

2026 MISSION PARTNER (MP) PREMIUMS

Part-time: Mission Partners regularly scheduled to work 32-59 hours per pay period

Full-time: Mission Partners regularly scheduled to work 60 hours or more per pay period

		PREMIUM PER PAY PERIOD	
		SELECT PPO PLAN	HEALTH SAVINGS HIGH DEDUCTIBLE PLAN
FULL-TIME HOURLY RATE	BAND 1 (LESS THAN \$25.00)		
	MP	\$97.73	\$90.69
	MP + Spouse	\$219.48	\$203.68
	MP + Child(ren)	\$188.59	\$175.01
	MP + Family	\$285.71	\$265.13
	BAND 2 (\$25.00 TO \$48.75)		
	MP	\$110.32	\$100.89
	MP + Spouse	\$247.77	\$226.59
	MP + Child(ren)	\$212.90	\$194.69
	MP + Family	\$322.55	\$294.95
	BAND 3 (\$48.76 TO \$65.00)		
	MP	\$130.03	\$119.67
	MP + Spouse	\$292.03	\$268.76
	MP + Child(ren)	\$250.94	\$230.93
	MP + Family	\$380.16	\$349.85
	BAND 4 (\$65.01 AND HIGHER)		
	MP	\$145.33	\$134.58
	MP + Spouse	\$326.39	\$302.25
	MP + Child(ren)	\$280.46	\$259.71
	MP + Family	\$424.89	\$393.45
	PART-TIME		
	MP	\$244.32	\$221.14
	MP + Spouse	\$512.92	\$464.26
	MP + Child(ren)	\$471.50	\$426.76
	MP + Family	\$667.72	\$604.36

DENTAL PLAN

FULL-TIME	
MP	\$4.19
MP + Spouse	\$8.81
MP + Child(ren)	\$8.10
MP + Family	\$11.46
PART-TIME	
MP	\$15.70
MP + Spouse	\$32.95
MP + Child(ren)	\$30.29
MP + Family	\$42.85

VISION PLAN

FULL-TIME AND PART-TIME	
MP	\$2.58
MP + Spouse	\$4.68
MP + Child(ren)	\$4.92
MP + Family	\$7.59

For full-time and part-time Mission Partners

These dental and vision plan premiums apply across all bands for full-time and part-time Mission Partners who elect coverage.

OSF HEALTHCARE MEDICAL PLANS FOR 2026

	SELECT PPO PLAN			HEALTH SAVINGS HIGH DEDUCTIBLE PLAN		
PLAN TERMS	OSF SELECT NETWORK Tier 1	BCBS NATIONAL NETWORK Tier 2	OUT-OF-NETWORK Tier 3	OSF SELECT NETWORK Tier 1	BCBS NATIONAL NETWORK Tier 2	OUT-OF-NETWORK Tier 3
DEDUCTIBLE	The individual deductible applies per person until the family limit is reached. All services are subject to the deductible unless noted as a copay service below.			The individual deductible only applies when enrolled in individual coverage. For all others, benefits will be paid only after the full family deductible is met by one or more family members.		
INDIVIDUAL	\$1,000	\$2,000	\$3,500	\$1,750	\$3,300	\$5,000
FAMILY	\$2,000	\$4,000	\$7,000	\$3,500	\$6,600	\$10,000
OFFICE VISITS						
PREVENTIVE VISITS	You pay \$0 (no deductible applies)		50%	You pay \$0 (no deductible applies)		50%
PRIMARY AND URGENT CARE	\$25 copay	\$50 copay	You pay 50%	You pay 10%	You pay 20%	You pay 50%
SPECIALIST	\$55 copay	\$80 copay	You pay 50%	You pay 10%	You pay 20%	You pay 50%
EMERGENCY ROOM	\$300 copay	\$300 copay	\$300 copay	You pay 20%	You pay 20%	You pay 20%
VIDEO VISITS						
PRIMARY AND URGENT CARE	\$15 copay (includes OSF OnCall)	\$50 copay	You pay 50%	You pay 10% (includes OSF OnCall)	You pay 20%	You pay 50%
SPECIALIST	\$40 copay	\$80 copay	You pay 50%	You pay 10%	You pay 20%	You pay 50%
ALL OTHER SERVICES including inpatient hospital stay						
COINSURANCE (what you pay after deductible)	15%	30%	50%	15%	35%	50%
PRESCRIPTION DRUG						
Retail – 30-day supply Generic Preferred Brand Non-Preferred Brand Specialty	\$15 copay \$30 copay \$55 copay You pay 15%	\$30 copay \$60 copay \$90 copay You pay 15%	N/A	You pay 15% after deductible (preventive drugs 100% covered)	You pay 20% after deductible (preventive drugs 100% covered)	N/A
90-day supply Generic Preferred Brand Non-Preferred Brand Specialty	\$30 copay \$60 copay \$110 copay You pay 15%	\$60 copay \$120 copay \$180 copay You pay 15%	N/A	You pay 15% after deductible (preventive drugs 100% covered)	You pay 20% after deductible (preventive drugs 100% covered)	N/A
OUT-OF-POCKET MAXIMUM	The individual out-of-pocket maximum applies per person until the family limit is reached.			The individual out-of-pocket maximum only applies when enrolled in individual coverage. For all others, the out-of-pocket maximum will be met when the entire family out-of-pocket maximum amount is reached.		
INDIVIDUAL	\$3,250	\$5,000	\$10,000	\$3,500	\$5,000	\$8,000
FAMILY	\$6,500	\$10,000	\$20,000	\$7,000	\$10,000	\$16,000
OFFERS HSA WITH HDHP	N/A (Reminder: Mission Partners can elect to contribute pre-tax dollars to a medical flexible spending account to assist with out-of-pocket expenses throughout the year.)			Yes		
OSF CONTRIBUTES TO HSA	N/A			Yes		
ANNUAL HSA CONTRIBUTION	N/A			\$750/\$1,500 (Contributions will be made on a per-pay-period basis: \$28.85/single; \$57.69/family.)		