenings

The truth is, many of the chronic health problems in America are preventable and are brought on by unhealthy lifestyle choices. That's why preventive care is so crucial to your health. Because by being proactive about your health and getting necessary preventive screenings on time, you gain the insight you need to make informed, healthier lifestyle choices and, ultimately, become a healthier you.

The first step toward managing your risk factors is being aware of your current status. And that's essentially the purpose of these common preventive screenings:

✓ Blood pressure

Measures how hard the blood pushes against the walls of your arteries as it moves through your body. Normal blood pressure: <120/80 systolic/diastolic

✓ Cholesterol

Measures ratios of the healthy (HDL) and unhealthy (LDL) fat-like substance in your bloodstream. Recommended total cholesterol: < 200 mg/dL

✓ Blood Glucose

Measures the level of a sugar energy source our body creates when it breaks down carbohydrates. Recommended fasting level: 70–100 mg/dL

Accredo Specialty Pharmacy

When it comes to specialty medications, you need a pharmacy that's focused in complex medical conditions like yours. That's why your plan only covers certain specialty medications if you fill them through Accredo's specialty pharmacy.

At Accredo, you're the number one focus.

Accredo will deliver your specialty medication to your home, workplace or doctor's office – or even to a vacation location – to make sure you have it when and where you need it. And their team of specially trained pharmacists, nurses and clinicians work together to give you the personalized care and support you need to manage your therapy.

With Accredo, you can:

- Get personalized care services
- Talk to a specially trained pharmacist, nurse and/or clinician, 24/7
- Learn how to work through side effects
- Find ways to help pay for your medications, if needed
- Get standard shipping, at no extra cost
- Sign up for refill reminders
- Easily manage your medications by phone or online

Call Accredo today.

877.826.7657

M–F 7:00 am–10:00 pm CT

Sat 7:00 am–4:00 pm CT

Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.

Learn more about Accredo.

Go to cigna.com/specialty. Be sure to check out the video to learn more about the personalized care and support Accredo provides.



Express Scripts Pharmacy

USE HOME DELIVERY WITH EXPRESS SCRIPTS® PHARMACY

Home delivery with Express Scripts® Pharmacy is a convenient option when you're taking a medication on a regular basis.¹ It's simple, safe – and saves you trips to the pharmacy.

Make fills easier. Make fills easier. Have your medication sent to your home.

With just a few simple clicks of your mobile phone, tablet or computer, your important medications will be on their way to your door (or location of your choice).

- **Easily order, manage, track and pay for your medications** on your phone or online
- Standard shipping at **no extra cost**²
- Fill up to a **90-day supply** at one time³
- Helpful pharmacists **available 24/7**
- **Automatic refills**⁴ or refill reminders so you don't miss a dose
- **Flexible payment options** – split your bill into three smaller equal payments

Three easy ways to get started using Express Scripts® Pharmacy

1. **Log in to the myCigna® App⁵ or [myCigna.com](https://mycigna.com)® to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to get your prescription. Have your Cigna HealthcareSM ID card, doctor's contact information and medication name(s) ready when you call.

Got a new prescription?

Ask your doctor to send it to Express Scripts® Pharmacy for you.

1. **Electronically:** For fastest service, have them send it electronically to Express Scripts® Home Delivery, NCPDP 2623735. Or,
2. **By fax:** Have them call **888.327.9791** to get a Fax Order Form.



1. Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.

2. Standard shipping costs are included as part of your prescription plan.

3. Certain medications may only be packaged in less than a 90-day supply. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.

4. Express Scripts® Pharmacy can automatically refill certain medications. Log in to the myCigna App or myCigna.com or call 800.835.3784 to sign up. You can sign up to get emails and/or texts from Express Scripts® Pharmacy. To get text messages, you'll have to sign up for Express Scripts® texting service. You can do this online or over the phone. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.

5. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](https://mycigna.com).

Virtual Healthcare

MDLive

It's not always easy to find time for the health care you need. After all, doctors' appointments traditionally involve time and travel. That can lead to putting off care until problems become more serious, and potentially more expensive.

That's why Cigna has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you. MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience and provide personalized care for hundreds of medical and behavioral health needs.

To schedule an appointment:

Access MDLIVE by logging into myCigna.com and clicking on "Talk to a doctor." You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)

Select the type of care you need: medical care or counseling; cost will be displayed on both myCigna.com and MDLIVE.

Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care.

Behavioral Health

Receive quality, behavioral health care without leaving home. Simply connect via your phone, computer or tablet and you can:

- Have access to one of the largest virtual networks in the country.
- Schedule appointments online with licensed counselors or psychiatrists through our virtual only provider groups.
- Get access to providers with a wide variety of specialties such as autism and substance use, as well as providers who specialize in treating emergency responders.
- There's a virtual provider for every need:
 - ✦ MDLIVE for stress, anxiety and burnout
 - ✦ Talkspace for private text therapy
 - ✦ Headspace Care for text based behavioral health coaching, self-guided learning activities and if needed video-based therapy and psychiatry
 - ✦ Brightline for virtual behavioral health coaching for families and children ages 18 months through 17 years old

Virtual Providers

Sometimes all it takes is one extra hurdle—like a long wait time, difficulty finding a provider or the hassle of taking time off work—to delay a necessary appointment. But those delays can lead to higher costs and more serious health issues. That's why we offer a curated network of virtual, in-network providers—strategically selected to address high-impact health needs and cost drivers. We're expanding our virtual provider network to improve access, reduce health disparities and deliver a more seamless experience.

You can find the right virtual care all on myCigna by typing in a condition or keyword and selecting "virtual providers." Virtual providers include, but are not limited to:

- **MDLive** – Preventive screenings, annual checkups, urgent care, and dermatology
- **Visana** – Hormone health and reproductive health
- **Nourish** – Nutrition care and education
- **Great Speech** – Speech therapy for all ages



Medical - HMO

www.kp.org
800.464.4000

KAISER PERMANENTE (FOR CA EMPLOYEES ONLY)

Your medical benefits are provided by Kaiser Permanente and include coverage for in-network providers only.

Medical	Kaiser HMO
	In-network
Annual deductible (Individual/Family)	\$1,000 / \$2,000
Out-of-pocket maximum (Individual/Family)*	\$3,000 / \$6,000
Preventive care	Covered at 100%
Primary physician office visit	\$30
Specialist office visit	\$40
Inpatient hospital services	20% coinsurance
Outpatient hospital services (lab, x-ray, diagnostic)	\$15
Advanced diagnostics	20% coinsurance up to \$150
Urgent care	\$30
Emergency room care	20% coinsurance
Prescription drugs 	
Retail (30-day supply)	
Generic	\$15
Brand preferred/Brand non-preferred	\$35
Specialty	20% coinsurance up to \$250
Mail order (90-day supply)	
Generic	\$30
Brand preferred/Brand non-preferred	\$70
Specialty	Not Covered

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges.



- Home
- Health
- Dental/Vision
- Glossary
- Contacts

Flexible Spending Account (FSA) ▶

EMPLOYEE BENEFITS CORPORATION (EBC FLEX)

www.ebcflex.com

800.346.2126

What is a Flexible Spending Account?

A Flexible Spending Account (FSA) is a tax-advantaged account that can reimburse you for qualified healthcare or dependent care expenses. You can fund qualified expenses with pre-tax dollars deducted from your paycheck.

When electing an FSA, you will set an annual contribution amount. Any unused funds over the maximum of \$680 will be forfeited if not used by December 31st, 2026. The goal is to choose an amount that will adequately cover medical or dependent care expenses, not an excessive amount that will cause you to forfeit money at the end of the year.

You can choose to participate in either the Healthcare FSA, the Dependent Care FSA or both, and it's unnecessary to "sign up" specific family members for these accounts.



Home

Health

Dental/Vision

Glossary

Contacts

Healthcare FSA ▶

A healthcare FSA reimburses employees for eligible medical expenses, up to the amount contributed for the plan year. Eligible healthcare expenses include many out-of-pocket costs you pay to maintain your health and well-being. Visit irs.gov for a full list of eligible expenses.

You may contribute up to \$3,400 annually (funds will be available as of the election effective date).

Limited Purpose FSA ▶

You may set aside up to \$3,400 in 2026 into a Limited Purpose FSA on a tax-free basis. You can use this money to pay for eligible out-of-pocket dental and vision expenses.

Please note this account cannot be used for medical expenses. Only those enrolled in the HDHP with HSA plan can participate in the Limited Purpose FSA.

