

MSD OF NORTH POSEY COUNTY

Health Insurance Payments as of December 1, 2025 to November 30, 2026
 Health Insurance Coverage - January 1, 2026 to December 31, 2026

GROUP V & VI - Retirees and Cobra

Non-Tobacco Use

Consociate Health

HDHP 1 - 3400 - Encore Health Network

Summary of In-Network Benefits Design

\$3,400/\$6,000 Deductible (In-Network)

Eligible for HSA

\$3,500/\$7,000 Out of Pocket Maximum (Includes Deductible, Medical, & Rx copay and coinsurance. In-Network)

Office Visit 100% until deductible, then 0%

100% Inpatient/Outpatient Facility until deductible, then 0%

100% until deductible, then \$10/\$30/\$60 Retail RX

100% until deductible, then \$10/\$75/\$180 Mail Order RX

FAMILY PLAN

| | |
|----------------|-------------|
| Yearly Premium | \$24,483.14 |
| Employee Share | \$24,483.14 |

***Retiree Monthly Premium: \$2,040.26**

SINGLE PLAN

| | |
|----------------|------------|
| Yearly Premium | \$9,261.88 |
| Employee Share | \$9,261.88 |

***Retiree Monthly Premium: \$771.82**

*Cobra participants will be subject to a 2% administration fee
 Cobra/Consociate will mail coupon booklet with exact payment amount

MSD OF NORTH POSEY COUNTY

Health Insurance Payments as of December 1, 2025 to November 30, 2026

Health Insurance Coverage - January 1, 2026 to December 31, 2026

GROUP V & VI - Retirees and Cobra

Tobacco Use

Consociate Health

HDHP 1 - 3400 - Encore Health Network

Summary of In-Network Benefits Design

\$3,400/\$6,000 Deductible (In-Network)

Eligible for HSA

\$3,500/\$7,000 Out of Pocket Maximum (Includes Deductible, Medical, & Rx copay and coinsurance. In-Network)

Office Visit 100% until deductible, then 0%

100% Inpatient/Outpatient Facility until deductible, then 0%

100% until deductible, then \$10/\$30/\$60 Retail RX

100% until deductible, then \$10/\$75/\$180 Mail Order RX

FAMILY PLAN

| | |
|----------------|-------------|
| Yearly Premium | \$24,737.54 |
| Employee Share | \$24,737.54 |

***Retiree Monthly Premium: \$2,061.46**

SINGLE PLAN

| | |
|----------------|------------|
| Yearly Premium | \$9,516.28 |
| Employee Share | \$9,516.28 |

***Retiree Monthly Premium: \$793.02**

*Cobra participants will be subject to a 2% administration fee
Cobra/Consociate will mail coupon booklet with exact payment amount

(Over)

MSD OF NORTH POSEY COUNTY

Health Insurance Payments as of December 1, 2025 to November 30, 2026
Health Insurance Coverage - January 1, 2026 to December 31, 2026

GROUP V & VI - Retirees and Cobra

Non-Tobacco Use

Consociate Health

HDHP 2 - HDHP 5000- Encore Health Network

Summary of In-Network Benefits Design

\$5,000/\$10,000 Deductible (In-Network)

Eligible for HSA

\$6,000/\$12,000 Out of Pocket Maximum (Includes Deductible, Medical, & Rx copay and coinsurance. In-Network)

Office Visit 100% until deductible, then 0%

100% Inpatient/Outpatient Facility until deductible, then 0%

100% until deductible, then \$10/\$30/\$60 Retail RX

100% until deductible, then \$10/\$75/\$180 Mail Order RX

FAMILY PLAN

| | |
|----------------|-------------|
| Yearly Premium | \$19,898.24 |
| Employee Share | \$19,898.24 |

***Retiree Monthly Premium: \$1,658.19**

SINGLE PLAN

| | |
|----------------|------------|
| Yearly Premium | \$7,550.93 |
| Employee Share | \$7,550.93 |

***Retiree Monthly Premium: \$629.24**

*Cobra participants will be subject to a 2% administration fee
Cobra/Consociate will mail coupon booklet with exact payment amount

MSD OF NORTH POSEY COUNTY

Health Insurance Payments as of December 1, 2025 to November 30, 2026
Health Insurance Coverage - January 1, 2026 to December 31, 2026

GROUP V & VI - Retirees and Cobra

Tobacco Use

Consociate Health

HDHP 2 - HDHP 5000- Encore Health Network

Summary of In-Network Benefits Design

\$5,000/\$10,000 Deductible (In-Network)

Eligible for HSA

\$6,000/\$12,000 Out of Pocket Maximum (Includes Deductible, Medical, & Rx copay and coinsurance. In-Network)

Office Visit 100% until deductible, then 0%

100% Inpatient/Outpatient Facility until deductible, then 0%

100% until deductible, then \$10/\$30/\$60 Retail RX

100% until deductible, then \$10/\$75/\$180 Mail Order RX

FAMILY PLAN

| | |
|----------------|-------------|
| Yearly Premium | \$20,143.04 |
|----------------|-------------|

| | |
|----------------|-------------|
| Employee Share | \$20,143.04 |
|----------------|-------------|

***Retiree Monthly Premium: \$1,678.59**

SINGLE PLAN

| | |
|----------------|------------|
| Yearly Premium | \$7,795.73 |
|----------------|------------|

| | |
|----------------|------------|
| Employee Share | \$7,795.73 |
|----------------|------------|

***Retiree Monthly Premium: \$649.64**

*Cobra participants will be subject to a 2% administration fee
Cobra/Consociate will mail coupon booklet with exact payment amount