Bargaining 2: Fire, Police, Bars & Stripes, & Transit
2026 Traditional vs. Choice PPO Side by Side

	Traditional PPO Plan	Choice PPO Plan
Deductible	$500 Single / $1,000 Family **Applies to the following services only:** Ambulance Physical Therapy Home Health Care Home Skilled Nursing Durable Medical Equipment Oxygen Blood	$1,000 Single / $2,000 Family **Applies to ALL medical services except preventative and office visits.** ****Consider contributing to a Flexible Spending Account (FSA) to offset your deductible.**
Coinsurance	Plan Pays 90% In-Network / 80% Out-of-Network	Plan Pays 90% In-Network / 80% Out-of-Network
Out of Pocket Maximum	$1,000 Single / $2,000 Family	$2,400 Single / $4,800 Family
Preventive Care	Plan pays 100% In-Network / 80% Out-of-Network Routine Physicals Gynecological Exams Mammograms Colonoscopies Well Child Care Immunizations X-Ray & Lab Services provided during exam	Plan Pays 100% In-Network / 80% Out-of-Network
Office Visits	Plan Pays 90% In-Network / 80% Out-of-Network	Plan Pays 90% In-Network / 80% Out-of-Network
Inpatient Hospital	You pay a co-pay of $700 then Plan pays 90% in-Network / 80% Out-of-Network	You pay Deductible then Plan pays 90% PPO / 80% Non-PPO
All Other Services	90% PPO / 80% Non-PPO **You pay deductible on these limited services only:** Ambulance Physical Therapy Home Health Care Home Skilled Nursing Durable Medical Equipment Oxygen Blood	You pay Deductible then Plan pays 90% PPO / 80% Non-PPO
Prescription Benefits (No Prescription Coordination of Benefits)	You pay $150 Single or $300 Family Deductible Then Tiered Coinsurance 10%/25%/40% until $500 Out of Pocket Maximum then Plan pays 100%	No Deductible Tiered Coinsurance 10%/25%/40% Out of Pocket Maximum is $1,500 Individual / $4,500 Family

Bargaining 2: Fire, Police, Bars & Stripes, & Transit Traditional & Choice PPO 2026 Health Insurance Premiums

Premiums reflect full-time positions. Premiums are pro-rated for part-time positions.

Fire, Police, Bars & Stripe, & Transit Traditional PPO Plan			
Traditional PPO Plan **Total Monthly Premium per Tier Level** ***Includes Employee & City Contributions***		**Current Employee Rates** **Police; Bars & Stripes New Hires: See Separate Rates Below**	
		Premium Without Wellness	**Premium With Wellness**
Single	**$1,660.67**	$298.92	$182.67
Family	**$3,946.14**	$710.31	$434.08

Police and Bars & Stripes: New Hire Rates for Traditional PPO Plan:		
Tier Level	**First 5 months only**	**After first 5 months**
Single	$979.80	$298.92
Family	$2,328.22	$710.31

Fire, Police, Bars & Stripes, & Transit Choice PPO Plan				
Choice PPO Plan **Total Monthly Premium per Tier Level** ***Includes Employee & City Contributions***		**Current Employee Rates:**		**All New Hire Rates:**
		Premium Without Wellness	**Premium With Wellness**	***Applies to remainder of the calendar year***
Single	**$808.35**	$80.83	$40.42	$80.83
Employee + Spouse	**$1,616.67**	$161.67	$80.83	$161.67
Employee + Child(ren)	**$1,244.15**	$124.41	$62.21	$124.41
Family	**$2,186.04**	$218.60	$109.30	$218.60

