



2025/2026 Medical Plans Overview

See what's new and changing with your medical plan options in the new plan year (beginning July 1, 2025).

Your medical plan options:

You can choose from three medical plan options*, one of which is the **new High Deductible Health Plan (HDHP)**. With this plan, you have the option to enroll in a Health Savings Account (HSA).

Note: **Green** items in this chart are changes to the Premium PPO and Premium Plus PPO plans in 2025/2026.

Medical Plan Comparison

	HDHP	Premium PPO	Premium Plus PPO
HSA contribution (Individual / Family)	You may contribute: Up to \$4,050 / \$8,050 Lineage contributes: \$250 / \$500	Not applicable	Not applicable
In-network deductible (Individual / Family)	\$3,500 / \$7,000	\$2,000 / \$6,000	\$1,000 / \$3,000
In-network coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
In-network Physician / Specialist / ER Visits	Deductible and coinsurance	\$40 copay / \$55 copay / \$230 copay	\$25 copay / \$50 copay / \$230 copay
Annual in-network out- of-pocket maximum (Individual / Family)	\$6,350 / \$12,700	\$6,000 / \$12,000	\$3,000 / \$9,000
Retail Pharmacy (Generic / Preferred Brand / Non- Preferred Brand)	Deductible and coinsurance	\$15 copay / \$30 copay / Greater of \$55 copay or 50% coinsurance	\$15 copay / \$30 copay / Greater of \$55 copay or 50% coinsurance
Mail Order Pharmacy (Generic / Preferred Brand / Non-Preferred Brand)	Deductible and coinsurance	\$30 copay / \$60 copay / Greater of \$110 copay or 50% coinsurance	\$30 copay / \$60 copay / Greater of \$110 copay or 50% coinsurance

* Those who live in certain areas of California may also have the option to enroll in the Kaiser DHMO plan (see next page).



Kaiser Permanente members (California only):

There have been some adjustments to the Kaiser Permanente DHMO plan in 2025/2026. See the table below for changes marked in **green**.

	DHMO
In-network deductible (Individual / Family)	\$750 / \$1,500
In-network coinsurance	20% coinsurance
In-network Physician / Specialist / ER Visits	\$30 copay / \$40 copay / Deductible and coinsurance
Annual in-network out-of-pocket maximum (Individual / Family)	\$3,000 / \$6,000
Retail Pharmacy (Generic / Preferred Brand / Non-Preferred Brand)	\$10 copay / \$30 copay / \$30 copay
Mail Order Pharmacy (Generic / Preferred Brand / Non-Preferred Brand)	\$20 copay / \$60 copay / \$60 copay