2026 Medical / Rx Plan Comparisons

Future Standard

Scenario 1: Family Coverage (Moderate use / generic meds)

- 5 Sick Visits to PCP
- 1 Urgent Care Visit
- 3 Telemedicine Appointments
- 2 Generic Medications (Anxiety & Statin for Cholesterol)

HDHP Plan	
Monthly Premium Contribution:	$440.00
Total Annual Payroll Deduction:	$5,280.00
Sick Visits	$500.00
Urgent Care Visit	$200.00
Telemedicine Visits	$180.00
Generic Anxiety Medication	$180.00
Generic Cholesterol Medication	$120.00
Total Medical Bills:	**$1,180.00**
Future Standard HSA Contribution:	$1,200.00
Net Medical Bills:	**$0.00**
Total Cost (annual premium + medical bills):	**$5,280.00**

Lowest Net Cost

Copay Plan (NEW for 2026)	
Monthly Premium Contribution:	$520.00
Total Annual Payroll Deduction:	$6,240.00
Sick Visits	$125.00
Urgent Care Visit	$50.00
Telemedicine Visits	$30.00
Generic Anxiety Medication	$120.00
Generic Cholesterol Medication	$120.00
Total Medical Bills:	**$425.00**
Total Cost (premium + medical bills):	**$6,665.00**

$0 Deductible Plan (NEW for 2026)	
Monthly Premium Contribution:	$1,100.00
Total Annual Payroll Deduction:	$13,200.00
Sick Visits	$0.00
Urgent Care Visit	$0.00
Telemedicine Visit	$0.00
Generic Anxiety Medication	$0.00
Generic Cholesterol Medication	$0.00
Total Medical Bills:	**$0.00**
Total Cost (premium + medical bills):	**$13,200.00**

Note: The above example is for someone with Family Coverage. Costs will be different if selecting different coverage tier.

Scenarios 1-3 shown assume utilization from In-Network providers contracted with Blue Cross and/or Blue Shield. All deductible services are estimates based on regional averages for allowable medical charge. Costs will vary based on provider and scope of medical care provided. Future Standard reserves the right to modify, suspend, amend or terminate any plan, in whole or in part at any time. While every effort was taken to accurately share the premium contributions, out-of-pocket limits, and member cost-sharing, errors are possible and each individual's situation and medical expenses are unique. Additionally, expenses for medical services not covered by our plan do not count towards the Out-of-Pocket maximum.

2026 Medical / Rx Plan Comparisons

Future Standard

Scenario 2: Family Coverage (Moderate use / expensive meds)

- 3 Sick Visits to PCP
- 1 ER Visit
- 2 Urgent Care Visits
- 1 Telemedicine Appointment
- 1 Brand Name Medicine (Asthma Inhaler)

HDHP Plan	
Monthly Premium Contribution:	$440.00
Total Annual Payroll Deduction:	$5,280.00
Sick Visits	$300.00
ER Visit	$1,000.00
Urgent Care Visits	$400.00
Telemedicine Visit	$60.00
Asthma Inhaler	$3,260.00
Total Medical Bills:	**$5,020.00**
Future Standard HSA Contribution	$1,200.00
Net Medical Bills:	**$3,820.00**
Total Cost (premium + medical bills):	**$9,100.00**

Copay Plan (NEW for 2026)	
Monthly Premium Contribution:	$520.00
Total Annual Payroll Deduction:	$6,240.00
Sick Visits	$75.00
ER Visit	$250.00
Urgent Care Visits	$100.00
Telemedicine Visit	$10.00
Asthma Inhaler	$120.00
Total Medical Bills:	**$555.00**
Total Cost (premium + medical bills):	**$6,795.00**

$0 Deductible Plan (NEW for 2026)	
Monthly Premium Contribution:	$1,100.00
Total Annual Payroll Deduction:	$13,200.00
Sick Visits	$0.00
ER Visit	$0.00
Urgent Care Visits	$0.00
Telemedicine Visit	$0.00
Asthma Inhaler	$0.00
Total Medical Bills:	**$0.00**
Total Cost (premium + medical bills):	**$13,200.00**

Lowest Net Cost

Note: The above example is for someone with Family Coverage. Costs will be different if selecting different coverage tier.

Scenarios 1-3 shown assume utilization from In-Network providers contracted with Blue Cross and/or Blue Shield. All deductible services are estimates based on regional averages for allowable medical charge. Costs will vary based on provider and scope of medical care provided. Future Standard reserves the right to modify, suspend, amend or terminate any plan, in whole or in part at any time. While every effort was taken to accurately share the premium contributions, out-of-pocket limits, and member cost-sharing, errors are possible and each individual's situation and medical expenses are unique. Additionally, expenses for medical services not covered by our plan do not count towards the Out-of-Pocket maximum.

