

Plan Menu - All Lines of Coverage For Effective Dates 1/1/2026 to 12/31/2026

All PPO Plans Available on H All HMO Plans Available on	Heritage and Heritage Prime Networks. HMO Network Only.	Deductible (Individual/Family)	Coinsurance	Out of Pocket (Individual/Family)	Office Visit Copay	Prescription Drugs
80 Series 80% Copay I	Plans					Preferred Formulary: Generic Pref Brand Non-Pref Brand Specialt
PO 80 250		\$250 \$500	80% 50%	\$4,500 \$9,000	\$30	\$10 \$40 \$70 \$250
PO 80 500		\$500 \$1,000	80% 50%	\$4,500 \$9,000	\$30	\$10 \$40 \$70 \$250
PO 80 750		\$750 \$1,500	80% 50%	\$4,500 \$9,000	\$30	\$10 \$40 \$70 \$250
PO 80 1000		\$1,000 \$2,000	80% 50%	\$5,000 \$10,000	\$30	\$10 \$40 \$70 \$250
PO 80 1500		\$1,500 \$3,000	80% 50%	\$6,000 \$12,000	\$30	\$10 \$40 \$70 \$250
PO 80 2000		\$2,000 \$4,000	80% 50%	\$6,000 \$12,000	\$30	\$10 \$40 \$70 \$250
PO 80 2500		\$2,500 \$5,000	80% 50%	\$6,000 \$12,000	\$30	\$10 \$40 \$70 \$250
PO 80 3000		\$3,000 \$6,000	80% 50%	\$6,500 \$13,000	\$30	\$10 \$40 \$70 \$250
PO 80 4000		\$4,000 \$8,000	80% 50%	\$6,500 \$13,000	\$30	\$10 \$40 \$70 \$250
PO 80 5000		\$5,000 \$10,000	80% 50%	\$6,500 \$13,000	\$40	\$10 \$40 \$70 \$250
Series 70% Copay I	Plans					
PO 70 1000		\$1,000 \$2,000	70% 50%	\$6,000 \$12,000	\$40	\$10 \$50 \$80 \$250
PO 70 1500		\$1,500 \$3,000	70% 50%	\$6,000 \$12,000	\$40	\$10 \$50 \$80 \$250
PO 70 2000		\$2,000 \$4,000	70% 50%	\$6,000 \$12,000	\$40	\$10 \$50 \$80 \$250
PO 70 2500		\$2,500 \$5,000	70% 50%	\$6,000 \$12,000	\$40	\$10 \$50 \$80 \$250
PO 70 3000		\$3,000 \$6,000	70% 50%	\$7,500 \$15,000	\$40	\$10 \$50 \$80 \$250
PO 70 4000		\$4,000 \$8,000	70% 50%	\$7,500 \$15,000	\$40	\$10 \$50 \$80 \$250
·		INN: \$5,000 \$10,000		INN: \$7,500 \$15,000	440	
PO 70 5000		OON: \$15,000 \$30,000	70% 50%	OON: N/A	\$40	\$10 \$50 \$80 \$250
20.70.1.6000		INN: \$6,000 \$12,000	700/ 1 500/	INN: \$7,500 \$15,000	Ć40	¢10 ¢50 ¢00 ¢250
O 70 6000		OON: \$18,000 \$36,000	70% 50%	OON: N/A	\$40	\$10 \$50 \$80 \$250
Series 50% Plans						
PO 50 0		\$0 \$0	50% 50%	\$4,500 \$9,000	\$0	50% 50% 50%
PO 50 500		\$500 \$1,000	50% 50%	\$4,500 \$9,000	\$0	50% 50% 50%
PO 50 1000		\$1,000 \$2,000	50% 50%	\$5,500 \$11,000	\$0	50% 50% 50%
alue Plan		12,000 12,000	2272 2272	70,000 7-2,000	7-	2011 2011 2011
iluc i lali						
O 100 8000		INN: \$8,000 \$16,000	100% 0%	INN: \$8,000 \$16,000	\$0	\$10 Generics
•		OON: N/A	100% 0%	OON: N/A	γU	All other tiers subject to deduct/coins
ot available as dual choice	e option)					
SA Plans		4 1 4		4 1.4		
SA \$1700		\$1,700 \$3,400	80% 60%	\$4,500 \$9,000	\$0	80% 80% 80%
SA \$2500		\$2,500 \$5,000	80% 60%	\$5,500 \$11,000	\$0	80% 80% 80%
SA \$3500		\$3,500 \$6,000	80% 60%	\$6,500 \$13,000	\$0	80% 80% 80%
SA \$5500		\$5,500 \$6,000	80% 60%	\$6,500 \$13,000	\$0	80% 80% 80%
	S Use Premera's Sherwood HMO Ne	etwork)				
MO Plans (HMO Plans	Use Premera's Sherwood HMO Ne				PCP Specialist	Pref Generic Pref Brand Pref Specialty All Non-
MO Plans (HMO Plans MO 80 2000	s Use Premera's Sherwood HMO Ne	\$2,000 \$4,000	80%	\$4,000 \$8,000	\$5 \$60	Pref Generic Pref Brand Pref Specialty All Non- \$10 \$40 \$70 \$150
