

Your Medical Plan Choices for 2026 for CWA 1298 Retirees



For 2026, the current medical plans will continue to be available; however, monthly retiree premiums are increasing. The best plan for you depends on the medical and prescription drugs needs of you and your family members. Here are some of the plan features to help you compare your Pre-65 (Pre-Medicare) Plan choices.

Plan Feature	Anthem PPO & HCN Plans In-network	Anthem Silver PPO (RMAP) In-network	
Provider Network	All plans have the same network of Anthem providers.		
Retiree Premiums	<p>You pay copays for some services. For other services, after you meet the deductible, you and the plan share costs (coinsurance).</p> <p>These plans have higher monthly retiree premiums, which are:</p> <p>\$650 per month for retiree only \$1,300 per month for retiree + spouse \$1,625 per month for family.</p>	<p>You pay a discounted rate for care and prescriptions until you meet the deductible. After you meet the deductible, you and the plan share costs (coinsurance). You pay coinsurance after the discount; the amount could be less than the copay stated for other plans.</p> <p>Lowest monthly retiree premiums, which are:</p> <p>\$217 per month for retiree only \$434 per month for retiree + spouse \$542 per month for family.</p>	
Annual Deductible	\$650 per person/\$1,300 family	<p>\$1,000 per person \$2,000 two person \$3,000 family</p> <p>This plan works like the other options. However, with a higher deductible you get better rates and flexibility to manage some of the cost.</p>	
Preventive Care (Routine Physicals)	\$0	\$0 NEW FOR 2026!	
Office Visits	20% coinsurance	30% coinsurance	
Specialist		30% coinsurance	
Emergency Care		30% coinsurance (no deductible)	
Hospital Inpatient		30% coinsurance	
Annual OOP Max	\$2,000 per person/\$4,000 family	\$5,000 per person \$10,000 two person \$15,000 family	
	Anthem HCN	Anthem PPO	Anthem Silver PPO (RMAP)
Physical Therapy (PT)	40 visits per year Combined Physical Therapy and Chiropractic Care 52 visits per year	30 visits per year	40 visits per year
Chiropractic Care	40 visits per year combined with Physical Therapy	\$200 per year	30 visits per year
Acupuncture	Not covered	Not covered	Covered - No limits
Mental Health/ Substance Abuse Outpatient	No limits	No limits	30 visits per year
Mental Health/ Substance Abuse Inpatient	No limits	No limits	30 days per year/90 days lifetime

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Prescription Drugs	All plans have the same Express Scripts network. Plus, you can use the SaveOnSP program to help pay for specialty drugs.	
Annual Deductible	None	\$150 per person
Annual OOP Max (in addition to medical)	\$1,200 per person/\$2,400 family	N/A
Retail (up to 30 days)		
Generic Drugs	\$12	\$12
Brand Name Drugs – Preferred	\$40	\$35
Brand Name Drugs – Non-Preferred	\$65	\$55
Brand Name w/Generic Equivalent	100% of DNP up to max copay for generic, plus 100% of difference between brand and generic	N/A
Other Specialty	N/A	\$75
Mail Order (up to 90 days)		
Generic Drugs	\$24	\$30
Brand Name Drugs – Preferred	\$80	\$87.50
Brand Name Drugs – Non-Preferred	\$130	\$137.50
Brand Name w/Generic Equivalent	100% of DNP up to max copay for generic, plus 100% of difference between brand and generic	N/A
Other Specialty	N/A	\$187.50