ONE HEALTHCARE SYSTEM

Plan Summaries Oct 2026-2027

Please click on the plan name to refer to the Summary of Benefits & Coverage

Final rates based on underwriting - Table 4 illustrated

Plan Benefits	1000 Classic	3500 Classic	7350 Value
Individual Deductible	$1,000 IN / $2,000 OUT	$3,500 IN / $7,000 OUT	$7,350 IN / $14,700 OUT
Family Deductible	$2,000 IN / $4,000 OUT	$7,000 IN / $14,000 OUT	$14,700 IN / $29,400 OUT
Individual Max Out of Pocket	$5,000 IN / $10,000 OUT	$7,350 IN / $14,700 OUT	$7,350 IN / $14,700 OUT
Family Max Out of Pocket	$10,000 IN / $20,000 OUT	$14,700 IN / $29,400 OUT	$14,700 IN / $29,400 OUT
Preventive Care	100%, Deductible Waived	100%, Deductible Waived	100%, Deductible Waived
Lifetime Maximum	No Maximum	No Maximum	No Maximum
Chiropractic Care Copay	$20 Copay	$20 Copay	$20 Copay
Primary Care Visit Copay	$20 Copay	$45 Copay	$50 Copay
Specialist Care Visit Copay	$40 Copay	$90 Copay	$100 Copay
Non Network Primary & Specialist	Plan pays 60% after out of network deductible	Plan pays 60% after out of network deductible	Plan pays 60% after out of network deductible
Telemedicine	Coverage through Frontier at $0 Copay	Coverage through Frontier at $0 Copay	Coverage through Swift MD at $0 Copay
Laboratory & Diagnostic Services			
Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Professional Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Radiology Services			
Facility (CT/PET/MRI/MRA/SPECT)	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Professional Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Facility & Professional Services			
Emergency Room - Professional Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Emergency Room - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Inpatient Hospital - Physician Fees	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Inpatient - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Outpatient - Physician	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Outpatient Hospital - Facility	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Urgent Care Copay	$40 Copay	$90 Copay	$100 Copay
Prescription Drug Benefit			
Generic	Retail: $15 Copay	Retail: $15 Copay	Retail: $15 Copay
Preferred Brand	Retail: $45 Copay	Retail: $65 Copay	Retail: $65 Copay
Non-Preferred Brand	Retail: $85 Copay	Retail: $100 Copay	Retail: $100 Copay
Specialty	50% Coinsurance	50% Coinsurance	50% Coinsurance
Employee Only	$946.01	$774.52	$627.69
Employee + Spouse	$1,854.45	$1,516.08	$1,226.37
Employee + Child(ren)	$1,672.77	$1,367.77	$1,106.63
Family	$2,762.91	$2,257.65	$1,825.06

ONE HEALTHCARE SYSTEM

Plan Summaries Oct 2026-2027

Please click on the plan name to refer to the Summary of Benefits & Coverage

Final rates based on underwriting - Table 4 illustrated

Plan Benefits	5000 HSA
Individual Deductible	$5,000 IN / $10,000 OUT
Family Deductible	$10,000 IN / $20,000 OUT
Individual Max Out of Pocket	$6,550 IN / $13,100 OUT
Family Max Out of Pocket	$13,100 IN / $26,200 OUT
Preventive Care	100%, Deductible Waived
Lifetime Maximum	No Maximum
Chiropractic Care Copay	Plan pays 80% * (After Deductible)
Primary Care Visit Copay	Plan pays 80% * (After Deductible)
Specialist Care Visit Copay	Plan pays 80% * (After Deductible)
Non Network Primary & Specialist	Plan pays 60% after out of network deductible
Telemedicine	Coverage through Swift MD at $0 Copay
Laboratory & Diagnostic Services	
Facility	Plan pays 80% * (After Deductible)
Professional Fees	Plan pays 80% * (After Deductible)
Radiology Services	
Facility (CT/PET/MRI/MRA/SPECT)	Plan pays 80% * (After Deductible)
Professional Fees	Plan pays 80% * (After Deductible)
Facility & Professional Services	
Emergency Room - Professional Fee	Plan pays 80% * (After Deductible)
Emergency Room - Facility	Plan pays 80% * (After Deductible)
Inpatient Hospital - Physician Fees	Plan pays 80% * (After Deductible)
Inpatient - Facility	Plan pays 80% * (After Deductible)
Outpatient - Physician	Plan pays 80% * (After Deductible)
Outpatient Hospital - Facility	Plan pays 80% * (After Deductible)
Urgent Care Copay	Plan pays 80% * (After Deductible)
Prescription Drug Benefit	
Generic	Ded/Coin then $15 Copay
Preferred Brand	Ded/Coin then $65 Copay
Non-Preferred Brand	Ded/Coin then $100 Copay
Specialty	50% Coinsurance after Deductible
Employee Only	$658.45
Employee + Spouse	$1,287.06
Employee + Child(ren)	$1,161.34
Family	$1,915.69

- Six Standard Copay Plans and 2 HDHP/HSA Plans
- CIGNA PPO Network
- Care Advocacy, Telemed and High Cost Rx Management

Additional Plans Available:

PPO 3500 HDHP/HSA

PPO 1500

PPO 2500

PPO 5000

LLC/LLP Health Plan

The ability to join a bona-fide LLC/LLP model will allow 1099 Independent Contractors the benefits and rates of a larger group and utilize economy of scale to leverage lower rates

Prescription Savings

TRIAD maximizes the options that are available for specialty medications to reduce the liability to the member and plan

Simplicity is KEY

Easy underwriting, simplified rating structure, easy to understand plan designs are all hallmarks of the TRIAD Benefits Health Plan

See carrier proposal for full rate breakdown and contingencies.
Final rates will be based on final enrollment, any updated or additional health applications, employer disclosures or additional claims data.

This is for general comparison purposes only and is not a legal documents. Please refer to the Summary of Benefit Coverage and Summary Plan Document for all legal descriptions. All Benefits are subject to plan allowables and out of pocket maximums.

**** Once the client pays the Calendar Year Out of Pocket Maximum, the plan will pay 100%***