



BENEFITS AT A GLANCE

2026 Benefits Highlights for Manufacturing Associates at Huntsville

MEDICAL PLAN OPTIONS

Eligible: 1st day of employment

PPO (Preferred Provider Organization)

HDHP (High Deductible Health Plan)

LIFETIME MAXIMUM BENEFIT	None		None	
ANNUAL DEDUCTIBLE	\$800 Individual \$2,400 Family		\$3,400 Individual \$6,800 Family	
COPAYS & COINSURANCE	IN-NETWORK	OUT-OF-NETWORK ¹	IN-NETWORK	OUT-OF-NETWORK ¹
COINSURANCE LIMIT Excludes deductibles; under PPO Plan also excludes copays and prescription drug coinsurance.	\$800 Individual \$2,400 Family	\$1,200 Individual \$3,600 Family	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family
OUT OF POCKET MAXIMUM Includes deductibles, medical and prescription drug coinsurance and copays. Once met, plan pays 100%.	\$9,100 Individual \$18,200 Family	Not Applicable	\$4,400 Individual \$8,800 Family	Not Applicable
VIRTUAL VISITS	\$10	Not Applicable	\$10 after deductible	Not Applicable
PREVENTIVE CARE	100% no deductible	No Coverage	100% no deductible	No Coverage
OFFICE VISITS	PCP: 100% after \$25 copay Specialist: 100% after \$65 copay	In AL, 50% after deductible; Outside AL, 80% after deductible	80% after deductible	60% of R&C after deductible
CHIROPRACTIC CARE	80% of fee schedule after deductible	In AL, 50% after deductible; Outside AL, 80% after deductible		
	12 visits for \$400		25 visits per year	
X-RAY & LAB TESTS	100%	In AL, 50% after deductible; Outside AL, 80% after deductible	80% after deductible	60% of R&C after deductible
PHYSICIAN NON-OFFICE VISITS				
INPATIENT HOSPITAL	80% after \$100 deductible per admission	In AL, 50% after deductible; Outside AL, 80% after deductible		
OUTPATIENT HOSPITAL	80% after \$100 deductible per occurrence			
EMERGENCY ROOM Coinsurance reduced if not emergency.	100% for accidental injury; 100% after \$200 copay for medical emergency	100% accidental injury within 72 hours; 100% after \$200 copay for medical emergency		
PHYSICAL THERPAY OCCUPATIONAL THERAPY	80% of allowed after deductible	In AL, 50% after deductible; Outside AL, 80% after deductible		
	30 visits per year		60 visits per year	
MENTAL HEALTH ALCOHOL & DRUG Inpatient (IP); Outpatient (OP)	(IP): 100% after \$100 per admission deductible	(IP): 100% after \$100 per admission deductible	80% after deductible	60% of R&C after deductible
	(OP) PCP: 100% after \$25 copay	(OP)/Specialist: In AL, 50% after deductible; Outside AL, 80% after deductible		
	Specialist: 100% after \$65 copay			
	Hospital: like any other outpatient medical benefit			
PRESCRIPTION DRUGS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUGS Must use generic drugs Generic (Tier 1) Preferred (Tier 2) ² Non-Preferred (Tier 3) ² Maintenance drugs must be filled as 90-day supply through mail order or Extended Supply Network (ESN).	Annual deductible does not apply For 30-day supply, plan pays 100% after: \$15 copay \$35 copay \$70 copay For 90-day supply, plan pays 100% after 2.5 times the 30-day copays above	No Coverage	After deductible Plan pays: 90% 70% 50% Min copay \$15/\$30/\$60 (copays doubles for 90-day) \$300 max. for mail order or ESN (after deductible)	No Coverage
COVERAGE & ENROLLMENT				
SPOUSAL/DOMESTIC PARTNER SURCHARGE	\$150/month (If enroll working spouse/domestic partner with medical coverage available through employer)			
CHILD COVERAGE	Covered up to age 26			
DEFAULT IF YOU DO NOT ENROLL/WAIVE	New Hire / Newly Eligible: Waived (No Coverage) Annual Open Enrollment: Your election will continue for next year (unless otherwise communicated)			

¹Out-of-Network: Out-of-network benefits are limited to the reasonable and customary (R&C) charge as determined by the medical plan administrator. You are responsible for any amounts in excess of R&C if you use an out-of-network provider.

²If a generic is available and you choose to fill the brand name prescription, you will pay the cost difference between the brand name and the generic in addition to your generic coinsurance.