Comparison Chart
Pre-Medicare MEP HCP
(Option 563) NYNE

	2026 MEP HCP		2026 MEP HCP Alternative Plan 1 2		2026 Surest Alternative Plan	
	2026 Current plan		**MEP HCP Alternative Design w/ Alt**		**Surest w/ HCP Drug Design**	
Component	Single Retiree PT	$ Change over	Single Retiree PT	$ Change over	Single Retiree PT	$ Change over
Medical	$14,540	$0	$13,014	($1,526)	$12,228	($2,312)
Rx	$3,146	$0	$3,088	($58)	$3,146	$0
Fees	$525	$0	$525	$0	$585	$60
Total	$18,211	$0	$16,627	($1,584)	$15,959	($2,252)

Pricetag effective Jan 1, 2026			
Retiree Only	$18,211	$16,627	$15,959
Retiree + 1	$36,422	$33,254	$31,918
Retiree + Family	$45,528	$41,568	$39,898

Cap			
Retiree Only	**$15,447**	**$15,447**	**$15,447**
Retiree + 1	**$30,893**	**$30,893**	**$30,893**
Retiree + Family	**$38,639**	**$38,639**	**$38,639**

Retiree Contributions (Retired After				
Retiree Only	**$472 current**	**$2,764**	**$1,180**	**$512**
Retiree + 1	**$809 current**	**$5,529**	**$2,361**	**$1,025**
Retiree + Family	**$809 current**	**$6,889**	**$2,929**	**$1,259**

Also a Health Reimbursement Account (HRA)

Plan Name	MEP HCP (Option 563)		MEP HCP Alternative Design w/ Alt		Surest w/ HCP Drug Design	
Plan Scenario	2026 Current		2026 Proposed		2026 Proposed	
Plan Tier	In-Network	Out-of-	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Deductible, OOP Max,						
Deductible[1]	$643 Individual $1,609 Family $643 Family Individual	$913 Individual $2,283 Family $913 Family Individual	$1,200 Individual $3,000 Family $1,200 Family Individual	$1,500 Individual $3,750 Family $1,500 Family Individual	$0 Individual $0 Family $0 Family Individual	$0 Individual $0 Family $0 Family Individual
OOP Max	$2,320 Individual $5,800 Family $2,320 Family Individual	$3,540 Individual $8,850 Family $3,540 Family Individual	$3,400 Individual $8,500 Family $3,400 Family Individual	$4,600 Individual $11,500 Family $4,600 Family Individual	$5,000 Individual $10,000 Family $5,000 Family Individual	$10,000 Individual $20,000 Family $10,000 Family Individual
Coinsurance	10%	40%	20%	40%	100%	100%
HSA Employer Contribution (Single /	N/A		N/A		N/A	
Inpatient Facility						
Inpatient Hospital	10%	40%	20%	40%	$200 to $3,000	Up to $9,000
Outpatient Facility						
Emergency Room	$160 Copay	$160 Copay	$160 Copay	$160 Copay	$300 Copay	$300 Copay
Urgent Care	$35 Copay	$35 Copay	$60 Copay	40%	$30 Copay	$90 Copay
Advanced Radiology	$25 Copay	40%	$25 Copay	40%	$75 to $950	Up to $2,850
Basic Radiology	$25 Copay	40%	$25 Copay	40%	$0 Copay	$0 Copay
Primary Care Physician						
PCP Office Visit	$25 Copay	40%	$40 Copay	40%	$20 to $105	$220 Copay
Preventive Care/Well Baby	Fully Covered	Fully Covered	Fully Covered	Fully Covered	Fully Covered	$160 Copay
Specialist						
Specialist Office Visit	$35 Copay	40%	$50 Copay	40%	$20 to $105	$220 Copay
Psychiatry	$20 Copay	40%	$20 Copay	40%	$20 Copay[2]	$160 Copay[2]
Office Surgery (Prof)	$35 Copay	40%	$50 Copay	40%	$35 to $3,000	Up to $9,000
Physical Medicine/Rehab	$20 Copay	40%	$20 Copay	40%	$10 to $140	Up to $240
Prescription Drugs						
Deductible	N/A		N/A		N/A	
OOP Max	$3,300 Individual		$3,300 Individual		$3,300 Individual	
Separate Mail Order OOP Max	$1,329 Per Individual		$1,329 Per Individual		$1,329 Per Individual	
Retail Generic	$11.66 Copay		$20.00 Copay		$11.66 Copay	
Retail Brand Formulary	20%, $0 Min Copay, $40.06 Max		20%, $0 Min Copay, $50.00 Max Copay		20%, $0 Min Copay, $40.06 Max	
Retail Non-Formulary	30%, $0 Min Copay, $66.75 Max		30%, $0 Min Copay, $80.00 Max Copay		30%, $0 Min Copay, $66.75 Max	
Retail Specialty	Included in Retail Non-Formulary		Included in Retail Non-Formulary		Included in Retail Non-Formulary	
Mail Generic (90-day)	$23.32 Copay		$40.00 Copay		$23.32 Copay	
Mail Brand Formulary (90-day)	20%, $0 Min Copay, $80.12 Max		20%, $0 Min Copay, $100.00 Max		20%, $0 Min Copay, $80.12 Max	
Mail Non-Formulary (90-day)	30%, $0 Min Copay, $133.50 Max		30%, $0 Min Copay, $160.00 Max		30%, $0 Min Copay, $133.50 Max	
Mail Specialty (90-day)	Included in Retail Non-Formulary		Included in Retail Non-Formulary		Included in Retail Non-Formulary	