

# 2026 Benefits Overview

## Medical - Cigna

	Traditional Plan	HDHP 3500 (HSA)	HDHP 4500 (HSA)
	All plan information provided below is for In-Network Providers.		
<b>Inotiv HSA Contribution</b>	\$0	\$500 Individual / \$1000 Family	\$500 Individual / \$1000 Family
<b>Deductible</b>	Embedded	Embedded	Embedded
<b>Single / Family</b>	\$1,500 / \$3,000	\$3,500 / \$7,000	\$4,500 / \$9,000
<b>Coinsurance</b>	20%	20%	20%
<b>Out-of-Pocket Maximum</b>	Embedded	Embedded	Embedded
<b>Single / Family</b>	\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,000 / \$12,000
<b>PCP / Specialist Office Visit</b>	\$25 / \$40 Copay	20% after deductible	20% after deductible
<b>Urgent Care / ER</b>	\$50 / \$300 Copay	20% after deductible	20% after deductible
	<b>Retail Pharmacy / Mail Order</b>		
<b>Generic</b>	\$10 / \$25 Copay	20% after deductible	20% after deductible
<b>Preferred Brand</b>	\$50 / \$125 Copay	20% after deductible	20% after deductible
<b>Non-Preferred</b>	\$90 / \$225 Copay	20% after deductible	20% after deductible
<b>Specialty Rx</b>	40% to \$250 Copay	20% after deductible	20% after deductible

## Dental - Delta Dental

	Standard Low Plan	Premier High Plan
<b>Annual Deductible</b>		
Individual	\$25	\$25
Family	\$75	\$75
<b>Annual Plan Maximum</b>	\$1,500	\$2,000
<b>Orthodontia Lifetime Maximum</b>	N/A	\$1,500
<b>Plan Coinsurance Levels</b>		
Preventive	100%	100%
Basic Services	50%	80%
Major Services	25%	50%
Orthodontia (Child or Adult)	N/A	50%

## Vision - VSP

VSP Choice Network
<b>Routine Eye Exam - (once every 12 months)</b>
\$10 copay
<b>Materials - (once every 24 months)</b>
\$25 Copay \$150-\$200 allowance then 20% off any remaining balance
<b>Standard Lenses - (once every 12 months)</b>
<b>Contact Lenses - (once every 12 months in lieu of glasses)</b>
<b>Lens Enhancements (Progressive, Anti-Glare, Scratch Resistant)</b> Included in Materials Copay

## 401k

New hires are automatically enrolled with a 6% deferral amount in the 401k retirement plan on the first pay period following 90 days of employment.

# Overview of Benefit Contributions

Contributions per Pay Period – 26 bi-weekly pay periods

**Benefits are effective on the 1st of the month following your hire date.**



## Cigna Medical Premiums

Coverage Level	Traditional Plan	HDHP 3000	HDHP 4000
Employee Only	\$83.44	\$68.63	\$53.58
Employee + Spouse	\$204.52	\$166.52	\$133.04
Employee + Child(ren)	\$170.59	\$138.91	\$109.69
Family	\$270.65	\$220.31	\$174.43



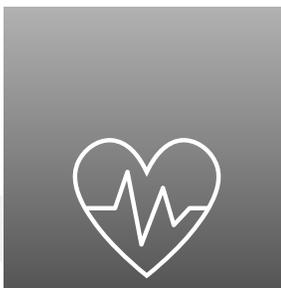
## Delta Dental Premiums

Coverage Level	Standard	Premier
Employee Only	\$12.32	\$18.03
Employee + Spouse	\$26.18	\$38.34
Employee + Child(ren)	\$26.71	\$36.16
Family	\$40.89	\$56.63



## VSP Vision Premiums

Coverage Level	26 Biweekly Pay Periods
Employee Only	\$3.72
Employee + Spouse	\$7.44
Employee + Child(ren)	\$7.97
Family	\$8.70



## Life/AD&D/Short & Long-Term Disability

Basic Life/AD&D (1xsalary)	<b>No cost to eligible employee</b>
Short-Term Disability	<b>No cost to eligible employee</b>
Long-Term Disability	<b>No cost to eligible employee</b>
Voluntary Life/AD&D	Employee pays 100% of cost

**Paid Parental Leave** – Twelve (12) weeks of paid parental leave for the mother/primary caregiver and two (2) weeks of paid leave for the father/secondary caregiver.