



Choosing Your Health Plan Is Easier than Ever!

Your employer offers multiple health plan options. The **eValue Health Plan Selector** is designed to help you decide which plan is right for you and your family, based on your estimated medical and prescription expenses for the coming year.

With your answers to a few questions, the tool will estimate the out-of-pocket costs you may have with each plan and highlight the plan option that will cost you the least.

* The eValue Health Plan Selector tool uses average usage frequencies for individuals and families based on the size and composition of your family, along with average costs for medical services and prescriptions. You will have the opportunity to modify the expected services and prescriptions to reflect a more exact representation of your actual needs.

Before you begin:

- Review any known medical issues that you or a family member have that would require health care during the year, along with how often you see a doctor or specialist.
- Identify your current or expected tax bracket to more accurately reflect the potential tax savings you can expect.
- Consider how much (subject to IRS limits) you may wish to contribute to your Flexible Spending Account (this can be changed in the calculator at any time).
- If you wish to add your working spouse/domestic partner, who has employer medical coverage available, you may cover them if you enroll in the Enhanced PPO plan.
- If you currently have an HSA account, you will need to obtain your current contribution to determine how much you can contribute for the remainder of the calendar year. HSA contribution limits are calculated on annual basis. Visit <https://healthequity.com> for more information.

I'm Ready to Start

The information contained in this website is a highlight of the benefits offered to you by your employer. The actual plan documents are the governing documents and if any discrepancies are found, the plan documents will govern. Your employer retains the right to amend or terminate its benefits at any time and participation in the plans described does not guarantee your right to any benefits, except as specifically provided in the plans.

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Welcome

STEP: 1 2 3 4 5

This tool will help you:

- Compare your medical plan choices.
- Estimate your out of pocket costs with each plan, based on your anticipated medical services.
- See your estimated tax savings with each plan.

Please provide a few details:

What is your date of birth?

MM/DD/YYYY

What is your location?

(Select) ▾

The following factors may affect your premium:

Do you smoke or utilize smokeless tobacco products?

☐ No ☐ Yes

Have you completed your annual preventive checkup?

☐ No ☐ Yes

If you are married or have a domestic partner, please also answer the following:

Does your spouse/domestic partner smoke or utilize smokeless tobacco products?

☐ No ☐ Yes ☒ N/A

Has your spouse/domestic partner completed his/her annual preventive checkup?

☐ No ☐ Yes ☒ N/A

Does your working spouse/domestic partner have access to coverage through his/her own employer?

☐ No ☐ Yes ☒ N/A

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Estimate Your Needs

STEP: 1 2 3 4 5

1. Who will be enrolled? Team Member + Family

2. Select a scenario:

Your family numbers and the scenario you select here provide a starting point for estimating the type and frequency of healthcare expenses you're likely to have over the year.

- ☐ I (we) only get checkups. Very rarely sick.
- ☒ I (we) visit the doctor a few times per year, but not for chronic or serious conditions.
- ☐ I (we) visit the doctor several times per year for treatment of chronic or serious conditions.
- ☐ I (we) anticipate time in the ER, inpatient treatment, or surgery.

3. Adjust frequency of service as needed:

Your experience may differ from our averages — you may modify the annual frequencies here as needed to align with your own expectations.

| Type of Service | Annual Frequency | Cost of Care |
|-----------------------------|------------------|--------------|
| Preventive Care | | |
| Preventive Care * | 4 | \$600.00 * |
| Clinic & Hospital | | |
| Primary Care | 4 | \$700.00 |
| Specialist | 4 | \$780.00 |
| Urgent Care | 1 | \$500.00 |
| Retail Clinic | 1 | \$500.00 |
| Emergency Room | 0 | \$0.00 |
| Hospital Care | 0 | \$0.00 |
| Mental Health | 0 | \$0.00 |
| Routine Prenatal Care | 0 | \$0.00 |
| Delivery | 0 | \$0.00 |
| Retail Prescriptions | | |
| Generic | 3 | \$90.00 |
| Preferred Brand | 4 | \$480.00 |
| Non-Preferred Brand | 0 | \$0.00 |
| Home Delivery Prescriptions | | |
| Generic | 1 | \$60.00 |
| Preferred Brand | 0 | \$0.00 |
| Non-Preferred Brand | 0 | \$0.00 |
| Speciality Pharmacy | | |
| Generic | 0 | \$0.00 |
| Preferred Brand | 1 | \$375.00 |
| Non-Preferred Brand | 0 | \$0.00 |
| Vision & Dental | | |
| Vision | 3 | \$405.00 |
| Dental | 3 | \$450.00 |
| Total | 29 | \$4,940.00 |

All costs and estimates are based on use of “in network” providers.

* Although costs for preventive services are shown here, these are shown for informational purposes as MOST preventive services are covered at 100% no matter which plan you are in.

This summary reflects the national averages for the types and frequency of medical care received by the typical individual or family based on the scenario you indicated for your situation. Costs for services included in this modeler are developed using averages of charges from providers across the country. Your actual usage and costs may be different and you can customize the frequencies to fit your specific family circumstances.

