2026 Plan Changes

Choice Level Funded

CHOICE LEVEL FUNDED

Focus on life. Focus on health. ***Stay focused.***

2026 Choice Level Funded Plan Changes

This grid illustrates key benefit changes that will become effective January 1, 2026, for existing Choice Level Funded plans offered in 2025. This does not include all changes. Please refer to your Schedule of Benefits for complete details of your 2026 plan benefits.

GOLD PLANS

Choice Level Funded Gold 1001	2025 — Choice Level Funded Gold 1001	2026 — Choice Level Funded Gold 1001
Maximum Out of Pocket (MOOP)	$5,800/$11,600	$7,200/$14,400
Blue CareOnDemand Visit	$20	$10
Specialist Office Visit	$45	$50
Pharmacy Retail	Tier 1: $15 Tier 2: $15 Tier 3: $35 Tiers 5 – 6: $250	Tier 1: $23 Tier 2: $23 Tier 3: $38 Tiers 5 – 6: 30% after deductible
Pharmacy Mail Order	Tier 1: $30 Tier 2: $30 Tier 3: $70 Tiers 5 – 6: $500	Tier 1: $46 Tier 2: $46 Tier 3: $76 Tiers 5 – 6: 30% after deductible
Choice Level Funded Gold 1502	**2025 — Choice Level Funded Gold 1502**	**2026 — Choice Level Funded Gold 1700**
Plan name changes to Choice Level Funded Gold 1700.		
Coinsurance	30%	40%
Deductible	$1,500/$3,000	$1,700/$3,400
Maximum Out of Pocket (MOOP)	$5,000/$10,000	$8,200/$16,400
Primary Care Physician (PCP) Visit	$15	$20
Blue CareOnDemand Visit	$15	$8
Specialist Office Visit	$45	$50
Emergency Room Visit	30% after deductible	$250 copayment, then 40% after deductible
Inpatient Physician and Surgical Services	30% after deductible	40% after deductible
Inpatient Hospital Services	30% after deductible	40% after deductible
Outpatient Surgery Physician/Surgical Services	30% after deductible	40% after deductible
Outpatient Facility Fee	30% after deductible	40% after deductible
Chiropractic Services	30% after deductible	40% after deductible
Pharmacy Retail	Tier 1: $15 Tier 2: $15 Tiers 5 – 6: $250	Tier 1: $20 Tier 2: $20 Tiers 5 – 6: 40% after deductible
Pharmacy Mail Order	Tier 1: $30 Tier 2: $30 Tiers 5 – 6: $500	Tier 1: $40 Tier 2: $40 Tiers 5 – 6: 40% after deductible

Choice Level Funded Gold 2000	2025 — Choice Level Funded Gold 2000	2026 — Choice Level Funded Gold 2000
Maximum Out of Pocket (MOOP)	$4,000/$8,000	$5,000/$10,000
Primary Care Physician (PCP) Visit	$20	$25
Blue CareOnDemand Visit	$20	$13
Specialist Office Visit	$45	$50
Pharmacy Retail	Tier 1: $15 Tier 2: $15	Tier 1: $18 Tier 2: $18
Pharmacy Mail Order	Tier 1: $30 Tier 2: $30	Tier 1: $36 Tier 2: $36
Choice Level Funded Gold 2503	**2025 — Choice Level Funded Gold 2503**	**2026 — Choice Level Funded Gold 2503**
Maximum Out of Pocket (MOOP)	$3,900/$7,800	$5,000/$10,000
Primary Care Physician (PCP) Visit	$25	$35
Blue CareOnDemand Visit	$25	$18
Specialist Office Visit	$50	$60
Pharmacy Retail	Tier 1: $10 Tier 2: $10 Tier 3: $35	Tier 1: $20 Tier 2: $20 Tier 3: $38
Pharmacy Mail Order	Tier 1: $20 Tier 2: $20 Tier 3: $70	Tier 1: $40 Tier 2: $40 Tier 3: $76
Choice Level Funded Gold 3300 HD	**2025 — Choice Level Funded Gold 3300 HD**	**2026 — Choice Level Funded Gold 3600 HD**
Plan name changes to Choice Level Funded Gold 3600 HD.		
Deductible	$3,300/$6,600	$3,600/$7,200
Maximum Out of Pocket (MOOP)	$3,300/$6,600	$3,600/$7,200