Bargaining 2: Transit ONLY
2026 Traditional vs. Choice HMO Side by Side

	Traditional Plan HMO*	Choice Plan HMO*
Deductible	$500 Single / $1,000 Family **Applies to the following services only (within HMO Iowa network):** Ambulance, Physical Therapy, Home Health Care, Home Skilled Nursing, Durable Medical Equipment, Oxygen, Blood	$1,000 Single / $2,000 Family **Applies to ALL medical services except preventive and office visits (within HMO Iowa network)**
Coinsurance	Plan pays 90% In-Network / 0% Out-of-Network except for Emergency Services*	Plan pays 90% In-Network / 0% Out-of-Network except for Emergency Services*
Out of Pocket Maximum	$1,500 Single / $3,000 Family (within HMO Iowa Network)	$3,000 Single / $6,000 Family (within HMO Iowa Network)
Preventive Care	Plan pays 100% In-Network/ 0% Out-of-Network Routine Physicals, Gynecological Exams, Mammograms, Colonoscopies, Well Child Care, Immunizations, X-Ray & Lab Services provided during exam	Plan pays 100% In-Network/ 0% Out-of-Network
Office Visits	$25 PCP Copay/ $25 Urgent Care Copay/ $25 Specialist Copay (within HMO Iowa Network)	$25 PCP Copay/ $25 Urgent Care Copay/ $25 Specialist Copay (within HMO Iowa Network)
Inpatient Hospital	You pay a co-pay of $500 (within HMO network) then Plan pays 90% In-Network / 0% Out-of-Network	You pay Deductible (within HMO network) then Plan pays 90% In-Network / 0% Out-of-Network
All Other Services	Plan pays 90% In-Network / 0% Out-of-Network **You pay deductible on these limited services only:** Ambulance, Physical Therapy, Home Health Care, Home Skilled Nursing, Durable Medical Equipment, Oxygen, Blood	You pay Deductible (within HMO Iowa network) then Plan pays 90% In-Network / 0% Out-of-Network
Prescription Benefits (No Prescription Coordination of Benefits)	You pay $100 Single or $300 Family Deductible Then Tiered Coinsurance 10%/25%/40% until $500 Out of Pocket Maximum (separate from medical) then Plan pays 100% **RxCap program eligible (Out of pocket maximum removed for non-enrollees)	No Deductible Tiered Coinsurance 10%/25%/50% Out of Pocket Maximum is $1,500 Individual / $4,500 Family (separate from medical) **RxCap program eligible (Out of pocket maximum removed for non-enrollees)

*An HMO plan generally only allows you to use Wellmark's HMO In-Network providers within the state of Iowa, *with the exception of true emergent situations.* 100% of the hospitals and ~96% of the providers in the state of Iowa are covered under Wellmark's HMO. This is general information only. Please refer to your Summary of Benefits and Coverage (SBC) for specific coverage information. If your FTE% is not listed, contact Human Resources at (319) 286-5000.

**RxCap Program: Offers $0 cost to the employee/member as well as lower overall cost to the Plan, if you are utilizing a drug that is eligible for the RxCap program. You will receive instructions on how to enroll in this program at the time that an eligible drug is filled. If you do not enroll, there is NO out of pocket maximum, so you will continue to pay the Tiered Coinsurance for the calendar year.

Bargaining Unit 2: Transit ONLY
Traditional & Choice HMO 2026 Health Insurance Premiums

Premiums reflect full-time positions. Premiums are pro-rated for part-time positions

Transit ONLY Traditional HMO			
Traditional HMO Total Monthly Premium Per Tier Level *Includes Employee & City Contributions*		**Current Employee HMO Plan Premiums:**	
Tier Level	**Traditional HMO**	**Premium Without Wellness**	**Premium With Wellness**
Single	$1,452.67	$217.90	$145.27
EE + Spouse	$2,886.11	$432.92	$288.61
EE+ Child(ren)	$2,221.07	$333.16	$222.11
Family	$3,451.88	$517.78	$345.19

