



# Comparing Your 2026 Medical Plan Options

	Cigna Smart Plan With HSA	Cigna Core Plan	Kaiser Smart Plan With HSA (CA, CO, & GA)	Kaiser HMO (CA, CO, & GA)	SimplePay Health
<b>Your Contributions (24 pay periods)</b>					
EE Only	\$37.50	\$87.50	\$37.50	\$87.50	\$37.50
EE + Spouse / Domestic Partner	\$112.50	\$205.00	\$112.50	\$205.00	\$112.50
EE + Child(ren)	\$105.00	\$170.00	\$105.00	\$170.00	\$105.00
EE + Family	\$150.00	\$375.00	\$150.00	\$375.00	\$150.00
<b>Workday Annual Funding of HSA<sup>1</sup></b>	<ul style="list-style-type: none"><li>• \$1,000 Employee Only</li><li>• \$2,000 Employee + Dependent(s)</li></ul>	N/A	<ul style="list-style-type: none"><li>• \$1,000 Employee Only</li><li>• \$2,000 Employee + Dependent(s)</li></ul>	N/A	N/A
<b>Provider Choice</b>	You can go to any provider you like; however, you will benefit from negotiated rates and higher benefit levels when you use Cigna Open Access Plus (OAP) network providers. <sup>2</sup> Some services are not covered out-of-network.		You must use Kaiser Permanente providers, except in case of urgent or emergency care.		You can go to any provider you like; however, you will benefit from lower Tier copays when you use Aetna Choice POS II Network providers. <sup>3</sup> <ul style="list-style-type: none"><li>• <b>Tier 1:</b> Meets all standards<sup>4</sup></li><li>• <b>Tier 2:</b> Meets most standards<sup>4</sup></li><li>• <b>Tier 3:</b> Meets minimum standards<sup>4</sup></li></ul>
<b>Calendar-Year Deductible</b>					
In-Network	<ul style="list-style-type: none"><li>• \$2,000 Employee Only</li><li>• \$4,000 Employee + Dependent(s)</li></ul>	<ul style="list-style-type: none"><li>• \$750 Individual</li><li>• \$750 Individual in Family</li><li>• \$1,500 Entire Family</li></ul>	<ul style="list-style-type: none"><li>• \$2,000 Individual</li><li>• \$3,400 Individual in Family</li><li>• \$4,000 Entire Family</li></ul>	None	None
Out-of-Network	<ul style="list-style-type: none"><li>• \$6,600 Employee Only</li><li>• \$13,200 Employee + Dependent(s)</li></ul>	<ul style="list-style-type: none"><li>• \$2,400 Individual</li><li>• \$2,400 Individual in Family</li><li>• \$4,800 Entire Family</li></ul>	N/A	N/A	None
<b>Calendar-Year Out-of-Pocket Maximum</b>					
In-Network	<ul style="list-style-type: none"><li>• \$4,000 Individual</li><li>• \$4,000 Individual in Family</li><li>• \$8,000 Entire Family</li></ul>	<ul style="list-style-type: none"><li>• \$4,000 Individual</li><li>• \$4,000 Individual in Family</li><li>• \$8,000 Entire Family</li></ul>	<ul style="list-style-type: none"><li>• \$4,000 Individual</li><li>• \$4,000 Individual in Family</li><li>• \$8,000 Entire Family</li></ul>	<ul style="list-style-type: none"><li>• \$2,000 Individual</li><li>• \$2,000 Individual in Family</li><li>• \$4,000 Entire Family</li></ul>	<ul style="list-style-type: none"><li>• \$2,000 Individual</li><li>• \$2,000 Individual in Family</li><li>• \$4,000 Family</li></ul>
Out-of-Network	<ul style="list-style-type: none"><li>• \$10,000 Individual</li><li>• \$10,000 Individual in Family</li><li>• \$20,000 Entire Family</li></ul>	<ul style="list-style-type: none"><li>• \$10,000 Individual</li><li>• \$10,000 Individual in Family</li><li>• \$20,000 Entire Family</li></ul>	N/A	N/A	N/A



