

Medical Plans effective July 1, 2026 - June 30, 2027

Plan Comparison

| Hood College                                       | 2026-2027                       | 2026-2027                       | 2026-2027                                  |
|--|---------------------------------|---------------------------------|--|
| <b>Health Care Plan Option through UMR</b>         |                                 |                                 |  |
| <b>In-Network Benefit Plan Design</b>              | <b>POS</b>                      | <b>EPO</b>                      | <b>HDHP/HSA</b>                            |
| Deductible (ind/ind+1 dep/fam)                     | \$100/\$300/\$600               | \$800/\$1,600/\$2,150           | \$2,500/\$3,750/\$5,000                    |
| Coinsurance (plan paid)                            | 100%                            | 80%                             | 100%                                       |
| Out-of-Pocket Maximum (ind/ind+1dep/fam)           | \$2,000/\$4,000/\$6,000         | \$2,500/\$5,000/\$7,500         | \$4,000/\$6,000/\$8,000                    |
| Primary Care Office Visit Copay                    | \$30 copay                      | \$30 after ded                  | 100% after ded                             |
| Specialist Office Visit Copay                      | \$45 copay                      | \$40 after ded                  | 100% after ded                             |
| Preventive Care Office Visit                       | 100% covered no ded             | 100% covered no ded             | 100% covered no ded                        |
| Inpatient Hospital                                 | 10% after ded                   | 25% after ded                   | 100% after ded                             |
| Outpatient Hospital                                | \$300 copay                     | 20% after ded                   | 100% after ded                             |
| Emergency Room                                     | \$350 copay                     | \$150 after ded                 | 100% after ded                             |
| Urgent Care  | \$50 copay                      | \$40 copay                      | 100% after ded                             |
| Lab Services                                       | 100% covered                    | 100% covered after ded          | 100% after ded                             |
| X-Ray / Imaging (MRI, CT, PET)                     | 100% covered                    | 100% covered after ded          | 100% after ded                             |
| <b>Pharmacy- Rx Benefits/Optum Rx</b>              |                                 |                                 |  |
| Retail (30-day supply)                             | \$25/\$55/\$80/50% to max \$150 | \$25/\$55/\$80/50% to max \$150 | after ded, \$20/\$40/\$65/50% max to \$150 |
| Mail Service (90-day supply) spec has 30 day limit | \$50/\$110/\$160                | \$50/\$110/\$160                | after ded, \$40/\$80/\$130                 |
| Out-of-Pocket Maximum (ind/ind+1dep/fam)           | Integrated with Medical         | Integrated with Medical         | Integrated with Medical                    |
| <b>Out-of-Network Benefits</b>                     | <b>Yes</b>                      | <b>No (except emergencies)</b>  | <b>Yes</b>                                 |
| Deductible (ind/ind+1 dep/fam)                     | \$500/\$1000/\$1500             | n/a                             | \$3500/\$5250/\$7000                       |
| Coinsurance (plan paid)                            | 70%                             | n/a                             | 70%  |
| Out of Pocket                                      | \$4000/\$6000/\$8000            | n/a                             | \$5000/\$7500/\$10,000                     |

No changes to plan design for 2026-2027