



2026 MEDICAL PLAN OPTIONS – KBI ENVI SMG

IN NETWORK BENEFIT	\$1500 Plan	\$2500 Plan	\$3400 HSA Plan	\$5000 Basic Plan
Deductible (Single / Family)	\$1,500/\$3,000	\$2,500/\$5,000	\$3,400/\$6,000	\$5,000/\$10,000
Co-Insurance	20% After Deductible (Insurance pays 80%)	30% After Deductible (Insurance pays 70%)	0% After Deductible (Insurance pays 100%)	20% After Deductible (Insurance pays 80%)
Out of Pocket Maximum (Single/Family)	\$3,000/\$6,000	\$5,000/\$10,000	\$4,000/\$8,000	\$7,500/\$12,500
Primary Doctors Visit – Adults/Children	\$15 Copay/\$0 Copay	\$15 Copay/\$0 Copay	Deductible & Coinsurance	\$15 Copay/\$0 Copay
Specialist Visit	\$50/\$100 Copay	\$50/\$100 Copay	Deductible & Coinsurance	\$50/\$100 Copay
Urgent Care Visit	\$15 Copay	\$25 Copay	Deductible & Coinsurance	\$25 Copay
Emergency Room Visit	\$300 Copay	\$300 Copay	Deductible & Coinsurance	\$300 Copay
Preventative Care Visit	100% Covered	100% Covered	100% Covered	100% Covered
Retail Prescriptions (30-Day)	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70 AFTER DEDUCTIBLE	\$10/\$35/\$70
Mail Order Prescriptions (90- Day)	\$25/\$87.50/\$175	\$25/\$87.50/\$175	\$25/\$87.50/\$175 AFTER DEDUCTIBLE	\$25/\$87.50/\$175
COVERAGE TYPE	EMPLOYEE CONTRIBUTION RATES PER PAY (26 PAYS)			
Employee Only	\$196.28	\$127.40	\$107.06	\$36.90
EE + Child(ren)	\$346.23	\$249.56	\$192.71	\$147.70
EE + Spouse	\$423.18	\$280.29	\$235.53	\$182.30
Family	\$575.14	\$380.93	\$320.11	\$246.90