



Medical Benefits and Rates 2026

	EPO Plans In-Network Only No PCP ³ Required		HMO Style Plans In-Network Only PCP ³ Required		PPO Plans In-and-Out of Network Coverage No PCP ³ Required		
	Local+ IN 7500	Open Access+IN 7500	Local+ IN 3000	Open Access+IN 3000	Open Access+ 5000 HDHP	Open Access+ 4000	Open Access+ 1000
	Same Plan, Different Regions		Same Plan, Different Regions				
Plan Availability by Region (also refer to map) ¹							
Region 1A (in Local+ ZIP Codes) ²	✓	✓	✓	✓	✓	✓	✓
Region 1B		✓		✓	✓	✓	✓
Region 2		✓		✓	✓	✓	✓
Region 3					✓	✓	✓
Calendar Year Deductible (The amount you pay for covered healthcare services before your benefit plan coverage begins. Not all services are subject to the deductible.)							
In Network Deductible (Single)	\$7,500		\$3,000		\$5,000	\$4,000	\$1,000
In Network Deductible (2 Or More)	\$15,000		\$6,000		\$10,000	\$8,000	\$2,000
Outpatient (Employee Pays)							
Preventive Benefits	No Copay		No Copay		No Copay	No Copay	No Copay
Office Visits	\$25		\$30		20%*	\$30	\$30
Specialist Visits	\$50		\$50		20%*	\$60	\$50
Urgent Care Facility	\$100		\$50		20%*	\$50	\$50
Emergency Room Facility	30%*		\$200		20%*	\$500	\$250
Other Services (Employee Pays)							
Coinsurance	30%*		30%*		20%*	20%*	10%*
Hospital Inpatient Care	30%*		30%*		20%*	20%*	\$500 copay, then 10%*
Annual Maximum Out-of-Pocket (single, in-network)	\$9,200		\$6,000		\$8,500	\$9,200	\$6,000
Annual Maximum Out-of-Pocket (2 or more, in-network)	\$18,400		\$12,000		\$17,000	\$18,400	\$12,000
Pharmacy (Employee Pays)							
Deductible	Combined with Med		\$0		Combined with Med	\$0	\$0
Tier 1	\$10		\$15		\$20*	\$20	\$20
Tier 2	40%* max \$250		\$40		\$40*	\$40	\$40
Tier 3	50%* max \$250		30% max \$100		30%* max \$250	30% max \$250	30% max \$250

[Home Delivery Pharmacy](#) and [Cigna 90 Now at CVS](#) benefits available with all EP Cares plans for many common recurring medications.

* after deductible

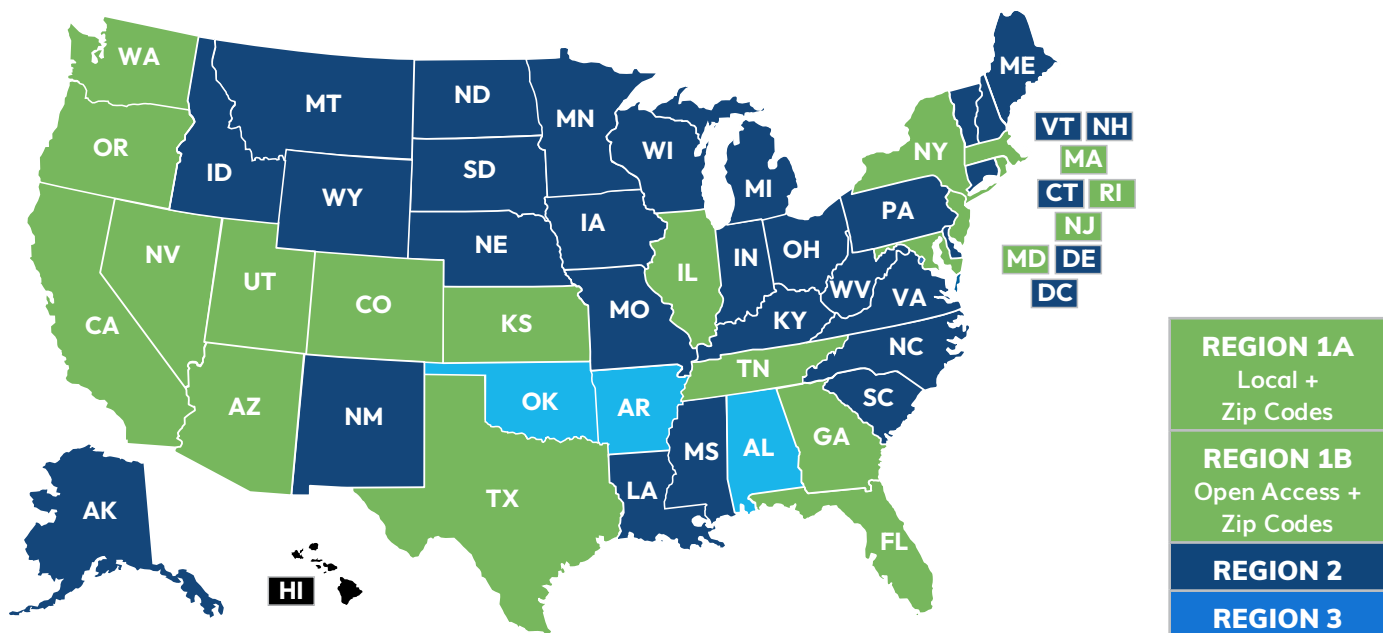
	Local+ IN 7500	Open Access+ IN 7500	Local+ IN 3000	Open Access+ IN 3000	Open Access+ 5000 HDHP	Open Access+ 4000	Open Access+ 1000
Total Monthly Premium (before Employer Subsidy is applied)							
Employee Only							
Employee + Spouse	To see rates, please log in to www.mypc cares.com or contact myepcares@ep.com for assistance.						
Employee + Child(ren)							
Employee + Family							