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<b>Preventive Care</b>	\$0 in-network	\$0 in-network	\$0 in-network	\$0 in-network	\$0 in-network
<b>Office Visits</b> In-Network	<b>You pay:</b> 20% after deductible	<b>You pay:</b> \$20 PCP / \$30 Specialist	<b>You pay:</b> 20% after deductible	<b>You pay:</b> \$20 PCP / \$20 Specialist	<b>You pay:</b> • \$20 PCP / \$40 Specialist • \$30 PCP / \$60 Specialist • \$50 PCP / \$100 Specialist
Out-of-Network	50% after deductible <sup>5</sup>	40% after deductible <sup>5</sup>	N/A	N/A	\$70 PCP / \$120 Specialist <sup>3</sup>
<b>Other Medical Expenses</b> See footnotes 3 and 5 for more information about limits on out-of-network benefit payments.	You pay a percentage of the charge for most services, <i>after the deductible</i> :  <b>Inpatient Hospital:</b> <ul style="list-style-type: none"><li>Network: 20%</li><li>Non-Network: 50%</li></ul> <b>ER:</b> 20% <b>Urgent Care:</b> <ul style="list-style-type: none"><li>Network: 20%</li><li>Non-Network: 20%</li></ul> <b>Outpatient Surgery:</b> <ul style="list-style-type: none"><li>Network: 20%</li><li>Non-Network: 50%</li></ul> <b>Lab and X-Ray (if done outside a doctor's office):</b> <ul style="list-style-type: none"><li>Network: 20%</li><li>Non-Network: 50%</li></ul>	You pay a copay for these services:  <b>ER:</b> \$150 <i>(waived if admitted)</i> <b>Urgent Care:</b> <ul style="list-style-type: none"><li>Network: \$50 <i>(waived if admitted)</i></li><li>Non-Network: \$50 <i>(waived if admitted)</i></li></ul> You pay a percentage of the charges for these services, <i>after the deductible</i> :  <b>Inpatient Hospital:</b> <ul style="list-style-type: none"><li>Network: 20%</li><li>Non-Network: 40%</li></ul> <b>Outpatient Surgery:</b> <ul style="list-style-type: none"><li>Network: 20%</li><li>Non-Network: 40%</li></ul> <b>Lab and X-Ray (if done outside a doctor's office):</b> <ul style="list-style-type: none"><li>Network: 20%</li><li>Non-Network: 40%</li></ul>	You pay a percentage of the charges for most services, <i>after the deductible</i> :  <b>Inpatient Hospital:</b> 20% <b>ER:</b> 20% <b>Urgent Care:</b> 20% <b>Outpatient Surgery:</b> 20% <b>Lab and X-Ray:</b> 20%	You pay a copay for most services:  <b>Inpatient Hospital:</b> \$250 per admission <b>ER:</b> \$100 <i>(waived if admitted)</i> <b>Urgent Care:</b> \$20 <b>Outpatient Surgery:</b> \$100 per procedure <b>Lab and X-Ray:</b> No charge	You pay a set amount for most services:  <b>Inpatient Hospital:</b> <ul style="list-style-type: none"><li>\$1,200</li><li>\$1,800</li><li>\$2,000</li></ul> Non-Network: \$3,000 <sup>3</sup> <b>ER:</b> \$115 <b>Urgent Care:</b> \$30 <b>Non-network:</b> \$80 <b>Outpatient Surgery:</b> <ul style="list-style-type: none"><li>\$500</li><li>\$750</li><li>\$1,250</li></ul> Non-Network: \$1,375 <sup>3</sup> <b>Routine Lab and X-Ray:</b> <ul style="list-style-type: none"><li>\$10</li><li>\$15</li><li>\$20</li></ul> Non-Network: \$25 <sup>3</sup>
<b>Behavioral Health</b> In-Network	20% after deductible	<b>Office Visits:</b> \$20 copay <b>Other Services:</b> 20% after deductible	20% after deductible	\$20 copay	<b>Office Visits</b> <ul style="list-style-type: none"><li>\$20</li><li>\$30</li><li>\$50</li></ul>
Out-of-Network	<b>Office Visits:</b> 20% after <i>in-network</i> deductible <sup>5</sup>  <b>Other Services:</b> 50% after <i>out-of-network</i> deductible <sup>5</sup>	<b>Office Visits:</b> 20% after <i>in-network</i> deductible <sup>5</sup>  <b>Other Services:</b> 40% after <i>out-of-network</i> deductible <sup>5</sup>	Not covered without prior approval	Not covered without prior approval	Office Visits: \$70 <sup>3</sup>