Transit ONLY Choice HMO				
Choice HMO Total Monthly Premium Per Tier Level *Includes Employee & City Contributions*		**Current Employee HMO Plan Premiums:**		**New Hire Rates:**
Tier Level	**Choice HMO**	**Premium Without Wellness**	**Premium With Wellness**	***Applies to the remainder of the calendar year***
Single	$708.36	$70.84	$35.42	See Without Wellness Premiums
EE + Spouse	$1,416.71	$141.67	$70.84	
EE+ Child(ren)	$1,090.26	$109.03	$54.51	
Family	$1,915.63	$191.56	$95.78	

Bargaining 2: Airport Safety ONLY
2026 Traditional vs. Choice PPO Side by Side

	Traditional PPO Plan	Choice PPO Plan
Deductible	$200 Single / $500Family **Applies to the following services only:** Ambulance Physical Therapy Home Health Care Home Skilled Nursing Durable Medical Equipment Oxygen Blood	$500 Single / $1,000 Family **Applies to ALL medical services except preventative and office visits.** ****Consider contributing to a Flexible Spending Account (FSA) to offset your deductible.**
Coinsurance	Plan Pays 90% In-Network / 80% Out-of-Network	Plan Pays 90% In-Network / 80% Out-of-Network
Out of Pocket Maximum	$700 Single / $1,400 Family	$2,000 Single / $4,000 Family
Preventive Care	Plan Pays 100% In-Network / 80% Out-of-Network Routine Physicals Gynecological Exams Mammograms Colonoscopies Well Child Care Immunizations X-Ray & Lab Services provided during exam	Plan Pays 100% In-Network / 80% Out-of-Network
Office Visits	Plan Pays 90% In-Network / 80% Out-of-Network	Plan Pays 90% In-Network / 80% Out-of-Network
Inpatient Hospital	You pay a co-pay of $700 then Plan Pays 90% In-Network / 80% Out-of-Network	You pay Deductible, then Plan Pays 90% In-Network / 80% Out-of-Network
All Other Services	Plan Pays 90% In-Network / 80% Out-of-Network **You pay deductible on these limited services only:** Ambulance Physical Therapy Home Health Care Home Skilled Nursing Durable Medical Equipment Oxygen Blood	You pay Deductible, then Plan Pays 90% In-Network / 80% Out-of-Network
Prescription Benefits **(No Prescription Coordination of Benefits)**	You pay $150 Single or $300 Family Deductible Then Tiered Coinsurance 10%/25%/40% until $500 Out of Pocket Maximum then Plan pays 100%	No Deductible Tiered Coinsurance 10%/25%/40% Out of Pocket Maximum is $1,500 Individual / $4,500 Family

Bargaining 2: Airport Safety ONLY
Traditional & Choice PPO 2026 Health Insurance Premiums

Premiums reflect full-time positions. Premiums are pro-rated for part-time positions.

Airport Safety ONLY Traditional PPO			
Traditional PPO Total Monthly Premium per Tier Level *Includes Employee & City Contributions*		Airport Safety Current Employee Rates Airport Safety New Hires: See Separate Rates Below	
		Premium Without Wellness	Premium With Wellness
Single	**$1,660.67**	$298.92	$166.07
Family	**$3,946.14**	$710.31	$394.61

Airport Safety New Hire Rates for Traditional PPO Plan:		
Tier Level	**First 5 months only**	**After first 5 months**
Single	$979.80	$298.92
Family	$2,328.22	$710.31

Airport Safety ONLY Choice PPO				
Choice PPO Total Monthly Premium per Tier Level *Includes Employee & City Contributions*		Current Employee Rates:		All New Hire Rates:
		Premium Without Wellness	Premium With Wellness	*Applies to remainder of the calendar year*
Single	**$808.35**	$80.83	$40.42	$80.83
Employee + Spouse	**$1,616.67**	$161.67	$80.83	$161.67
Employee + Child(ren)	**$1,244.15**	$124.41	$62.21	$124.41
Family	**$2,186.04**	$218.60	$109.30	$218.60