2026 Medical / Rx Plan Comparisons

Future Standard

Scenario 3: Family Coverage (High use)

- 1 ER Visit
- 1 MRI (Knee)
- 1 Surgery (Knee)
- 10 Physical Therapy Sessions

HDHP Plan	
Monthly Premium Contribution:	$440.00
Total Annual Payroll Deduction:	$5,280.00
ER Visit	$1,200.00
MRI on Knee	$1,600.00
Knee Surgery	$2,200.00
Physical Therapy	$0.00
Total Medical Bills:	**$5,000.00**
Future Standard HSA Contribution:	$1,200.00
Net Medical Bills:	**$3,800.00**
Total Cost (premium + medical bills):	**$9,080.00**

Lowest Net Cost

Copay Plan (NEW for 2026)	
Monthly Premium Contribution:	$520.00
Total Annual Payroll Deduction:	$6,240.00
ER Visit	$250.00
MRI on Knee	$150.00
Knee Surgery	$3,400.00
Physical Therapy	$450.00
Total Medical Bills:	**$4,250.00**
Total Cost (premium + medical bills):	**$10,490.00**

$0 Deductible Plan (NEW for 2026)	
Monthly Premium Contribution:	$1,100.00
Total Annual Payroll Deduction:	$13,200.00
ER Visit	$0.00
MRI on Knee	$0.00
Knee Surgery	$0.00
Physical Therapy	$0.00
Total Medical Bills:	**$0.00**
Total Cost (premium + medical bills):	**$13,200.00**

Note: The above example is for someone with Family Coverage. Costs will be different if selecting different coverage tier.

Scenarios 1-3 shown assume utilization from In-Network providers contracted with Blue Cross and/or Blue Shield. All deductible services are estimates based on regional averages for allowable medical charge. Costs will vary based on provider and scope of medical care provided. Future Standard reserves the right to modify, suspend, amend or terminate any plan, in whole or in part at any time. While every effort was taken to accurately share the premium contributions, out-of-pocket limits, and member cost-sharing, errors are possible and each individual's situation and medical expenses are unique. Additionally, expenses for medical services not covered by our plan do not count towards the Out-of-Pocket maximum.

2026 Medical / Rx Plan Comparisons

Scenario 4: Family Coverage (High Rx use / Out-of-Network)

- 1 MRI (Knee)
- 1 Surgery (Knee)
- 10 Physical Therapy Sessions (Out-of-Network)
- Bi-Weekly Psychology Visits (Out-of-Network)
- 3 Brand Name Medications (Treating Asthma, Anxiety, Diabetes)

Future Standard

HDHP Plan	
Monthly Premium Contribution:	$440.00
Total Annual Payroll Deduction:	$5,280.00
MRI on Knee	$1,600.00
Knee Surgery	$3,400.00
Physical Therapy (OON* deductible) ($100 Allowable amount x 10 visits)	$1,000.00
Psychology Visits (OON* deductible) ($150 Allowable amount x 26 visits)	$3,900.00
3 Brand Medications (copays after deductible) (3 Meds x $60 copay x 12 fills)	$2,160.00
Total Medical Bills:	**$12,060.00**
Future Standard HSA Contribution:	$1,200.00
Net Medical Bills:	**$10,860.00**
Total Cost (premium + medical bills):	**$16,140.00**

Copay Plan (NEW for 2026)	
Monthly Premium Contribution:	$520.00
Total Annual Payroll Deduction:	$6,240.00
MRI on Knee	$150.00
Knee Surgery	$3,400.00
Physical Therapy (OON* deductible) ($100 Allowable amount x 10 visits)	$1,000.00
Psychology Visits (OON* deductible) ($150 Allowable amount x 26 visits)	$3,900.00
3 Brand Medications (copays after deductible) (3 Meds x $60 copay x 12 fills)	$2,160.00
Total Medical Bills:	**$10,610.00**
Total Cost (premium + medical bills):	**$16,850.00**

$0 Deductible Plan (NEW for 2026)	
Monthly Premium Contribution:	$1,100.00
Total Annual Payroll Deduction:	$13,200.00
MRI on Knee	$0.00
Knee Surgery	$0.00
Physical Therapy (OON*)	$0.00
Psychology Visits (OON*)	$0.00
3 Brand Medications	$0.00
Total Medical Bills:**	**$0.00**
Total Cost (premium + medical bills):	**$13,200.00**

Lowest Net Cost

*OON = Out-of-Network

**Does not include any billed amounts above allowable amount

Note: The above example is for someone with Family Coverage. Costs will be different if selecting different coverage tier.

Scenarios 1-3 shown assume utilization from In-Network providers contracted with Blue Cross and/or Blue Shield. All deductible services are estimates based on regional averages for allowable medical charge. Costs will vary based on provider and scope of medical care provided. Future Standard reserves the right to modify, suspend, amend or terminate any plan, in whole or in part at any time. While every effort was taken to accurately share the premium contributions, out-of-pocket limits, and member cost-sharing, errors are possible and each individual's situation and medical expenses are unique. Additionally, expenses for medical services not covered by our plan do not count towards the Out-of-Pocket maximum.