MO Plans (HMO Plans MO 80 2000 MO 80 3000	s Use Premera's Sherwood HMO Ne	\$2,000 \$4,000 \$3,000 \$6,000	80%	\$6,000 \$12,000	\$5 \$60 \$5 \$60	Pref Generic Pref Brand Pref Specialty All Non- \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150
MO Plans (HMO Plans MO 80 2000 MO 80 3000 MO 80 4000	s Use Premera's Sherwood HMO Ne	\$2,000 \$4,000 \$3,000 \$6,000 \$4,000 \$8,000	80% 80%	\$6,000 \$12,000 \$8,000 \$16,000	\$5 \$60 \$5 \$60 \$10 \$65	Pref Generic Pref Brand Pref Specialty All Non- \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150
MO Plans (HMO Plans MO 80 2000 MO 80 3000 MO 80 4000 MO 70 5000		\$2,000 \$4,000 \$3,000 \$6,000 \$4,000 \$8,000 \$5,000 \$10,000	80% 80% 70%	\$6,000 \$12,000 \$8,000 \$16,000 \$9,100 \$18,200	\$5 \$60 \$5 \$60	Pref Generic Pref Brand Pref Specialty All Non- \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150
MO Plans (HMO Plans MO 80 2000 MO 80 3000 MO 80 4000 MO 70 5000 tx Essentials formulary use	ed for HMO Plans (Essentials is a restricted	\$2,000 \$4,000 \$3,000 \$6,000 \$4,000 \$8,000 \$5,000 \$10,000 d list of prescription drugs that	80% 80% 70%	\$6,000 \$12,000 \$8,000 \$16,000 \$9,100 \$18,200	\$5 \$60 \$5 \$60 \$10 \$65	Pref Generic Pref Brand Pref Specialty All Non- \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150
MO Plans (HMO Plans MO 80 2000 MO 80 3000 MO 80 4000 MO 70 5000 tx Essentials formulary use	ed for HMO Plans (Essentials is a restricted	\$2,000 \$4,000 \$3,000 \$6,000 \$4,000 \$8,000 \$5,000 \$10,000 d list of prescription drugs that	80% 80% 70%	\$6,000 \$12,000 \$8,000 \$16,000 \$9,100 \$18,200	\$5 \$60 \$5 \$60 \$10 \$65 \$10 \$65	Pref Generic Pref Brand Pref Specialty All Non- \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150
MO Plans (HMO Plans MO 80 2000 MO 80 3000 MO 80 4000 MO 70 5000 tx Essentials formulary use SAble Life - Employee mployee Life + AD&D 10,000 (Mandatory)	ed for HMO Plans (Essentials is a restricted	\$2,000 \$4,000 \$3,000 \$6,000 \$4,000 \$8,000 \$5,000 \$10,000 d list of prescription drugs that	80% 80% 70%	\$6,000 \$12,000 \$8,000 \$16,000 \$9,100 \$18,200 eds)	\$5 \$60 \$5 \$60 \$10 \$65 \$10 \$65	Pref Generic Pref Brand Pref Specialty All Non- \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150
MO Plans (HMO Plans MO 80 2000 MO 80 3000 MO 80 4000 MO 70 5000 x Essentials formulary use SAble Life - Employee	ed for HMO Plans (Essentials is a restricted	\$2,000 \$4,000 \$3,000 \$6,000 \$4,000 \$8,000 \$5,000 \$10,000 d list of prescription drugs that	80% 80% 70%	\$6,000 \$12,000 \$8,000 \$16,000 \$9,100 \$18,200 eds)	\$5 \$60 \$5 \$60 \$10 \$65 \$10 \$65 \$10 \$65	Pref Generic Pref Brand Pref Specialty All Non- \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150
