2026 Medical plan benefit summary

This summary is for quoting purposes only

BCOC HSA 4000

	In-network copay/coinsurance	Out-of-network copay/coinsurance
Calendar year costs		
Deductible per member	$4,000	$10,000
Deductible per family	$8,000	$20,000
Out-of-pocket maximum including deductible per member	$4,000	$20,000
Out-of-pocket maximum including deductible per family	$8,000	$40,000
Care and services		
ACA preventive care visit	$0/visit	Not covered (except for select services)
PCP office visit	0% after deductible	50% after deductible
Specialist visit – in-person and virtual visits	0% after deductible	50% after deductible
CirrusMD virtual visit	$0 after deductible/visit	Not applicable
Other virtual visits	0% after deductible	50% after deductible
Urgent care visit	0% after deductible	50% after deductible
Behavioral health office visit	0% after deductible	50% after deductible
Acupuncture care and spinal manipulations	0% after deductible	50% after deductible
Maternity care		
Prenatal office visits	0%	50% after deductible
Delivery and postnatal services	0% after deductible	50% after deductible
Inpatient hospital/facility services	0% after deductible	50% after deductible
Routine newborn nursery care	0% after deductible	50% after deductible
Hospital inpatient / outpatient services		
Inpatient care	0% after deductible	50% after deductible
Skilled nursing facility care	0% after deductible	50% after deductible
Outpatient hospital / facility	0% after deductible	50% after deductible
Outpatient diagnostic x-ray and lab	0% after deductible	50% after deductible
Advanced imaging (MRI, CT, CAT, PET scans)	0% after deductible	50% after deductible
Emergency room: facility	0% after deductible	0% after deductible
Emergency room: physician, lab and other services	0% after deductible	0% after deductible
Other covered services		
Outpatient rehabilitation	0% after deductible	50% after deductible
Therapeutic injections	0% after deductible	50% after deductible
Durable medical equipment (DME) / prosthetics	0% after deductible	50% after deductible
Ambulance service	0% after deductible	0% after deductible
Home health, hospice, and respite care	0% after deductible	50% after deductible
Prescription Drugs		
Value	0%	0%
Select	0% after deductible	0% after deductible
Preferred	0% after deductible	0% after deductible
Non-Preferred	0% after deductible	0% after deductible
Specialty	0% after deductible	Not covered

Limits and exclusions apply. This is a summary of the medical benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.

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