

# 2026 MEDICAL PLAN COMPARISON

Please refer to the official plan documents posted on the Benefits website for additional information on coverage and exclusions.

		UnitedHealthcare Choice Plus Network In-Network Amounts	
		Surest \$0 Deductible	HDHP
<b>Plan Year Deductible</b>			
Individual		\$0	\$3,400
Family		\$0	\$6,800
<b>Plan Year Out-of-Pocket Max</b> (includes deductible, coinsurance, and copays)			
Individual		\$5,000	\$3,400
Family		\$10,000	\$6,800
<b>Pay for Care with Pre-Tax Dollars</b>			
Eligible to fund an HSA		No	Yes
Eligible to fund a healthcare FSA		Yes	No
<b>Preventative Care</b>		\$0	\$0
<b>Office Visits</b>			
Primary Care Office Visit		\$20 - \$105	Deductible Only
Primary Care Virtual Visit		\$0	\$0
Specialist Office Visit		\$20 - \$105	Deductible Only
Specialist Virtual Visit		\$0 - \$105	Deductible Only
<b>Routine Diagnostic Test</b> (x-ray, lab, ultrasound)		\$0	Deductible Only
<b>Complex Imaging</b> (MRI, CT, etc.)		\$100 - \$1,400	Deductible Only
<b>Urgent Care</b>		\$60	Deductible Only
<b>Emergency Room</b>		\$650	Deductible Only
<b>Ambulance</b>		\$375	Deductible Only
<b>Maternity</b>			
Prenatal and Postnatal Care		\$0	Deductible Only
Delivery		\$900 - \$2,000	Deductible Only
<b>Inpatient Hospitalization</b>		\$200 - \$3,000	Deductible Only
<b>Procedures (Office, Outpatient, &amp; Inpatient)</b>			
Inpatient and Some Outpatient		\$200 - \$3,000	Deductible Only
Other Outpatient Hospital Services		\$150 - \$850	Deductible Only
Other Inpatient Stay (including admission from ER)		\$2,000	Deductible Only
<b>CVS/CAREMARK</b>	<b>Prescriptions</b>		
	Generic (30 day supply)	\$10	Deductible Only
	Preferred Brand (30 day supply)	20% cost share (\$25 minimum - \$50 maximum copay)	Deductible Only
	Non-Preferred Brand (30 day supply)	50% cost share (\$50 minimum - \$100 maximum copay)	Deductible Only
	Mail Order & Retail (90 day supply)	2x copay amount	Deductible Only
	Specialty (30 day supply)	\$100	Deductible Only

**UnitedHealthcare Choice Plus Network**  
In-Network Amounts

	Surest \$0 Deductible	HDHP
<b>Mental Health &amp; Substance Use Disorder</b>		
Office Visit	\$15	Deductible Only
Virtual Office Visit	\$15	Deductible Only
Intensive Outpatient Treatment Program	\$60	Deductible Only
Partial Hospitalization Program (Outpatient)	\$110	Deductible Only
Partial Hospitalization Program (Inpatient)	\$1,600	Deductible Only
<b>Rehabilitative Therapies</b>		
Acupuncture	\$25 Copay, In-Network Only	Deductible Only, In-Network Only
Chiropractic	\$25 Copay	Deductible Only
Massage Therapy	\$25 Copay, In-Network Only	Deductible Only, In-Network Only
Occupational Therapy	\$10 - \$65	Deductible Only
Physical Therapy	\$10 - \$75	Deductible Only
Speech Therapy	\$15 - \$105	Deductible Only
Durable Medical Equipment	\$0 - \$1,000	Deductible Only
<b>Advanced Tests<sup>1</sup></b>	\$20 - \$1,300	Deductible Only
<b>Therapeutic Treatments<sup>2</sup></b>		
Medical Infusions	\$40 - \$2,600	Deductible Only
Chemotherapy	\$25 - \$650	Deductible Only

<sup>1</sup> Advanced Tests are complex medical tests your doctor may order to learn more about your health; typically planned and scheduled separately. Examples include a facility-based sleep study or tilt table testing.

<sup>2</sup> Therapeutic Procedures are treatments for complex diseases and health needs that do not involve surgery. Examples include radiation therapy or dialysis.