Dependent Care FSA ▶

You may use pre-tax dollars from your Dependent Care FSA to pay expenses for the care of a dependent child, spouse, or elderly parent inside your home (from a qualified provider), and expenses outside your home, such as babysitters, nursery schools, or daycare centers.

You may contribute up to \$7,500 annually (or \$3,750 if you are married and file a separate tax return). You can only be reimbursed up to the amount that you have contributed.

Dental

www.cigna.com
800.997.1654

CIGNA

Dental plans cover diagnostic and preventive care, plus basic and major services. Although you can choose any dental provider, you will generally pay less when you visit an in-network dentist. If you choose an out-of-network provider, you may be billed the difference between what Cigna pays, and what your out-of-network provider charges for the services. To locate an in-network provider, please visit www.cigna.com.

Dental	Low DPPO	High DPPO
	In-network	In-network
Annual deductible (Individual/Family)	\$50 / \$150	\$50 / \$150
Annual maximum (per person)	\$1,000	\$1,500
Diagnostic and preventive care (includes cleanings, fluoride treatments, sealants, and x-rays)	Covered at 100%	Covered at 100%
Basic services (includes fillings, periodontics, scaling, and root planning, and oral surgery)	Covered at 80%	Covered at 80%
Major services (includes crowns, bridges, and full and partial dentures)	Covered at 50%	Covered at 50%
Orthodontia (dependents up to age 19)	Not Covered	Covered at 50%
Lifetime maximum	N/A	\$1,000
Pricing Model	MAC*	UCR*

Plan includes out-of-network benefits; see plan summary for additional details.
Note: The High DPPO will offer a better out-of-network reimbursement than the Low DPPO.
*See [Glossary](#) for definition.



Vision

www.cigna.com
800.997.1654

CIGNA

EMPLOYEES MAY ENROLL IN DENTAL AND/OR VISION COVERAGE REGARDLESS OF THEIR MEDICAL ENROLLMENT STATUS

Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around the Cigna network providers who offer you higher benefits at a lower cost. Consider using an in-network provider for the most bang for your buck when you need services! For out-of-network providers, you will be reimbursed for services according to the grid below. To locate an in-network provider, visit www.cigna.com.

To access the full Vision Benefit Summary, click [Here](#)!

Vision	Vision
	In-network
Examination (every 12 months)	\$10
Material	\$25
Lenses (every 12 months)	
Single	\$25 copay
Bifocal	\$25 copay
Trifocal	\$25 copay
Frames (every 24 months)	
New frames	\$130 allowance + 20% off coverage
Contact lenses (every 12 months)	
Elective	Up to \$130 allowance
Medically necessary	Covered at 100%



- Home
- Health
- Dental/Vision
- Glossary
- Contacts

Glossary of Terms

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is \$1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the \$1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

DOMESTIC PARTNER: An unrelated, unmarried person who shares a residence and a committed relationship with one another. This partnership can involve two people of any gender and is not legally recognized as marriage in their state of residence. If your domestic partner is not a proven tax-dependent, then you would be subject to incur an imputed income.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP):  This type of medical plan requires that members reach a deductible prior to having services covered by coinsurance. All expenses paid by a member count toward the deductible and out-of-pocket maximum.

IN-NETWORK: A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

MAC: MAXIMUM ALLOWABLE CHARGE: A fixed fee set by the insurance company for each procedure. If your dentist charges more than the MAC you'll pay the difference.

OUT-OF-NETWORK: Care received from a doctor, hospital, or other provider not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

UCR: Usual, Customary, and Reasonable. The average fee charged by dentists in a specific geographic area for a given procedure. If your dentist's fee exceeds the UCR amount, you may be responsible for paying the difference.

CONTACTS



Support

Contacts

Medical/Rx:	Cigna	800.997.1654	www.cigna.com
Medical/Rx - CA:	Kaiser Permanente	800.464.4000	www.kp.org
Telemedicine:	MDLive via Cigna	866.494.2111	www.mdliveforcigna.com
Health Concierge:	Cigna One Guide	1.888.806.5094	www.mycigna.com
Dental:	Cigna	800.997.1654	www.cigna.com
Vision:	Cigna	800.997.1654	www.cigna.com
Flexible Spending Accounts (FSA)	Employee Benefits Corporation (EBC Flex)	800.346.2126, Option 1	www.ebcflex.com





The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.