2026 Medical Plans

Here is an overview of your 2026 medical plan options. Plan changes for 2026 are highlighted below.

	Surest Plan	Choice Plus Preferred (PPO)		Choice Exclusive (EPO)	Choice Plus Savings	
	In-Network Only	**In- Network**	**Out-of-Network**	**In-Network Only**	**In-Network**	**Out-of-Network**
Deductible (Individual/ Family)	No deductible	**$750/$1,500**	**$1,500/$3,000**	**$500/$1,000**	$2,500/ $5,000*	$4,000/$8,000**
Coinsurance	You pay 0%	**You pay 20%**	**You pay 40%**	You pay 0%	**You pay 20%**	You pay 40%
Out-of-Pocket Maximum (Individual/ Family)	$3,000/ $6,000	$3,000/ $6,000	$6,000/ $12,000	$3,000/ $6,000	$4,000/ $8,000	$7,000/ $14,000
Preventive Care	$0	$0	**40% after deductible**	$0	$0	40%
Office Visit • **Primary Care** • **Specialist**	Flat copay; amount will depend on the quality rating of the provider	$25 copay $50 copay	**40% after deductible**	$20 copay $40 copay	You pay in full until the deductible has been met; then the **plan pays 80% and you pay 20%** until you reach the out-of-pocket maximum Applies to medical and prescription drug costs	You pay in full until the deductible has been met; then the plan pays 60% and you pay 40% until you reach the out-of-pocket maximum Applies to medical and prescription drug costs
Emergency Room Visit		$150 copay	$150 copay	$150 copay		
Inpatient/ Outpatient Hospitalization		**20% after deductible**	**40% after deductible**	$150 copay $300 copay		
Prescription Drug						
Retail (up to 31 days) **Generic** **Preferred Brand** **Non-Preferred Brand**	Flat copay that depends upon drug tier	$10 $35 $60	Not covered	$10 $35 $60		
Mail Order (up to 90 days) **Generic** **Preferred Brand** **Non-Preferred Brand**		$20 $70 $120	Not covered	$20 $70 $120		

**If you cover dependents, the entire family deductible must be met before the plan will begin to pay benefits.*

***If you cover dependents, the entire family out-of-pocket maximum must be met before the plan will cover costs at 100% for the remainder of the calendar year.*