

Fulton County - 2026

No Benefit Changes for Active and non-Medicare Retirees Only

	No Benefit Changes for 2026				No Changes for 2026	
	Kaiser HMO	HMO	POS		HDHP	
			Network	Non-Network	Network	Non-Network
HSA Contribution	Not Applicable	Not Applicable	Not Applicable		\$750 Single \$1,500 EE+1 \$1,500 Family	
Annual Deductible	\$0 Single \$0 Family	\$0 Single \$0 Family	\$250 Single \$375 EE+1 \$500 Family	\$500 Single \$750 EE+1 \$1,000 Family	\$1,800 Single \$3,600 EE+1 \$3,600 Family	\$3,600 Single \$7,200 EE+1 \$7,200 Family
Out-of-Pocket Max (Deductible included)	\$6,450 Single \$12,900 Family	\$6,450 Single \$12,900 Family	\$2,000 Single \$3,000 EE+1 \$4,000 Family	\$4,000 Single \$6,000 EE+1 \$8,000 Family	\$3,600 Single \$7,200 EE+1 \$7,200 Family	\$7,200 Single \$14,400 EE+1 \$14,400 Family
Coinsurance	100%	100%	90%	60%	90%	60%
Preventive	100%	100%	100%, no deductible		100%, no deductible	
Office Visit	\$25 PCP/\$40 SPC	\$25 PCP/\$40 SPC	\$25 PCP/\$40 SPC	60%, after ded	90%, after ded	60%, after ded
Emergency Room (waived, if admitted)	\$150 copay/visit	\$150 copay/visit	100%, after \$150 copay/visit	100%, after \$150 copay/visit	90%, after ded	60%, after ded
Urgent Care	\$50 copay/visit	\$50 copay/visit	100%, after \$50 copay/visit	60%, after ded	90%, after ded	60%, after ded
Inpatient Hospital	\$250 copay/admit	\$250 copay/admit	90%, after ded	60%, after ded	90%, after ded	60%, after ded
Outpatient Hospital	\$150 copay/visit	\$150 copay/visit	90%, after ded	60%, after ded	90%, after ded	60%, after ded
Retail Rx	\$10/\$30/\$50/\$75	\$10/\$30/\$50/\$75	\$10/\$30/\$50/\$75	60%, after ded	90%, after ded	60%, after ded
Mail-order Rx	2x Retail	2x Retail	2x Retail	Not Available	90%, after ded	Not Available

Fulton County

2026: Rx Changes for Anthem Medicare Retirees

2026 Medicare Retiree Plans							
	Medicare Indemnity (Anthem)	Medicare HMO (Anthem)	PPO Plus - Closed Plan (Anthem)		Basic Medicare Advantage (Humana)	Enhanced Medicare Advantage (Humana)	Senior Advantage (Kaiser)
			Network	Non-Network	Network/Non-Network	Network/Non-Network	Network/Non-Network
Annual Deductible	\$100 Single \$200 Family	\$0 Single \$0 Family	\$100 Single \$300 Family		\$0 Single \$0 Family	\$0 Single \$0 Family	\$0 Single \$0 Family
Out-of-Pocket Max (Deductible included)	\$0 Single \$0 Family	\$7,350 \$14,700	\$1,500 Single \$3,000 Family		\$1,000/Member	\$1,000/Member	\$1,000/Member
Coinsurance	100%	100%	100%	100%	100%	100%	100%
Preventive	100% covered after Medicare	100%	100%	100%	100%	100%	100%
Office Visit	100% covered after Medicare	\$25 PCP/\$35 SPC	90%, after ded	90%, after ded	\$15 PCP/\$15 SPC	100%	\$15 copay/visit
Emergency Room (waived, if admitted)	100% covered after Medicare	\$90 copay/visit	90%, after ded	90%, after ded	\$65 copay/visit	100%	\$65 copay/visit
Inpatient Hospital	100% covered after Medicare	\$120 copay/admit (\$500 CY max)	90%, after ded	80%, after ded	\$120 copay/admit	100%	\$100 copay/visit
Outpatient Hospital	100% covered after Medicare	\$120 copay/admit (\$500 CY max)	90%, after ded	80%, after ded	\$60 copay/visit	100%	\$50 copay/visit
Retail Rx	\$9/\$25/\$45/\$60	\$9/\$25/\$45/\$60	\$9/\$25/\$45/\$60	\$9/\$25/\$45/\$60	\$10/\$25/\$45/\$60	\$10/\$25/\$45/\$60	\$10/\$25/\$45/\$60
Mail-order Rx	\$13.50/\$45/\$90	\$13.50/\$45/\$90	\$13.50/\$45/\$90	\$13.50/\$45/\$90	\$15/\$45/\$90	\$15/\$45/\$90	\$15/\$45/\$90

¹ Current deductible will continue to apply, but only to medical

² Current out-of-pocket maximums will continue to apply, but only to medical

³ The Part D out-of-pocket maximum is set annually by CMS. The 2026 out-of-pocket maximum for Part D prescription drugs is \$2,100.