

Plan Year:
January 1 – December 31, 2026

BASE PLAN

BUY-UP PLAN

IN-NETWORK

ANNUAL DEDUCTIBLE – Calendar Year

Individual / Family	\$2,000 / \$4,000	\$2,500 / \$5,000
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ANNUAL MAXIMUM OUT-OF-POCKET – Calendar Year

Individual / Family	\$8,000 / \$16,000	\$5,000 / \$10,000
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PRIMARY CARE PHYSICIAN SELECTION REQUIRED

No

No

REFERRAL REQUIRED FOR SPECIALIST VISIT

No

No

PREVENTIVE CARE

Annual Well Check, Immunizations, and
Other Related Services

\$0

\$0

FACILITY VISITS

Telemedicine

\$0

\$0

Primary Care

\$30 copay

\$30 copay

Specialist Visits

\$50 copay

\$50 copay

Inpatient Hospital

30% after deductible

20% after deductible

Outpatient Surgery

30% after deductible

20% after deductible

Emergency Room

\$100 copay (ded. does not apply)

\$100 copay (ded. does not apply)

Urgent Care

\$75 copay

\$50 copay

OUTPATIENT DIAGNOSTIC SERVICES

X-Ray Services

30% after deductible

20% after deductible

CT/PET Scan, MRI

30% after deductible

20% after deductible

PRESCRIPTIONS

Tier 1 – Generic

\$15 copay

\$15 copay

Tier 2 – Preferred Brand

\$35 copay

\$35 copay

Tier 3 – Nonpreferred Brand

\$75 copay

\$75 copay

Mail Order – 90-day supply

2x retail

2x retail

**OUT-OF-NETWORK - Refer to Summary of Benefits and Coverage at
www.princetonhydrobenefits.com/legal**

**COST FOR MEDICAL &
PRESCRIPTION COVERAGE
(26 PAYS)**

BASE PLAN

BUY-UP PLAN

Employee Only

\$156.80

\$213.95

Employee + Spouse

\$488.00

\$608.18

Employee + Child(ren)

\$390.00

\$489.73

Employee + Family

\$741.00

\$915.42

**COST FOR MEDICAL &
PRESCRIPTION COVERAGE
(52 PAYS)**

BASE PLAN

BUY-UP PLAN

Employee Only

\$78.40

\$106.98

Employee + Spouse

\$244.00

\$304.09

Employee + Child(ren)

\$195.00

\$244.87

Employee + Family

\$370.50

\$457.71