MO Plans (HMO Plans MO 80 2000 MO 80 3000 MO 80 4000 MO 70 5000 x Essentials formulary use SAble Life - Employee Inployee Life + AD&D 0,000 (Mandatory) 15,000	ed for HMO Plans (Essentials is a restricted	\$2,000 \$4,000 \$3,000 \$6,000 \$4,000 \$8,000 \$5,000 \$10,000 d list of prescription drugs that	80% 80% 70%	\$6,000 \$12,000 \$8,000 \$16,000 \$9,100 \$18,200 eds) \$10,000 of Basic Life and \$15,000 of Basic Life and	\$5 \$60 \$5 \$60 \$10 \$65 \$10 \$65 \$10 \$65 AD&D coverage AD&D coverage	Pref Generic Pref Brand Pref Specialty All Non- \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150
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MO Plans (HMO Plans MO 80 2000 MO 80 3000 MO 80 4000 MO 70 5000 x Essentials formulary use SAble Life - Employee Inployee Life + AD&D 10,000 (Mandatory) 15,000 15,000 15,000 15,000 15,000 (5+ EE's) Ependent Life + AD&D	ed for HMO Plans (Essentials is a restricted • Life + AD&D (Enrollment Must Match	\$2,000 \$4,000 \$3,000 \$6,000 \$4,000 \$8,000 \$5,000 \$10,000 d list of prescription drugs that	80% 80% 70%	\$6,000 \$12,000 \$8,000 \$16,000 \$9,100 \$18,200 eds) \$10,000 of Basic Life and \$15,000 of Basic Life and \$25,000 of Basic Life and	\$5 \$60 \$5 \$60 \$10 \$65 \$10 \$65 \$10 \$65 AD&D coverage AD&D coverage AD&D coverage	Pref Generic Pref Brand Pref Specialty All Non- \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150
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MO Plans (HMO Plans MO 80 2000 MO 80 3000 MO 80 4000 MO 80 5000	ed for HMO Plans (Essentials is a restricted to the Life + AD&D (Enrollment Must Match	\$2,000 \$4,000 \$3,000 \$6,000 \$4,000 \$8,000 \$5,000 \$10,000 d list of prescription drugs that Medical) Exams Copay Frequency \$10 12 Mo.	80% 80% 70% meets basic pharmacy ne	\$6,000 \$12,000 \$8,000 \$16,000 \$9,100 \$18,200 eds) \$10,000 of Basic Life and \$15,000 of Basic Life and \$25,000 of Basic Life and \$50,000 of Basic Life and \$1 plan avails Frames Allowance Freq.	\$5 \$60 \$5 \$60 \$10 \$65 \$10 \$65 \$10 \$65 AD&D coverage AD&D formation of the coverage AD&D coverage AD&D coverage	Pref Generic Pref Brand Pref Specialty All Non- \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150 \$10 \$50 \$80 \$150 Computer Vision Care (Lenses/Frame)
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AO Plans (HMO Plans AO 80 2000 AO 80 3000 AO 80 3000 AO 80 4000 AO 80 400	ed for HMO Plans (Essentials is a restricted to the Life + AD&D (Enrollment Must Match	\$2,000 \$4,000 \$3,000 \$6,000 \$4,000 \$8,000 \$5,000 \$10,000 d list of prescription drugs that Medical) Exams Copay Frequency \$10 12 Mo. \$10 12 Mo.	80% 80% 70% meets basic pharmacy ne	\$6,000 \$12,000 \$8,000 \$16,000 \$9,100 \$18,200 eds) \$10,000 of Basic Life and \$15,000 of Basic Life and \$25,000 of Basic Life and \$50,000 of Basic Life and \$1 plan availa Frames Allowance Freq. n/a \$130 24 Mo.	\$5 \$60 \$5 \$60 \$10 \$65 \$10 \$65 \$10 \$65 \$10 \$65 AD&D coverage AD&D coverage AD&D coverage AD&D coverage AD&D coverage AD&D coverage AD&D coverage AD&D coverage AD&D soverage AD&D soverage A	Pref Generic Pref Brand Pref Specialty All Non- \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150 \$10 \$40 \$70 \$150 \$10 \$50 \$80 \$150 Computer Vision Care (Lenses/Frame of the computer of the co
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