

HealthCare Plan Comparison - 2026

Traditional Plan - In Network

Doctor's Office visit CoPay:	Amt
In Network Doctor's Visit	\$ 25.00
Premise Health (Echo Clinic) Visit	\$ -

Pharmacy CoPays:	Amt
Name Brand	\$ 40.00
Preferred	\$ 20.00
Generic	\$ 5.00
Premise Health Rx	\$ -

**Co-Pays do not go toward the deductible*

Deductibles/Out of Pocket Max	Amt
Single Deductible (80/20 after deductible)	\$ 300.00
Single Out of Pocket (Max Paid after deductible)	\$ 1,200.00
Total of Deductible & Out of Pocket Max	\$1,500.00

Family Deductible (80/20 after deductible)	\$ 600.00
Family Out of Pocket (Max Paid after deductible)	\$ 2,400.00
Total of Deductible and Out of Pocket Max	\$3,000.00

Premiums (Medical, Vision & Dental)	Amt
Single Coverage per pay period	\$ 25.00
Family Coverage per pay period	\$ 150.00

Flexible Spending Account (FSA) & (DFSA)	Amt
FSA Annual Maximum Contribution	\$ 3,400.00
FSA Rollover Maximum	\$ 680.00
Dependent Care Maximum Contribution	\$ 7,500.00
Dependent Care Maximum for Married Filing Separate	\$ 3,750.00

Health Savings Plan (HSA) - In Network

HSA plan has no Co-Pays.
Doctor's visits and Rx expenses go towards your annual deductible. You pay the CIGNA discounted rate for visits and prescriptions.

Premise Health Costs	Amt
Premise Health (Echo Clinic) per 20 min Visit	\$ 35.00
Wellness/Preventative visit	\$ -
Generic 30 day supply of Rx	\$ 6.00
Generic 90 day supply of Rx	\$ 12.00

**All monies you pay go toward the Deductible*

Deductibles/Out of Pocket Max	Amt
Single Deductible (100% Paid by Town after Deductible)	\$ 3,400.00
Health Savings Account (HSA) Contribution by Town	\$ 2,100.00
Maximum Employee would Pay after contribution from Town	\$ 1,300.00

Family Deductible (100% Paid by Town after Deductible)	\$ 6,800.00
Health Savings Account (HSA) Contribution by Town	\$ 4,000.00
Maximum Employee would Pay after contribution from Town	\$ 2,800.00

Premiums (Medical, Vision & Dental)	Amt
Single Coverage per pay period	\$ 20.00
Family Coverage per pay period	\$ 110.00

HSA Annual Maximum Contributions	Amt
Single HSA	\$ 4,400.00
Family HSA	\$ 8,750.00
If age 55 or older, may add an additional	\$ 1,000.00

Note:
1. Monies spent on Healthcare (Medical, vision and dental) before or after age 65 are not taxed.
2. Monies spent on non-Healthcare items are subject to penalties and taxes prior to age 65.
3. Monies spent on non-Healthcare items after 65 are subject to taxes only.

Dependent Care Flexible Spending Account	Amt
Dependent Care Maximum Contribution	\$ 7,500.00
Dependent Care Maximum for Married Filing Separate	\$3,750.00