

PHYSICAL HEALTH 2026 MEDICAL PLANS



You have three options to address your wellbeing needs. Including:

- **Nationwide network of providers**
- **Free preventive care**
- **Company HSA contributions**
 - (\$250 individual/\$500 family) Traditional Smartsaver
 - (\$500 Individual/\$1000 family) Premium Consumer Choice

TRADITIONAL SMARTSAVER	PREMIUM CONSUMER CHOICE	STANDARD PPO
<ul style="list-style-type: none"> • Lowest premiums • Highest deductible • Highest out-of-pocket maximum 	<ul style="list-style-type: none"> • Middle-of-the-road premiums, deductible and out-of-pocket maximum 	<ul style="list-style-type: none"> • Highest premiums • Lowest deductible • Lowest out-of-pocket maximum

PREMIUMS

Employees Contribution Weekly	Traditional Smartsaver	Premium Consumer Choice	Standard PPO
Employee Only	\$11.34	\$23.44	\$40.69
Employee & Spouse	\$29.46	\$60.92	\$97.81
Employee & Child(ren)	\$23.86	\$49.35	\$82.39
Employee & Family	\$42.09	\$87.03	\$139.73

Employee Contribution Monthly	Traditional Smartsaver	Premium Consumer Choice	Standard PPO
Employee Only	\$49.12	\$101.58	\$176.32
Employee & Spouse	\$127.67	\$264.00	\$423.84
Employee & Child(ren)	\$103.41	\$213.84	\$357.03
Employee & Family	\$182.38	\$377.14	\$605.48

HEALTHCARE PLAN OPTIONS

INDIANA PACKERS CORPORATION

	Traditional SmartSaver with HSA		Premium ConsumerChoice with HSA		Standard PPO	
Benefit	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible (per calendar year)						
Individual	\$3,000	\$6,000	\$1,700	\$3,300	\$1,000	\$2,000
Family	\$6,000	\$12,000	\$3,400	\$6,600	\$2,000	\$4,000
Covered Expenses	70%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible	85%, after deductible	50%. After deductible
HSA Annual Contribution						
	\$250 Employee and or \$500 Family		\$500 Employee and or \$1,000 Family		~	
Coinsurance						
Individual or Family	30%	50%	20%	50%	15%	50%
Total Out-of-Pocket Maximums (OPM)						
Individual	\$6,000	\$12,000	\$5,200	\$10,400	\$3,500	\$7,000
Family	\$12,000	\$24,000	\$10,400	\$20,800	\$7,000	\$14,000
Physician Office Visit						
Primary Care Physician	25%, after deductible	50%, after deductible	15%, after deductible	50%, after deductible	\$35 copay	50%, after deductible
Specialist	25%, after deductible	50%, after deductible	15%, after deductible	50%, after deductible	\$55 copay	50%, after deductible
Urgent Care Facility	70%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible	\$80 copay	50%, after deductible
LiveHealth	70%, after deductible		80%, after deductible		\$10 copay	
Emergency Room Services						
Emergency Services	70%, after deductible	70%, after deductible	80%, after deductible	80%, after deductible	85%, after deductible	85%, after deductible
In-patient Hospital Services						
In-patient Services	70%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible	85%, after deductible	50%, after deductible
Rx Coverages (In-Network)						
Generic	Ded/Coins (max \$10)	~	Ded/Coins (max \$10)	~	\$10 copay	~
Brand Formulary	Ded/Coins (max \$40)	~	Ded/Coins (max \$40)	~	\$40 copay	~
Brand Non-Formulary	Ded/Coins (max \$80)	~	Ded/Coins (max \$80)	~	\$80 copay	~
Rx Mail Order (90 Day Fill)						
Generic	Ded/Coins (max \$20)	~	Ded/Coins (max \$20)	~	\$20 copay	~
Brand Formulary	Ded/Coins (max \$80)	~	Ded/Coins (max \$80)	~	\$80 copay	~
Brand Non-Formulary	Ded/Coins (max \$160)	~	Ded/Coins (max \$160)	~	\$160 copay	~
Rx Out-of-Pocket Maximum						
(Rx Out-of-Pocket Maximums are included in Medical!)						