^{1, 2, 3} See following page for footnotes.

Medical Plan Comparison Grid 2026

	EPO Plans In-Network Only No PCP ³ Required		HMO Style Plans In-Network Only PCP ³ Required		PPO Plans In-and-Out of Network Coverage No PCP ³ Required		
	Local+ IN 7500	Open Access+ IN 7500	Local+ IN 3000	Open Access+ IN 3000	Open Access+ 5000 HDHP	Open Access+ 4000	Open Access+ 1000
	Same Plan, Different Regions		Same Plan, Different Regions				
Cigna Provider Network							
Open Access +, Open Access+ IN		✓		✓	✓	✓	✓
Local + IN	✓		✓				

Services and Benefits							
Preventive Care Visits Free ⁴	✓	✓	✓	✓	✓	✓	✓
Telemedicine Benefits Available	✓	✓	✓	✓	✓	✓	✓
TalkSpace Available	✓	✓	✓	✓	✓	✓	✓
Health Savings Account ("HSA") Compatible					✓		
Infertility Benefits Available	✓	✓	✓	✓	✓	✓	✓
You can see a specialist without a referral	✓	✓	✓	✓	✓	✓	✓



Need Help?

Phone: 855.339.7350

Email: myepcares@ep.com | Web: ep.com/epc

Pro Tip:

Log in to www.myepcares.com. The exact plans and networks available to you will be visible in the medical plan selection area.

¹ EP Cares is unavailable in HI, GU and PR.

² Where available, the lowest cost plan for residents of Region 1 is the Local+ IN 7500 plan. Where the Local+ IN plan is unavailable, the lowest cost plan for Region 1 is the Open Access+ IN 7500 plan.

³ PCP = Primary Care Physician. The HMO Style plans require a PCP who will refer you to specialists within the network.

⁴ Preventive Care Visits with an in-network provider are covered at 100% if you follow the preventive care guidelines. See plan documents for details.



Dental Benefits and Rates 2026

Through EP Cares™, your Employer is offering a choice of two dental plans: a Cigna Dental DHMO and a Cigna Dental PPO.

[Click here](#) to find a dentist.

Dental Benefit Summaries are available for review at ep.com/epc.

	Dental HMO	Dental PPO		
		Total Cigna DPPO Network		Out-of-Network
Network Options	Cigna Dental HMO	Cigna DPPO Advantage	Cigna DPPO	See Non-Network Reimbursement
Reimbursement Levels	Fee Schedule	Fee Schedule	Discount on Fees	Maximum Reimbursable Charge
Orthodontics	Some Coverage	No	No	No
Must select in-network dentist?	Yes	No. PPO plan allows out-of-network coverage at a lower reimbursement rate.		
Calendar Year Benefits Maximum	N/A	\$2,000	\$1,500	\$1,500
ID Cards Issued	Yes	No. Your provider will use your SSN to confirm enrollment.		

Dental Plan Rates*

Employee	
Employee + Spouse	To see rates, please log in to www.myepcares.com or contact myepcares@ep.com for assistance
Employee + Child(ren)	
Family	

* Figures represent full monthly premiums without Employer subsidy applied.

Vision Benefits and Rates 2026

[Cigna's Vision Plan](#) through EyeMed allows you to seek care or services from either a vision contracted network provider or a non-contracted provider and still receive a benefit. Seeing a contracted provider typically results in a lower out-of-pocket expense to you.

There are over 169,000 providers in the Eye Med Network, with 35,000+ full service locations.



Vision Plan Rates*

To see rates, please log in to www.myepcares.com or contact myepcares@ep.com for assistance

Generally, you can get a routine eye exam and an eyeglass lens allowance every 12 months. You can opt for contact lens allowance in lieu of eyeglass lenses and frames. The vision plan covers an eyeglass frame retail allowance every 24 months. See plan summary for more information.

Vision Benefit Summaries are available for review at ep.com/epc.

* Figures represent full monthly premiums without Employer subsidy applied.