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	Cigna Smart Plan With HSA	Cigna Core Plan	Kaiser Smart Plan With HSA (CA, CO, & GA)	Kaiser HMO (CA, CO, & GA)	SimplePay Health
<b>Chiropractic Care</b>					
In-Network	20% after deductible	\$30 copay	\$15 copay after deductible ( <i>limit 30 visits per calendar year</i> )	\$15 copay ( <i>limit 30 visits per calendar year</i> )	<span style="color: green;">●</span> \$40 <span style="color: yellow;">●</span> \$60 <span style="color: red;">●</span> \$100
Out-of-Network	50% after deductible	40% after deductible	N/A	N/A	\$120 <sup>3</sup>
<b>Acupuncture</b>					
In-Network	20% after deductible	\$30 copay	<b>Network Only:</b> 20% after deductible ( <i>limited to treatment of nausea or as part of comprehensive pain management program for the treatment of chronic pain</i> )	<b>Network Only:</b> \$20 copay ( <i>limited to treatment of nausea or as part of comprehensive pain management program for the treatment of chronic pain</i> )	<span style="color: green;">●</span> \$40 <span style="color: yellow;">●</span> \$60 <span style="color: red;">●</span> \$100
Out-of-Network	50% after deductible	40% after deductible			\$120 <sup>3</sup>
<b>Physical Therapy</b>					
In-Network	20% after deductible	\$20 PCP / \$30 Specialist / \$30 Cardiac	20% after deductible	\$20 per outpatient visit	<span style="color: green;">●</span> \$40 <span style="color: yellow;">●</span> \$60 <span style="color: red;">●</span> \$100
Out-of-Network	50% after deductible	40% PCP / 40% Specialist	N/A	N/A	\$120 <sup>3</sup>
<b>Family Planning Services</b>	All plans provide fertility coverage. Please contact each carrier for coverage details. Family planning benefits are administered for Workday by Maven Wallet and include a \$25,000 lifetime reimbursement allowance for IVF or IUI, egg freezing, adoption, or surrogacy. Reimbursement you receive through Maven Wallet will be treated as taxable income to you, per IRS rules.				

● = Tier 1    ● = Tier 2    ● = Tier 3

## NOTES

These charts provide a brief overview of benefits and coverage for the medical plans. You should also review the detailed disclosure and summary documents for each plan, available at [WorkdayBenefits.com](https://WorkdayBenefits.com). For questions about a specific procedure, service, or provider, please contact the medical plan directly. In the event of any inconsistency between this material, the Plan Document, and the terms of the plans or programs, the terms of the plans or programs will control.

<sup>1</sup> A portion of Workday's contribution will be deposited into your HSA each pay period (24 pay periods). If you enroll midyear, the Workday contribution to your HSA will be reduced or prorated.

<sup>2</sup> Workmates in Utah should select PPO (not Open Access Plus) from the list of options when looking for in-network providers on Cigna's website. PPO is the network name. The name and network of providers are different in Utah; however, the benefits and costs are the same as shown here.

<sup>3</sup> When you use an in-network provider, you'll know your copay in advance. Keep in mind that some services, like experimental treatments, aren't covered. However, if you receive care from an out-of-network provider, you're responsible for a copay, PLUS any amount your provider may bill you above the usual and customary rate—an average of what providers usually charge insurance companies for the service in that region. Since the cost of care varies among providers, you won't always know ahead of time how much you'd pay out of pocket for out-of-network services. The SimplePay Health plan does NOT have an annual out-of-pocket maximum for out-of-network services, therefore it's strongly recommended that you stay in-network (except in emergencies).

<sup>4</sup> Standards are based on quality, relationship, experience, and efficiency criteria. Visit [employers.simplepayhealth.com/workday](https://employers.simplepayhealth.com/workday) for more information.

<sup>5</sup> Member is responsible for any amount billed by their provider that exceeds the plan's maximum reimbursable charges (MRC). Billed amounts in excess of MRC do not apply toward the deductible or out-of-pocket maximum.



# Prescription Drugs

Your prescription drug coverage is included as part of the medical plan option you select.

- **Cigna medical plan:** Prescription drug benefits will be administered by CVS Caremark. To find cost information about your prescriptions, check the CVS Caremark formulary, available on the Documents and Forms page of [WorkdayBenefits.com](https://WorkdayBenefits.com). When you look up your prescriptions, check for prior-authorization requirements, quantity limits, and timing limits.
- **Kaiser medical plan:** Kaiser is also the administrator for the prescription drug coverage.
- **SimplePay Health:** Prescription drug benefits will be administered by SmithRx. To find cost information about your prescriptions, check the SmithRx formulary, available on the Documents and Forms page of [WorkdayBenefits.com](https://WorkdayBenefits.com). When you look up your prescriptions, check for prior-authorization requirements, quantity limits, and timing limits.

