	Current Plan - 2027	New Preferred Plan				Current Plan - 2026
PLAN INFORMATION	**Wellmark-Municple Leage #2500** **Ded $2,500/$5,000 Cons 70/30%** **OOP $5,000/$10,000**	**Wellmark-Enhanced 1500** **Ded $1,500/$3,000 Cons 80%/20%** **OOP $7,500/$15,000($15k/$30 out)**	**United Health Care - Choice Plus gold** **Ded $2,000/$4,000 Cons 80/20%** **OOP $6,500/$13,000**	**Avera - Total Choice 2500** **Ded $2,500/$5,000 Cons 70/30%** **OOP $6,650/$13,300**	**Sanford -Small Group 2,700** **Ded $2,700/$5,400 Cons 65/35%** **OOP $8,000/$16,000**	**Wellmark-Municple Leage #2000** **Ded $2,000/$4,000 Cons 80/20%** **OOP $4,000/$8,000**
Deductable						***2026 Plan Coverage***
Single	Total $2,500	Total $1,500/$3,000	Total $2,000/$10k out of network	Total $2,500/$10k out of network	Total $2,700/$5,400 out of network	Total $2,000/Employee $1,000
Family	Total $5,000	Total $3,000/$6,000	Total $4,000/$20k out of network	Total $5,000/$20k out of network	Total $5,400/$10,800 out of network	Total $4,000/Employee $2,000
CoInsurance						
% you pay	Total 70/30%	Total 80/20% (in network)	Total 80/20% (in network)	Total 70/30 (in network) 60/40 out	Total 65/35%	Total 80/20%
Out-of-Pocket Max.						
Single	Total $5,000/Employee $2,500	**Total $7,500/$15k out of net.**	Total $6,500 ($20k out of net)	Total $6,650 ($20k out of net)	Total $8,000($16k out of net)	Total $4,000/Employee $1,500
Family	Total $10,000/Employee $5,000	**Total $15,000/$30k out of net.**	Total $13,000($40k out of net)	Total $13,300 ($40k out of net)	Total $16,000($32k out of net)	Total $8,000/Employee $3,500
CoPays						
Primary Care Visit	$50	$30	$35	First 5 free, then $30	$20	$30
Specialty		$60	$75	$75	$45	$60
Urgent Care	$100	$30	$50	First 5 free, then $30	$35	$25
ER (waived if admitted)	$500	$500	$500 + 20%	$500	35% after ded	$200
Perscription Drugs						
Deductible	n/a	n/a				n/a
Tier 1	$25/$60/$12o	$15	$10	$15	$15	$10
Tier 2		$50	$40	$60	$50	$30
Tier 3	$175	$50	$125	$90	$75	$50
Tier 4	$175	$100-$500	$125-$300	30% after ded	35% after ded	$50
Tier 5	225	$500	$300			
Monthly Billed Premium	**$48,570.00**	**$43,472.00**	**$58,113.00**	**$45,902.00**	**$46,642.00**	**$45,015.00**
% Change from Current	**2.30%**	**-8.90%**	**21.80%**	**-4.10%**	**-2.30%**	**9.60%**
Employee Contribution/Mo	**$7,703.00**	**$7,080.00**	**$9,465.00**	**$7,582.00**	**$7,597.00**	**$7,280.00**
Net Airport Prem. Exp./Mo	**$40,867.00**	**$36,392.00**	**$48,647.00**	**$38,319.00**	**$39,045.00**	**$37,735.00**
Annual Inc.	$10,958.00	($42,744.00)	$104,326.00	($19,617.00)	($10,902.00)	
Employee Contribution	**Wellmark - Municipal League**	**Wellmark-Enhanced 1500**	**Health Parnters-Free Gold**	**Avera Total Choice 2500**	**Sanford -Small Group**	**Wellmark - Municipal League**
Employee	$129	$93.41	$124.91	$90.09	$100.26	$123
Employee/Spouse	$354	$339.50	$453.83	$348.28	$364.25	$347
Employee/Dependant	$394	$189.00	$453.83	$348.28	$364.25	$347
Family	$607	$587.00	$784.84	$656.05	$629.92	$602