Review Available Plans

STEP: 1 2 3 4 5

PLAN DESIGNS BELOW ARE IN-NETWORK (OUT OF NETWORK COSTS WILL BE MUCH GREATER.)

| | Enhanced PPO Plan ¹ | Choice HSA Plan ¹ | Basic PPO Plan ¹ |
|---|---|---|---|
| Annual Premium <small>This is the dollar amount deducted pre-tax from your paycheck for your medical coverage.</small> | \$9,361.04 ² | \$5,305.82 ² | \$3,645.46 ² |
| Tobacco Fee (Employee) | \$780.00 | \$780.00 | \$780.00 |
| Tobacco Fee (Spouse / Domestic Partner) | \$780.00 | \$780.00 | \$780.00 |
| Wellness Surcharge (Employee) | \$780.00 | \$780.00 | \$780.00 |
| Wellness Surcharge (Spouse / Domestic Partner) | \$780.00 | \$780.00 | \$780.00 |
| Deductible | \$2,500.00 | \$4,500.00 | \$5,000.00 |
| Out-Of-Pocket Maximum | \$10,000.00 | \$14,500.00 | \$10,600.00 |
| Preventive Care <small>Preventive Care</small> | 100% paid by the plan | 100% paid by the plan | 100% paid by the plan |
| Clinic & Hospital <small>Primary Care</small> | \$30 co-pay | 20% [*] | \$25 co-pay |
| <small>Specialist</small> | \$50 co-pay | 20% [*] | \$50 co-pay |
| <small>Urgent Care</small> | 20% [*] | 20% [*] | \$75 co-pay |
| <small>Retail Clinic</small> | 20% [*] | 20% [*] | \$25 co-pay |
| <small>Emergency Room</small> | \$250 plus 20% after deductible | 20% [*] | 25% [*] |
| <small>Hospital Care</small> | 20% [*] | 20% [*] | 25% [*] |
| <small>Mental Health</small> | \$25 plus 20% after deductible | 20% [*] | \$25 plus 25% after deductible |
| <small>Routine Prenatal Care</small> | 100% paid by the plan | 100% paid by the plan | 100% paid by the plan |
| <small>Delivery</small> | 20% [*] | 20% [*] | 25% [*] |
| Retail Prescriptions <small>Generic ⁴</small> | \$10 co-pay | 20% [*] | \$14 co-pay |
| <small>Preferred Brand ⁴</small> | \$35 co-pay | 20% [*] | 25% [*] (\$50min \$130max) |
| <small>Non-Preferred Brand ⁴</small> | 50% [*] (\$100min \$250max) | 50% [*] (\$100min \$250max) | 50% [*] (\$100min \$250max) |
| Home Delivery Prescriptions <small>Generic ⁵</small> | \$20 co-pay | 20% [*] | \$35 co-pay |
| <small>Preferred Brand ⁵</small> | \$70 co-pay | 20% [*] | \$125 co-pay |
| <small>Non-Preferred Brand ⁵</small> | 50% [*] (\$100min \$250max) | 50% [*] (\$100min \$250max) | 50% [*] (\$100min \$250max) |
| Speciality Pharmacy <small>Generic</small> | \$10 co-pay | 20% [*] (\$200max) | \$14 co-pay |
| <small>Preferred Brand</small> | \$35 co-pay | 20% [*] (\$250max) | 25% [*] (\$50min \$130max) |
| <small>Non-Preferred Brand</small> | 50% [*] (\$350max) | 50% [*] (\$350max) | 50% [*] (\$350max) |
| Out-Of-Pocket Maximum (Pharmacy) | (NA) | (NA) | (NA) |
| Employer's HSA/HRA Contribution | (NA) | \$1,000.00 | (NA) |
| Employee FSA Contribution Limit <small>Total IRS FSA Contribution Limit</small> | \$3,300.00 | \$3,300.00 ⁷ | \$3,300.00 |

* What you Pay after you meet the Deductible

1. The Enhanced PPO plan is the only plan option that allows enrollment of a Spouse/Domestic Partner if they have coverage available from an employer or other source.

2. If you and/or your spouse/domestic partner might be unable to meet a standard for a program that results in a surcharge or fee being added to your health plan premiums, you might qualify for an opportunity to avoid the surcharge or fee by different means. Contact Team Member Services at 555-555-1212 Option 2, and we will work with you to see if there is another alternative.

4. Up to a 30-day supply

5. Two drug copayments for a 90-consecutive-day supply

7. Participants in the Choice HSA Plan are allowed to contribute to a "Limited Purpose" FSA covering only eligible dental and vision expenses.

Determine Tax Savings

STEP: 1 2 3 4 5

You may save on taxes if you contribute to your HSA or FSA account. Select your tax bracket and enter your estimated account contributions below to estimate your Federal Income Tax savings.

Enrollment for FSA and HSA contributions occurs in the fall each year.

