

# Town of Webster

## 2026 Healthcare Rates & Percentages

**Plan choice and employee cost share depend on union contract/Town policy**

\*\*All subject to change per CBA\*\*

<b>HDHP 1800/3600</b>							
	<b>RATES</b>		<b>Bi-weekly Employee share</b>				
	<b>Annual</b>	<b>Monthly</b>	<b>10%</b>	<b>15%</b>	<b>18%</b>	<b>20%</b>	<b>25%</b>
<b>Single Plan</b>	\$11,158.68	\$929.89	\$46.49	\$69.74	\$83.69	\$92.99	\$116.24
<b>2-Person Plan</b>	\$25,107.84	\$2,092.32	\$104.62	\$156.92	\$188.31	\$209.23	\$261.54
<b>Family Plan</b>	\$29,372.04	\$2,447.67	\$122.38	\$183.58	\$220.29	\$244.77	\$305.96

Refer to individual CBA for Health Savings Account (HSA) contributions  
18% Contribution rate is only applicable to Blue Collar members hired prior to 12/31/1998

<b>HDHP 3000/6000</b> - New in 2025							
	<b>RATES</b>		<b>Bi-weekly Employee share</b>				
	<b>Annual</b>	<b>Monthly</b>	<b>10%</b>	<b>15%</b>	<b>18%</b>	<b>20%</b>	<b>25%</b>
<b>Single Plan</b>	\$10,747.44	\$895.62	\$44.78	\$67.17	\$80.61	\$89.56	\$111.95
<b>2-Person Plan</b>	\$24,182.52	\$2,015.21	\$100.76	\$151.14	\$181.37	\$201.52	\$251.90
<b>Family Plan</b>	\$28,289.52	\$2,357.46	\$117.87	\$176.81	\$212.17	\$235.75	\$294.68

HSA contributions for 3000/6000 plan are the same dollar amount as 1800/3600 plan  
18% Contribution rate is only applicable to Blue Collar members hired prior to 12/31/1998

<b>CORE PLAN</b> - Closed to new enrollment							
	<b>RATES</b>		<b>Bi-weekly Employee share</b>				
	<b>Annual</b>	<b>Monthly</b>	<b>10%</b>	<b>15%</b>	<b>18%</b>	<b>20%</b>	<b>25%</b>
<b>Single Plan</b>	\$16,305.36	\$1,358.78	\$67.94	\$101.91	\$122.29	NA	NA
<b>2-Person Plan</b>	\$36,688.20	\$3,057.35	\$152.87	\$229.30	\$275.16	NA	NA
<b>Family Plan</b>	\$42,919.20	\$3,576.60	\$178.83	\$268.25	\$321.89	NA	NA

18% Contribution rate is only applicable to Blue Collar members hired prior to 12/31/1998

Benefit Highlight	2026 Town of Webster Custom Health Benefit Plans	
	HDHP \$1,800/\$3,600	HDHP \$3,000/\$6,000
Primary Care Physician (PCP) Visit	20% Coinsurance after Deductible	Covered in Full after Deductible
PCP Sick Child Visits	20% Coinsurance after Deductible	Covered in Full after Deductible
GIA Telemedicine	<b>Covered in Full</b>	<b>Covered in Full</b>
Specialist Visit	20% Coinsurance after Deductible	Covered in Full after Deductible
Preventive Services	Covered in full	Covered in full
Allergy Tests/Injections	20% Coinsurance after Deductible	Covered in Full after Deductible
Chiropractic	20% Coinsurance after Deductible	Covered in Full after Deductible
Acupuncture	20% Coinsurance after Deductible	Covered in Full after Deductible
Diagnostic Lab	20% Coinsurance after Deductible	Covered in Full after Deductible
Diagnostic X-Ray	20% Coinsurance after Deductible	Covered in Full after Deductible
Maternity – Pre & Post	20% Coinsurance after Deductible	Covered in Full after Deductible
Maternity Hosp.	20% Coinsurance after Deductible	Covered in Full after Deductible
Inpatient Hosp.	20% Coinsurance after Deductible	Covered in Full after Deductible
Inpatient Surgery	20% Coinsurance after Deductible	Covered in Full after Deductible
Outpatient Surgery	20% Coinsurance after Deductible	Covered in Full after Deductible
Outpatient Surgery (MVP Preferred Provider Facility)	Covered in Full after Deductible (discounted fee schedule applies)	Covered in Full after Deductible (discounted fee schedule applies)
Inpatient Mental Health	20% Coinsurance after Deductible	Covered in Full after Deductible
Outpatient Mental Health	20% Coinsurance after Deductible	Covered in Full after Deductible
Inpatient Substance Abuse	20% Coinsurance after Deductible	Covered in Full after Deductible
Outpatient Substance Abuse	20% Coinsurance after Deductible	Covered in Full after Deductible
Rx- 30 day retail	10%/30%/50% Coinsurance after the deductible; <b>Preventive RX not subject to the deductible</b>	Covered in Full after the deductible; <b>Preventive RX not subject to the deductible</b>
Routine Vision	Covered in Full once per year	Covered in Full once per year
Eyewear	Not covered	Not covered
Emergency Room	20% Coinsurance after Deductible	Covered in Full after Deductible
Ambulance Services	20% Coinsurance after Deductible	Covered in Full after Deductible
Urgent Care	20% Coinsurance after Deductible	Covered in Full after Deductible
Skilled Nursing Facility	20% Coinsurance after Deductible, up to 120 days/year	Covered in Full after Deductible, up to 120 days/year
Durable Medical Equip.	20% Coinsurance after Deductible	Covered in Full after Deductible
Outpatient Physical, Speech, Occupational Therapy	20% Coinsurance after Deductible, 365 visits per plan year	Covered in Full after Deductible, 365 visits per plan year
Cardiac & Pulmonary Rehabilitation (up to 36 visits per year)	Covered in Full after Deductible	Covered in Full after Deductible
Routine Hearing Exam	20% Coinsurance after Deductible	Covered in Full after Deductible
Dependent Age Limit	26	26
Network	National & Preferred Network	National & Preferred Network
Referrals	Not Required	Not Required
Deductible Individual/Family	\$1,800 / \$3,600	\$3,000 / \$6,000
Coinurance	20%	0%
Out-of-Pocket Max Single/Family	\$3,000 / \$6,000	\$3,000 / \$6,000
Lifetime Maximum	Unlimited	Unlimited
Wellness Rewards	\$600 Well Being Rewards	\$600 Well Being Rewards
WONDR Health Lifestyle Program	Covered in Full	Covered in Full

*This plan design contains only a general description of the coverage & does not constitute a policy contract. For complete information including exclusions, limitations & conditions, refer to the policy document. Neither MVP nor Brown & Brown will be held responsible for typographical or clerical errors.*