

Medical – BCBSTX	HSA In-Network (You Pay)	PPO Core In-Network (You Pay)	PPO Select In-Network (You Pay)
Calendar Year Deductible - Individual - Family	\$1,750 \$3,500	\$400 \$800	\$0 \$0
Coinsurance	10%	10%	0%
Out-of-Pocket Maximum (Deductible included) - Individual - Family	\$4,000 \$8,000	\$1,500 \$3,000	\$1,500 \$3,000
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited
Preventive Care	No charge	No charge	No charge
Office Visit - Primary - Specialist	10% after deductible 10% after deductible	\$20 copay \$35 copay	\$20 copay \$30 copay
Telemedicine (Virtual Visits)	No charge	No charge	No charge
Inpatient Hospital Services	10% after deductible	10% after deductible	\$400 per admission
Outpatient Hospital / Facility	10% after deductible	10% after deductible	\$250 per visit
Inpatient Physician & Surgeon	10% after deductible	10% after deductible	No charge
Emergency Room (Waived if admitted)	10% after deductible	\$150 copay	\$150 copay
Urgent Care (Waived if admitted)	10% after deductible	\$35 copay	\$30 copay
Emergency Ambulance	10% after deductible	10% after deductible	No charge
Mental Health / Substance Abuse - Inpatient - Outpatient	10% after deductible 10% after deductible	10% after deductible \$35 copay	\$400 per admission \$30 copay
Chiropractic Care (25 days max)	10% after deductible	\$25 copay	\$20 copay
Outpatient Rehab (180 days max)	10% after deductible	\$25 copay	\$20 copay
Durable Medical Equipment	10% after deductible	10% after deductible	No charge
Home Health / Skilled Nursing (60 days max each)	10% after deductible	10% after deductible	No charge
Hearing Aids (1 pair/36 mos.; \$3,000 max per pair)	10% after deductible	10% after deductible	No charge

Prescription Drugs-Express Scripts	HSA In-Network (You Pay)	PPO Core In-Network (You Pay)	PPO Select In-Network (You Pay)
Annual Rx Deductible	Combined with Medical	\$0	\$0
RETAIL – 30-DAY SUPPLY			
Generic	\$10 after deductible	\$10 copay	\$5 copay
Brand	\$25 after deductible	\$25 copay	\$20 copay
Non-Preferred Brand	\$50 after deductible	\$50 copay	\$35 copay
MAIL ORDER – 90-DAY SUPPLY			
Generic	\$15 after deductible	\$15 copay	\$10 copay
Brand	\$50 after deductible	\$50 copay	\$40 copay
Non-Preferred Brand	\$100 after deductible	\$100 copay	\$70 copay

Specialty medications: PXD partners with Express Scripts with the SaveOnSP program. Enrolled members pay \$0 for select specialty drugs, filled through Accredo by mail. Declining participation means paying the increased copay. SaveOnSP: 1-800-683-1074.

OPEN ENROLLMENT

October 19 – October 30, 2026

Elections due to the Pantex Benefits Department by
12 p.m. CT on Friday, October 30, 2026

How to Make Changes During Open Enrollment

Access opens on Monday, October 19 on the internal Pantex Benefits Plans webpage. If you do not have internet access at work, forms will be available online or can be requested from the Benefits office. All enrollment changes must be turned in by Friday, October 30 at 12 p.m. CST. Please call the Benefits team if you have any questions.

What's New for 2027

- New medical carrier: BlueCross BlueShield of TX
- New Dental carrier: Sun Life
- HSA deductible increases to \$1,750 individual / \$3,500 family. All other plan deductibles are unchanged.
- HSA contribution limits rise to \$4,500 / \$9,000.
- Review your rates carefully; they have changed for 2027.

Health Savings Account (HSA) – HSA Bank

2027 IRS Annual Contribution Maximums:

Individual	\$4,500
Family	\$9,000
Catch-Up (age 55+)	+\$1,000

How Your Deductible Works

- HSA plan: Aggregate deductible. If you cover dependents, the full family deductible must be met before the plan pays coinsurance for anyone.
- PPO Core: Embedded deductible. Each person meets his or her own deductible; no one member pays more than the individual amount.
- PPO Select: no deductible.

This summary reflects in-network benefits only. Refer to your plan documents for out-of-network coverage.

This document is intended as a convenient summary of the major points of the benefit plans. It does not cover all provisions, limitations and exclusions.

The official plan documents, policies and certificates of insurance govern in all cases and are available for your inspection at any time.

Dental – Sun Life	Basic In-Network (You Pay)	Buy-Up In-Network (You Pay)	Enhanced In-Network (You Pay)
Annual Deductible (per person) Applies to Basic & Major	\$50	\$50	\$50
Annual Benefit Maximum	\$1,500 allowance	\$2,000 allowance	\$2,000 allowance
Lifetime Maximum	None	None	None
Preventive & Diagnostic (exams, cleanings, X-rays, fluoride to age 19, space maintainers to age 14)	0% (no deductible)	0% (no deductible)	0% (no deductible)
Sealants	20% after deductible	20% after deductible	10% after deductible
Basic Services (fillings, extractions, oral surgery, periodontics, endodontics)	20% after deductible	20% after deductible	10% after deductible
Major Services (crowns, bridges, dentures, implants)	50% after deductible	50% after deductible	20% after deductible
Orthodontia – Child(ren)	Not covered	50% (no deductible)	50% (no deductible)
Orthodontia Lifetime Maximum	N/A	\$1,500	\$1,500

Vision – VSP	Basic In-Network (You Pay)	Alternative In-Network (You Pay)
Exam (once each calendar year)	No charge	No charge
Lenses – Single, Bifocal, Trifocal, Lenticular (once each calendar year)	No charge	No charge
Tints/Light-Reactive Lenses	Not covered	No charge
Standard Progressive	\$0 to \$55 copay	\$0 to \$55 copay
Premium Progressive	\$95 to \$105 copay	\$95 to \$105 copay
Custom Progressive	\$150 to \$175 copay	\$150 to \$175 copay
Other Lens Enhancements	Save 30% on average	Save 30% on average
Frames (every other calendar year)	\$150 Allowance	\$150 Allowance
Frame Cost Over Allowance	20% off overage or \$80 at Costco Optical	20% off overage or \$80 at Costco Optical
Contacts – Medically Necessary	No charge	No charge
Contacts – Elective (incl. exam)	\$130 Allowance	\$175 Allowance
Contact Lens Fitting & Evaluation	Up to \$60 copay	Up to \$60 copay
Laser Vision Correction	15% off regular price	15% off regular price

Contact Information

Medical – BCBSTX

Pantex Dedicated Line: 1-800-618-5449
www.bcbstx.com

Prescription – Express Scripts

1-877-765-6543
www.express-scripts.com

Dental – Sun Life

1-833-305-5994
www.sunlife.com

HSA – HSA Bank

1-855-731-5220
<https://enterprise.hsabank.com>

Vision – VSP

1-800-877-7195
www.vsp.com

EAP – Aetna Resources For Living

1-866-611-2826
www.resourcesforliving.com

Questions about your benefits?

Pantex Benefit Plans Office
1-806-573-1100
Mon–Thu, 7 a.m.–3:30 p.m. CT
benefitspantex@pantex.doe.gov