My Tax Bracket: 22.0% ▾ If you need assistance determining your tax bracket, click [this link](#) to review IRS guidelines.

| | Enhanced PPO Plan ¹ | Choice HSA Plan ¹ | Basic PPO Plan ¹ |
|--|--------------------------------|------------------------------|-----------------------------|
| Annual Premium | \$12,481.04 ² | \$8,425.82 ² | \$6,765.46 ² |
| <small>Includes applicable surcharges and fees</small> | | | |
| My Annual HSA Contribution | (NA) | \$0.00 | (NA) |
| My Annual FSA Contributions | \$0.00 | \$0.00 | \$0.00 |
| Total | \$12,481.04 | \$8,425.82 | \$6,765.46 |
| Estimated Tax Savings | \$2,745.83 ³ | \$1,853.68 ³ | \$1,488.40 ³ |

Note: Additional tax savings are possible. This estimate does not include FICA tax savings plus most states offer state tax savings.

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3. Under federal tax law, premiums for a domestic partner are taxed differently than for a spouse. If covering your domestic partner, your tax savings may be different than what is shown here.
6. Please Note: Your contribution elections for this enrollment will be for the second half of this calendar year only. The six (6) month period of July 1 – Dec. 31, 2025. Please remember: Your total annual contribution can not be more than the allowable IRS limits. You will need to add your prior contributions to this contribution election to check your totals. Team Members electing to contribute will have an opportunity later this year to make election decisions for the 2026 calendar year.
7. Participants in the Choice HSA Plan are allowed to contribute to a "Limited Purpose" FSA covering only eligible dental and vision expenses.

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Compare Annual Costs

STEP:

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Coverage for: Team Member + Family
Scenario: I (we) visit the doctor a few times per year, but not for chronic or serious conditions.

Estimated Annual Cost



Annual Premium After Tax Reduction

| | | | |
|--|---------------------------|---------------------------|---------------------------|
| Cost of Premium | \$9,361.04 ² | \$5,305.82 ² | \$3,645.46 ² |
| Tobacco Fee (Employee) | \$780.00 | \$780.00 | \$780.00 |
| Tobacco Fee (Spouse / Domestic Partner) | \$780.00 | \$780.00 | \$780.00 |
| Wellness Surcharge (Employee) | \$780.00 | \$780.00 | \$780.00 |
| Wellness Surcharge (Spouse / Domestic Partner) | \$780.00 | \$780.00 | \$780.00 |
| Estimated Tax Savings | (\$2,745.83) ³ | (\$1,853.68) ³ | (\$1,488.40) ³ |
| | \$9,735.21 | \$6,572.14 | \$5,277.06 |

Cost of Your Health Care

(Medical and prescription)
Coverage for: Team Member + Family
Scenario: I (we) visit the doctor a few times per year, but not for chronic or serious conditions.

| | | | |
|-------------|------------|------------|------------|
| Copays | \$545.00 | \$0.00 | \$477.00 |
| Deductible | \$1,000.00 | \$3,485.00 | \$375.00 |
| Coinsurance | \$855.00 | \$855.00 | \$1,055.00 |
| | \$2,400.00 | \$4,340.00 | \$1,907.00 |

Company Contributions

| | | | |
|--|----------------|----------------------------|----------------|
| Employer's HSA/HRA Contribution for Current Year | (NA) \$0.00 | \$1,000.00 (\$1,000.00) | (NA) \$0.00 |
|--|----------------|----------------------------|----------------|

Annual Net Cost

| | | | |
|-----------------------|-------------------------|-------------------------|-------------------------|
| Net Premium | \$9,735.21 | \$6,572.14 | \$5,277.06 |
| When Care is Received | \$2,400.00 | \$3,340.00 | \$1,907.00 |
| | \$12,135.21 | \$9,912.14 | \$7,184.06 |
| | DETAILS | DETAILS | DETAILS |

Account Balances

Coverage for: Team Member + Family
Scenario: I (we) visit the doctor a few times per year, but not for chronic or serious conditions.

Contributions

| | | | |
|--|------------------------|------------------------|------------------------|
| Employer's HSA/HRA Account Contribution | (NA) | \$1,000.00 | (NA) |
| My Annual HSA Contribution | (NA) | \$0.00 | (NA) |
| HSA Carryover Balance from Last Year | (NA) | \$0.00 | (NA) |
| My Annual FSA Contribution | \$0.00 | \$0.00 | \$0.00 |
| FSA Carryover Balance from Last Year | \$0.00 | \$0.00 | \$0.00 |
| The Federal annual contribution max for an HSA is \$8,550. | \$0.00 | \$1,000.00 | \$0.00 |

Funds Used

(Account funds used to pay copays, deductible, and coinsurance.)

| | | | |
|----------------------------|--------|------------|--------|
| HSA/HRA Account Funds Used | (NA) | \$1,000.00 | (NA) |
| FSA Account Funds Used | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$1,000.00 | \$0.00 |

Balance

| | | |
|--------|--------|--------|
| \$0.00 | \$0.00 | \$0.00 |
|--------|--------|--------|

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Enroll Now

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