

Glen Ellyn SD 89

HDHP Plan Options 2026-2027

2025-26 PPO Plan

HDHP Option 4

Embedded Deductible/Embedded OPX

Embedded Deductible/Embedded OPX

PPO Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$500	\$1,500	\$4,000	\$8,000
Family	\$1,250	\$4,500	\$8,000	\$16,000
Out-of-pocket limit	(deductible included in OOP Limit)		(deductible included in OOP Limit)	
Individual	\$1,500	\$3,000	\$6,000	\$16,000
Family	\$3,000	\$6,000	\$12,000	\$32,000
Lifetime Maximum	Unlimited		Unlimited	
Hospital				
Inpatient Services	90% after deductible	70%	90% after deductible	60%*
Outpatient Services	100%	70%	90% after deductible	60%*
Emergency Medical Care	\$150 copay then paid at 80%		90% after deductible	
Physician				
Inpatient Surgery	80% after deductible	70%	90% after deductible	60%*
Outpatient Surgery	100%	70%	90% after deductible	60%*
Offices Visit - PCP	80% after deductible	70%	90% after deductible	60%*
Offices Visit - Specialist	80% after deductible	70%	90% after deductible	60%*
Other				
X-ray	100%	70%	90% after deductible	60%*
Therapy - Speech, occupational or physical therapy	80% after deductible	70%	90% after deductible	60%*
Mental/Nervous - Inpatient	90% after deductible	70%	90% after deductible	60%*
Mental/Nervous - Outpatient	80% after deductible	70%	90% after deductible	60%*
Substance Abuse - Inpatient	90% after deductible	70%	90% after deductible	60%*
Substance Abuse - Outpatient	80% after deductible	70%	90% after deductible	60%*
Wellcare	100%	70%	100%	60%*
Prescription	Prime Therapeutics		Prime Therapeutics	
Retail 34-Day supply	\$10 Generic \$25 Formulary \$50 Non-Formulary		100% after deductible	
Mail Order 90-Day supply	\$20 Generic \$50 Formulary \$100 Non-Formulary		100% after deductible	
Rates:	PPO 2025-2026		HDHP-Option 4 Rates	
Rates: <i>Change from Current PPO</i>			-24.66%	
Employee	\$1,186.56		\$894.01	
Family	\$2,692.29		\$2,028.49	

* after deductible

Monthly Savings (Single Coverage):
Monthly Savings (Family Coverage):

	Monthly	Annual Savings	
	Premium Savings:	To Board	To Employee
	\$292.55	\$3,159.59	\$351.07
	\$663.80	\$6,372.51	\$1,593.13
AUTOMATIC BOARD CONTRIBUTION TO HSA			
		Year One	All Other Years
Single:		\$3,000	\$1,500
Family:		\$6,000	\$3,000

Option 1 and 2: Please note this plan has an aggregate deductible and aggregate out-of-pocket maximum. Under this model, those enrolled in family coverage are responsible for the entire family deductible before coinsurance applies and the entire family out-of-pocket maximum before services are paid at 100%.

Option 3: Please note this plan has an embedded deductible and embedded out-of-pocket maximum. Under this model, those enrolled in family coverage are responsible for only the individual deductible before coinsurance applies and only the individual out-of-pocket maximum before services are paid at 100%.

HDHP Minimum Deductibles for 2026: Single: \$1,700 Family: \$3,400 for Aggregate deductibles
HDHP Minimum Deductibles for Embedded Deductible is \$3,400 Family

MAXIMUM HSA CONTRIBUTIONS (2026)		
Single: \$	4,400.00	
Family: \$	8,750.00	
Aged 55 or older: \$	1,000.00	annually