

2026 Medical Plan Comparisons

ADVANTAGE HSA

PROTECT PPO

ESSENTIAL PPO

DEDUCTIBLE

In Network (Single/Family)	\$1,700 / \$3,400	\$3,500 / \$7,000	\$5,000 / \$10,000
Out of Network (Single/Family)	\$3,400 / \$6,800	\$7,000 / \$14,000	\$10,000 / \$20,000

OUT OF POCKET MAX

In Network (Single/Family)	\$6,000 / \$12,000	\$8,500 / \$17,000	\$10,600/\$21,200
Out of Network (Single/Family)	\$12,000/\$24,000	\$17,000/\$34,000	\$21,200/\$42,400

GENESCO HSA MATCH

Single/Family	Up to \$500 / \$1,000	N/A - No HSA Account	N/A - No HSA Account
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MEDICAL SERVICES

Preventative Care	Fully Covered	Fully Covered	Fully Covered
Telemedicine	\$10 Copay	\$10 Copay	\$10 Copay
PCP/Specialist Visit	15% After Deductible	\$20 / \$40 Copay	\$30 / \$50 Copay
Urgent Care Center	15% After Deductible	\$20 Copay	\$30 Copay
Emergency Room	15% After Deductible	20% After Deductible	30% After Deductible
Inpatient Hospital	15% After Deductible	20% After Deductible	30% After Deductible
Out of Network Services	40% After Deductible	50% After Deductible	50% After Deductible

PHARMACY SERVICES

Generic (Retail/ Mail)	15% After Deductible	\$15 / \$30 Copay	\$15 / \$30 Copay
Brand Pref (Retail / Mail)	15% After Deductible	20% (\$150 / \$300 Max)	30% (\$150 / \$300 Max)
Brand Non (Retail / Mail)	15% After Deductible	30% (\$200 / \$400 Max)	40% (\$200 / \$400 Max)
Specialty	15% After Deductible	20%, No Deductible	30%, No Deductible