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Medical Benefits and Rates 2027

	EPO Plans In-Network Only No PCP[3] Required		PPO Plans In-and-Out of Network Coverage No PCP[3] Required	
	Local+ IN 7500	Open Access+ IN 7500	Open Access+ 5000 HDHP	Open Access+ 3000
	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		$5,000	$3,000
In Network Deductible (2 Or More)	$15,000		$10,000	$6,000
Outpatient (Employee Pays)				
Preventive Benefits	No Copay		No Copay	No Copay
Office Visits	$25		20%*	$30
Specialist Visits	$50		20%*	$60
Urgent Care Facility	$100		20%*	$50
Emergency Room Facility	30%*		20%*	$500
Other Services (Employee Pays)				
Coinsurance	30%*		20%*	20%*
Hospital Inpatient Care	30%*		20%*	20%*
Annual Maximum Out-of-Pocket (single, in-network)	$9,200		$8,500	$9,200
Annual Maximum Out-of-Pocket (2 or more, in-network)	$18,400		$17,000	$18,400
Pharmacy (Employee Pays)				
Deductible	Combined with Med		Combined with Med	N / A
Tier 1	$10		$20*	$20
Tier 2	40%* max $250		$40*	$40
Tier 3	50%* max $250		30%* max $250	30% max $250

This brief summary only displays in-network benefits. Click on the plan name for more information, including out-of-network benefits for the PPO plans.

Emergency Services: Out of Network services are paid at the in-network cost share and deductible. See plan documents for details.

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

Figures represent full monthly premiums without Employer subsidy applied.

[1, 2, 3] See following page for footnotes.

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Medical Plan Comparison Grid 2027

	EPO Plans In-Network Only No PCP[3] Required		PPO Plans In-and-Out of Network Coverage No PCP[3] Required	
	Local+ IN 7500	Open Access+ IN 7500	Open Access+ 5000 HDHP	Open Access+ 3000
	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	✓	✓	✓	✓

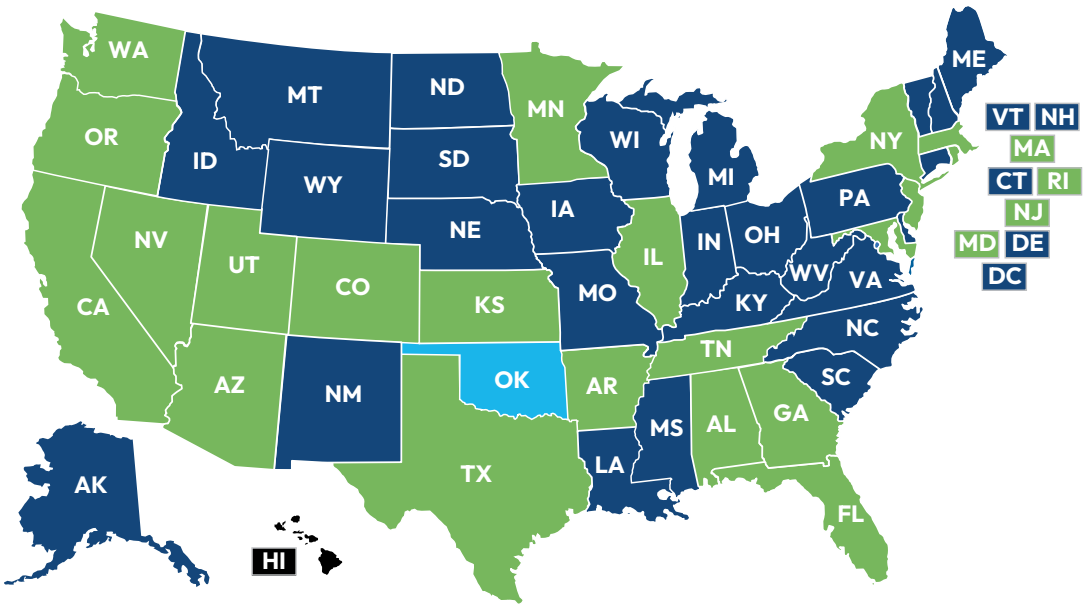
REGION 1A
Local + Zip Codes

REGION 1B
Open Access + Zip Codes

REGION 2

REGION 3

Log in to www.myepcares.com for specific plans and networks available in the medical plan selection area.



Need Help?

Phone: 855.339.7350 | Email: myepcares@ep.com | Web: ep.com/epc

[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.
[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.

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Dental Benefits and Rates 2027

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

* Figures represent full monthly premiums without Employer subsidy applied.

Vision Benefits and Rates 2027

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 EyeMed Network, with 35,000+ full service locations.

COSTCO OPTICAL · For Eyes · INDEPENDENT PROVIDER NETWORK · LensCrafters · PEARLE VISION · sam's club · OPTICAL · Walmart Vision Center

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.