Medical & Prescription Drug Benefits

Thompson Thrift's medical plans are designed with a focus on wellness, preventive care, and choice. Members have three coverage options to choose from: a traditional PPO plan, and two High Deductible Health Plans (HDHP). All three plans are administered by Anthem, and the medical services and prescriptions covered under all three plans are the same. The difference is in how the plans pay for those services through a different mix of copays, deductibles, out-of-pocket maximums, and coinsurance. These differences also impact the premium rate you pay for the plans.

MEDICAL PLANS SUMMARY

Key Features	PPO Plan	HDHP 1	HDHP 2
Calendar Year Deductible Individual / Family	$3,000 / $6,000	$4,000 / $8,000	$6,000 / $12,000
Out-of-Pocket Maximum (includes deductible) Individual / Family	$6,500 / $13,000	$4,000 / $8,000	$6,000 / $12,000
Coinsurance (portion you pay)	30%	0%	0%
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Physician Services Office Visit / Specialist Visit	$30 / $50 Copay	0% after Deductible	0% after Deductible
LiveHealth Online	$10 Copay	$59/ $0 after Deductible	$59/$0 after Deductible
Urgent Care Copay	$75 Copay	0% after Deductible	0% after Deductible
Emergency Room Copay (waived if admitted)	$250 Copay + 30%	0% after Deductible	0% after Deductible
Inpatient Hospital (per admission)	30% after Deductible	0% after Deductible	0% after Deductible
RETAIL PRESCRIPTIONS (UP TO 30 DAYS)			
Generic	$15 Copay	0% after Deductible	0% after Deductible
Preferred Brand	$50 Copay	0% after Deductible	0% after Deductible
Non-preferred Brand	$100 Copay	0% after Deductible	0% after Deductible
Specialty Brand	25% up to $350	0% after Deductible	0% after Deductible
Mail Order	$38 / $150 / $300/ 25%	0% after Deductible	0% after Deductible
OUT-OF-NETWORK BENEFITS			
Calendar Year Deductible Individual / Family	$6,000 / $12,000	$8,000 / $16,000	$12,000 / $24,000
Coinsurance (portion you pay)	50%	30%	30%
Out-of-Pocket Maximum (includes deductible) Individual / Family	$13,000 / $26,000	$16,000 / $32,000	$24,000 / $48,000

Per Pay Contribution	PPO Plan		HDHP1		HDHP 2	
	Premium	Screening Credit*	Premium	Screening Credit*	Premium	Screening Credit*
Team Member Only	$101.52	$18.36	$54.04	$9.78	$39.78	$7.20
Team Member + Spouse	$388.68	$70.30	$196.05	$35.46	$156.32	$28.27
Team Member + Child(ren)	$250.68	$45.34	$137.93	$24.95	$109.97	$19.89
Team Member + Family	$487.68	$88.21	$245.54	$44.41	$195.77	$35.41

*Screening Credit details available on page 8

2026 Screening Credit Requirements

The **Screening Credit** is a premium discount applied to your pay to reduce the amount you contribute for medical coverage.

To remain eligible, you must complete an **annual physical and biometric screening through Marathon Health** each year.

TEAM MEMBERS IN INDIANAPOLIS OR TERRE HAUTE:

- Schedule an **Annual Physical** on the **Marathon Health Portal**.
- When prompted to schedule **lab work**, please select "**Yes**."

TEAM MEMBERS OUTSIDE OF INDIANAPOLIS AND TERRE HAUTE:

- Schedule a **Virtual Annual Wellness Review** on the **Marathon Health Portal** to meet your requirement.

DEADLINES

- **Newly eligible team members:** Complete requirements within **60 days** of your hire date.
- **Current medical plan participants (as of January 1):** Complete requirements between **December 1, 2025, and March 1, 2026**.

Based on strong participation in prior years, **Thompson Thrift will continue applying the Screening Credit at the start of the year**.

Those who do not complete the required visit and screening will have the credit **removed after the deadline**.