You should always consider using an in-network pharmacy to get the best price. You can access a list of pharmacies through your plan's website or by calling the plan's member services.

## WHAT ARE PRESCRIPTION DRUG CLASSES?

Your cost for prescription drugs differs based on the class or group of drugs your prescription drug belongs to. Generic medications are your lowest-cost options, Preferred Brand drugs are midrange cost options, and Non-Preferred Brand are highest-cost options.

**Specialty medications** are used to treat complex medical conditions. CVS marks their specialty drugs with an asterisk. SmithRx marks their specialty drugs with an S. For the Cigna plans, specialty medications must be filled through CVS Specialty pharmacy or the onsite Cloud Care pharmacy; otherwise, you pay the entire cost of the prescription drugs after one retail fill.

**Prior authorization and step therapy:** Certain classes of medications aren't covered until you try one or more alternatives first. Step therapy medications have "ST" next to them on the drug list. Additionally, coverage for GLP-1 anti-obesity medications (AOM) will be restricted to members who enroll in [Form Health](#) and are prescribed a GLP-1 AOM by their Form Health provider.

	<b>Cigna Smart Plan With HSA</b> <i>Formularies: Performance Drug List and Advanced Control Specialty</i> <i>Costs are after deductible</i>	<b>Cigna Core Plan</b> <i>Formularies: Performance Drug List and Advanced Control Specialty</i> <i>No deductible applies</i>	<b>Kaiser Smart Plan With HSA (CA, CO, &amp; GA)</b> <i>Costs are after deductible</i>	<b>Kaiser HMO (CA, CO, &amp; GA)</b> <i>No deductible applies</i>	<b>SimplePay Health</b> <i>Formulary: Essential Formulary</i> <i>No deductible applies</i>
<b>Retail Prescription Drugs</b>	<b>30-day supply</b> (up to 90-day supply available through Mail Order or participating retail pharmacies) <ul style="list-style-type: none"><li>• Generic: 10% (\$15 maximum) for most drugs (deductible waived for eligible preventive medications)</li><li>• Preferred brand: 25% (\$75 maximum)</li><li>• Non-preferred brand: 40% (\$100 maximum)</li><li>• Specialty: 30% (\$200 maximum)</li></ul>	<b>30-day supply</b> (up to 90-day supply available through Mail Order or participating retail pharmacies) <ul style="list-style-type: none"><li>• Generic: 10% (\$15 maximum)</li><li>• Preferred brand: 25% (\$75 maximum)</li><li>• Non-preferred brand: 40% (\$100 maximum)</li><li>• Specialty: 30% (\$200 maximum)</li></ul>	<b>30-day supply</b> <ul style="list-style-type: none"><li>• Generic: \$10</li><li>• Brand: \$30</li></ul>	<b>30-day supply</b> <ul style="list-style-type: none"><li>• Generic: \$10</li><li>• Brand: \$30</li></ul>	<b>30-day supply</b> <ul style="list-style-type: none"><li>• Generic: \$10</li><li>• Preferred brand: \$30</li><li>• Non-preferred brand: \$60</li><li>• Specialty: \$80</li></ul>
<b>Mail Order Prescription Drugs</b>	<b>90-day supply</b> <ul style="list-style-type: none"><li>• Generic: 10% (\$37.50 maximum)</li><li>• Preferred brand: 25% (\$175 maximum)</li><li>• Non-preferred brand: 40% (\$250 maximum)</li><li>• Specialty: 30% (\$500 maximum)</li></ul>	<b>90-day supply</b> <ul style="list-style-type: none"><li>• Generic: 10% (\$37.50 maximum)</li><li>• Preferred brand: 25% (\$175 maximum)</li><li>• Non-preferred brand: 40% (\$250 maximum)</li><li>• Specialty: 30% (\$500 maximum)</li></ul>	<b>100-day supply (CA)</b> <b>90-day supply (CO &amp; GA)</b> <ul style="list-style-type: none"><li>• Generic: \$20</li><li>• Brand: \$60</li></ul>	<b>100-day supply (CA)</b> <b>90-day supply (CO &amp; GA)</b> <ul style="list-style-type: none"><li>• Generic: \$20</li><li>• Brand: \$60</li></ul>	<b>90-day supply</b> <ul style="list-style-type: none"><li>• Generic: \$25</li><li>• Preferred brand: \$75</li><li>• Non-preferred brand: \$150</li></ul>