

# Platinum Plan Changes for 2026

Benefit	2025 Platinum Plan Benefit	2026 Platinum Plan New Benefit
Deductible	None In-Network <b>Out of Network</b> \$500 Individual \$1,500 Family	None In-Network <b>Out of Network</b> \$1,000 Individual \$3,000 Family
Maximum Out of Pocket	\$2,000 Individual \$4,000 Two- Person \$6,000 Family <b>Out of Network</b> \$3,000 Individual \$9,000 Family	\$3,000 Individual \$6,000 Two- Person \$9,000 Family <b>Out of Network</b> \$5,000 Individual \$10,000 Family
In Network Inpatient Hospital Copay	\$250	\$350
Skilled Nursing Facility Copay	\$250	\$350
Emergency Room/ Ambulance Copay	\$150	\$250

# Platinum Plan Changes for 2026

Benefit	2025 Platinum Plan Benefit	2026 Platinum Plan New Benefit
Outpatient Diagnostic Lab and X-Ray	\$25	\$30
Advanced Imaging Copay	\$25	\$30
Retail Pharmacy Copays	\$5/35/70	\$10/35/70
Mail Order Pharmacy Copays	\$10/70/140	\$20/70/140