SILVER PLANS

Choice Level Funded Silver 2000	2025 — Choice Level Funded Silver 2000	2026 — Choice Level Funded Silver 2500
Plan name changes to Choice Level Funded Silver 2500.		
Blue CareOnDemand Visit	$35	$23
Deductible	$2,000/$4,000	$2,500/$5,000
Primary Care Physician (PCP) Visit	$35	$45
Specialist Office Visit	$75	$85
Emergency Room Visit	$400 copay, then 50% after deductible	$250 copay, then 50% after deductible
Outpatient Surgery Physician/Surgical Services	50% after deductible	$100 copay, then 50% after deductible
Pharmacy Retail	Tier 1: $20 Tier 2: $20	Tier 1: $25 Tier 2: $25
Pharmacy Mail Order	Tier 1: $40 Tier 2: $40	Tier 1: $50 Tier 2: $50
Choice Level Funded Silver 2850	**2025 — Choice Level Funded Silver 2850**	**2026 — Choice Level Funded Silver 2950**
Plan name changes to Choice Level Funded Silver 2950.		
Deductible	$2,850/$5,700	$2,950/$5,900
Maximum Out of Pocket (MOOP)	$8,000/$16,000	$8,700/$17,400
Blue CareOnDemand Visit	$35	$18
Specialist Office Visit	$65	$70
Emergency Room Visit	$250 copay, then 40% after deductible	$350 copay, then 40% after deductible
Outpatient Surgery Physician/Surgical Services	$250 copay, then 40% after deductible	$350 copay, then 40% after deductible
Pharmacy Retail	Tier 1: $25 Tier 2: $25 Tier 4: $75	Tier 1: $30 Tier 2: $30 Tier 4: $80
Pharmacy Mail Order	Tier 1: $50 Tier 2: $50 Tier 4: $150	Tier 1: $60 Tier 2: $60 Tier 4: $160

Choice Level Funded Silver 3200	2025 — Choice Level Funded Silver 3200	2026 — Choice Level Funded Silver 3500
Plan name changes to Choice Level Funded Silver 3500.		
Deductible	$3,200/$6,400	$3,500/$7,000
Maximum Out of Pocket (MOOP)	$7,500/$15,000	$8,600/$17,200
Primary Care Physician (PCP) Visit	$35	$45
Blue CareOnDemand Visit	$35	$23
Specialist Office Visit	$75	$90
Pharmacy Retail	Tier 1: $20 Tier 2: $20	Tier 1: $35 Tier 2: $35
Pharmacy Mail Order	Tier 1: $40 Tier 2: $40	Tier 1: $70 Tier 2: $70
Choice Level Funded Silver 4300 HD	**2025 — Choice Level Funded Silver 4300 HD**	**2026 — Choice Level Funded Silver 5500 HD**
Plan name changes to Choice Level Funded Silver 5500 HD.		
Deductible	$4,300/$8,600	$5,500/$11,000
Maximum Out of Pocket (MOOP)	$4,300/$8,600	$5,500/$11,000
Choice Level Funded Silver 6900	**2025 — Choice Level Funded Silver 6900**	**2026 — Choice Level Funded Silver 8600**
Plan name changes to Choice Level Funded Silver 8600.		
Deductible	$6,900/$13,800	$8,600/$17,200
Maximum Out of Pocket (MOOP)	$6,900/$13,800	$8,600/$17,200
Specialist Office Visit	$60	$85
Pharmacy Retail	Tier 1: $25 Tier 2: $25 Tier 3: $50 Tier 4: $75 Tiers 5 – 6: $300	Tier 1: $32 Tier 2: $32 Tier 3: Deductible Tier 4: Deductible Tiers 5 – 6: Deductible
Pharmacy Mail Order	Tier 1: $50 Tier 2: $50 Tier 3: $100 Tier 4: $150 Tiers 5 – 6: $600	Tier 1: $64 Tier 2: $64 Tier 3: Deductible Tier 4: Deductible Tiers 5 – 6: Deductible
Choice Level Funded Silver 7100	**2025 — Choice Level Funded Silver 7100**	**2026 — Choice Level Funded Silver 7100**
Maximum Out of Pocket (MOOP)	$8,300/$16,600	$9,000/$18,000
Primary Care Physician (PCP) Visit	$15	$25
Blue CareOnDemand Visit	$15	$13
Specialist Office Visit	$50	$75
Pharmacy Retail	Tier 1: $15 Tier 2: $15	Tier 1: $25 Tier 2: $25
Pharmacy Mail Order	Tier 1: $30 Tier 2: $30	Tier 1: $50 Tier 2: $50

BRONZE PLANS

Choice Level Funded Bronze 6500	2025 — Choice Level Funded Bronze 6500	2026 — Choice Level Funded Bronze 7000
Plan name changes to Choice Level Funded 7000.		
Deductible	$6,500/$13,000	$7,000/$14,000
Maximum Out of Pocket (MOOP)	$8,700/$17,400	$10,200/$20,400
Blue CareOnDemand Visit	$60	$30
Specialist Office Visit	$100	$75
Emergency Room Visit	$150 copay, then 20% after deductible	$300 copay, then 20% after deductible
Inpatient Hospital Services	20% after deductible	$150 copay, then 20% after deductible
Outpatient Surgery Physician/Surgical Services	$150 copay, then 20% after deductible	$225 copay, then 20% after deductible
Pharmacy Retail	Tier 1: $30 Tier 2: $30 Tier 3: $20% after deductible	Tier 1: $10 Tier 2: $10 Tier 3: $25
Pharmacy Mail Order	Tier 1: $60 Tier 2: $60 Tier 3: 20% after deductible	Tier 1: $20 Tier 2: $20 Tier 3: $50
Choice Level Funded Bronze 7000 HD	**2025 — Choice Level Funded Bronze 7000 HD**	**2026 — Choice Level Funded Bronze 8400 HD**
Plan name changes to Choice Level Funded Bronze 8400 HD.		
Deductible	$7,000/$14,000	$8,400/$16,800
Maximum Out of Pocket (MOOP)	$7,000/$14,000	$8,400/$16,800

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