

COBRA PARTICIPANTS BENEFITS UPDATE

NOVEMBER 2025



PPO HEALTH PLAN

For 2026, you will have a choice of two plans. This communication describes the PPO plan for your consideration – the PPO Plan. The other plan, the High Deductible Health Plan, is described in a separate document on the bestcare.org/COBRA website.

The chart on page 2 provides a summary of the PPO Plan option.

PPO PLAN

The monthly premiums effective January 1, 2026 are:

Coverage Type	Cost of Coverage
Employee	\$ 807.84
Employee + Spouse	\$ 1,736.04
Employee + Child	\$ 1,542.24
Employee + Children	\$ 1,542.24
Family	\$ 2,627.52

The premiums for the High Deductible Health Plan are listed in the communication for that plan.

IN-NETWORK BENEFITS ⁼	PPO PLAN		
COVERAGE TIER	TIER 1	TIER 2	TIER 3
CALENDAR YEAR DEDUCTIBLE*			
Employee Only	\$1,200	\$2,000	\$3,600
Employee + 1	\$2,400	\$4,000	\$6,000
Family	\$3,600	\$4,000	\$9,000
OUT-OF-POCKET LIMIT*			
Employee Only	\$4,800	\$4,800	\$7,000
Employee + 1	\$7,800	\$7,800	\$10,000
Family	\$10,800	\$10,800	\$14,000
PHYSICIAN SERVICES			
Preventive Care Visit	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%
Primary Care Physician Visit	\$25 Copay	\$35 Copay	60% after Ded.
Specialist Visit	\$50 Copay	\$70 Copay	60% after Ded.
Pathology	Included in Copay	Included in Copay	60% after Ded.
All Other	10% after Ded.	20% after Ded.	60% after Ded.
TELEHEALTH SERVICES			
Teladoc & MPC Providers Only	\$15 copay	----	----
HOSPITAL & OTHER FACILITIES			
Emergency Department	\$300 Copay then 10% after Ded.	\$350 Copay then 20% after Ded.	\$350 Copay then 20% after Ded.
All Other Hospital & Facility	10% after Ded.	20% after Ded.	60% after Ded.
MENTAL HEALTH CARE			
Office Visit/Med Check/Therapy	\$25 Copay	\$25 Copay	60% after Ded.
Virtual Visits	\$15 Copay	\$15 Copay	60% after Ded.
Inpatient & All Other Outpatient	10% after Ded.	20% after Ded.	60% after Ded.
ALL OTHER SERVICES	10% after Ded.	20% after Ded.	60% after Ded.

IN-NETWORK BENEFITS	PPO PLAN	
COVERAGE TIER	RETAIL^o	MAIL ORDER
PRESCRIPTION DRUGS*		
Generic Brand	35%; \$15 min, \$115 max	35%; \$30 min, \$230 max
Formulary Name Brand	35%; \$40 min, \$120 max	35%; \$70 min, \$230 max
Non-Formulary Name Brand	50%; \$60 min, \$150 max	50%; \$120 min, \$250 max
Specialty Mail Order 30-Day Supply	----	35%; \$100 min, \$200 max

⁼ Non-network benefits: No coverage except Medical Emergency, covered at Tier 2.

* Deductible and Out-of-Pocket Limit expenses cross accumulate for Tier I and Tier II only. For the PPO plan, medical copays and prescription drug co-insurance do not apply toward the Calendar Year Deductible but do apply toward the Out-of-Pocket limit. For the High-Deductible Health Plan (HDHP), prescription drug co-insurance applies toward the Deductible and Out-of-Pocket limit for Tier 1 and Tier 2 only. For the HDHP, prescription drug costs do not apply to Tier 3 Deductible and Out-of-Pocket limit.

Please review the Comparison Chart for Health Plan Options online under the Health Care Plan heading. The chart shows how various services are covered by both health plan options offered in 2026.

This is a brief summary of the Methodist Health System Employee Health Care Plan options. It does not describe every situation and is not intended to replace the plan document. If there is any conflict between this summary and the plan document, the plan document will govern the resolution.

PPO HEALTH NETWORK

Tier 1: Methodist Health System Facilities, Midwest Surgical Hospital and Methodist Provider Hospital Organization (PHO)

Tier 2: Nebraska Medicine, Nebraska Health Partners, Children’s Hospital and Medical Center, Bryan Health, and Boys Town Hospital

Tier 3: United Healthcare Choice Plus

www.umar.com | Click *Find a Provider* and type *Nebraska Methodist* into the search bar.

Telehealth Services Website: www.Teladoc.com

PRESCRIPTION DRUG COVERAGE

Optum Rx is the Pharmacy Benefit Manager for the health plans. You can choose either the Mail Service or the retail pharmacy. Optum Rx has an extensive, nationwide network of over 61,000 retail pharmacy providers. Check with your local pharmacy to see if they participate in the Optum Rx pharmacy network.

FORMULARY DRUGS, PRIOR AUTHORIZATIONS AND QUANTITY LIMITS

Formulary drugs are brand name drugs that are on a preferred list – and are less expensive than non-formulary drugs – brand name drugs that are not on the preferred list. Contact Optum Rx at 1-800-826-9781 for information regarding formulary drugs on the Premium PDL formulary.

Some prescriptions require a **Prior Authorization**. A prior authorization is like utilization management on prescription drugs. The Optum Rx pharmacist works with the prescribing physician to understand the medical diagnosis and the best medication based on their combined clinical judgment, current medical literature, and the drug manufacturers' use guidelines.

Please Note: If you or a dependent under the plan are taking a prescription that requires prior authorization, this process will need to be repeated upon renewals.

Quantity Limits are another form of utilization and quality management. Certain drugs have limits on the number of pills/units dispensed over a specific period of time. These limits are generally set by the drug manufacturer and the U.S. Drug Administration.

For more information on the Prior Authorization process or Quantity Limits, contact Optum Rx at 1-800-826-9781.

Health Care Plan Enrollment

Default Elections

If you do not complete an election form and you continue to make premium payments, effective January 1, 2026, your current Health Care Coverage will continue.

Changes in Covered Family Members

If you have any changes to your family members covered on the Plan, you will need to complete an enrollment form.

Changes in Health Care Plan Option

If you choose to enroll in a different plan option, you must complete the enrollment form.

Health Care Plan Questions

For questions about the health care plans and coverage for each option, call UMR at 800-207-1824.

Enrollment Forms are due back to UMR by December 8, 2025