OPEN ENROLLMENT · CENTRI TECH FOUNDATION

Your medical benefits for

November 1, 2026 – October 31, 2027

Rates are changing this year for two separate reasons. This guide shows exactly what each plan costs you per paycheck, what Centri pays, and how the five plans compare — so you can choose with the full picture in front of you.

PLAN YEAR BEGINS	PLANS AVAILABLE	COST SHARE	DEDUCTIONS
November 1, 2026	5 medical options	Centri 70% · You 30%	24 semi-monthly pay periods

WHAT CHANGED

Two things moved at once

01

Carrier renewal rates went up

At renewal, Aetna assessed an increase across all four of its plans. Kaiser Permanente moved the other way and came in lower than last year. This is the change to the *total* premium, before anyone's share is applied.

A2	+25.7%	Aetna renewal
K5	New	added this year
F4	+19.7%	Aetna renewal
G4	+19.0%	Aetna renewal
KP7	-12.4%	Kaiser renewal

02

The employee share moved from 20% to 30%

Last plan year Centri covered 80% of the premium and employees covered 20%. For 2026–27 the split is **70% Centri / 30% employee** on every plan and every coverage tier.

Because both changes land in the same renewal, your payroll deduction rises by more than the carrier increase alone. The tables below show the combined effect — the number that actually leaves your paycheck.

One plan is new. The Aetna NY EPO HDHP $1,700 K5 joins the lineup this year. It is HSA-eligible and carries the lowest Aetna premium of the five plans, with the trade-off that it covers in-network care only.

YOUR COST

What comes out of each paycheck

Deductions are taken over 24 semi-monthly pay periods, so the per-paycheck figure is half the monthly employee share. All five plans use composite rating — your age does not change your rate.

Employee only

PLAN	TOTAL PREMIUM	CENTRI PAYS 70%	YOUR 30% MONTHLY	YOU PAY PER PAYCHECK	LAST YEAR PER PAYCHECK	CHANGE
A2 Aetna NY Open Access 30/50	$1,094.85	$766.39	$328.45	**$164.23**	$87.12	$77.10 +89%
K5 Aetna NY EPO HDHP $1,700 NEW	$704.76	$493.33	$211.43	**$105.71**	—	— new plan
F4 Aetna NY Open Access HDHP $1,700	$747.04	$522.93	$224.11	**$112.06**	$62.43	$49.63 +79%
G4 Aetna Managed Choice 25/50 $1,500	$784.18	$548.93	$235.25	**$117.63**	$65.88	$51.75 +79%
KP7 Kaiser Permanente MAS HMO 30/50	$667.81	$467.47	$200.34	**$100.17** LOWEST	$76.25	$23.92 +31%

Employee + spouse

PLAN	TOTAL PREMIUM	CENTRI PAYS 70%	YOUR 30% MONTHLY	YOU PAY PER PAYCHECK	LAST YEAR PER PAYCHECK	CHANGE
A2 Aetna NY Open Access 30/50	$2,493.34	$1,745.34	$748.00	**$374.00**	$197.90	$176.10 +89%
K5 Aetna NY EPO HDHP $1,700 NEW	$1,596.15	$1,117.31	$478.85	**$239.42**	—	— new plan
F4 Aetna NY Open Access HDHP $1,700	$1,693.38	$1,185.37	$508.01	**$254.01**	$141.10	$112.91 +80%
G4 Aetna Managed Choice 25/50 $1,500	$1,778.82	$1,245.17	$533.65	**$266.82**	$149.04	$117.78 +79%
KP7 Kaiser Permanente MAS HMO 30/50	$1,448.92	$1,014.24	$434.68	**$217.34** LOWEST	$165.73	$51.61 +31%

Employee + children

PLAN	TOTAL PREMIUM	CENTRI PAYS 70%	YOUR 30% MONTHLY	YOU PAY PER PAYCHECK	LAST YEAR PER PAYCHECK	CHANGE
A2 Aetna NY Open Access 30/50	$2,170.61	$1,519.43	$651.18	**$325.59**	$172.34	$153.25 +89%
K5 Aetna NY EPO HDHP $1,700 NEW	$1,390.44	$973.31	$417.13	**$208.57**	—	— new plan
F4 Aetna NY Open Access HDHP $1,700	$1,474.99	$1,032.49	$442.50	**$221.25**	$122.95	$98.30 +80%
G4 Aetna Managed Choice 25/50 $1,500	$1,549.29	$1,084.50	$464.79	**$232.39**	$129.85	$102.54 +79%
KP7 Kaiser Permanente MAS HMO 30/50	$1,318.73	$923.11	$395.62	**$197.81** LOWEST	$150.82	$46.99 +31%

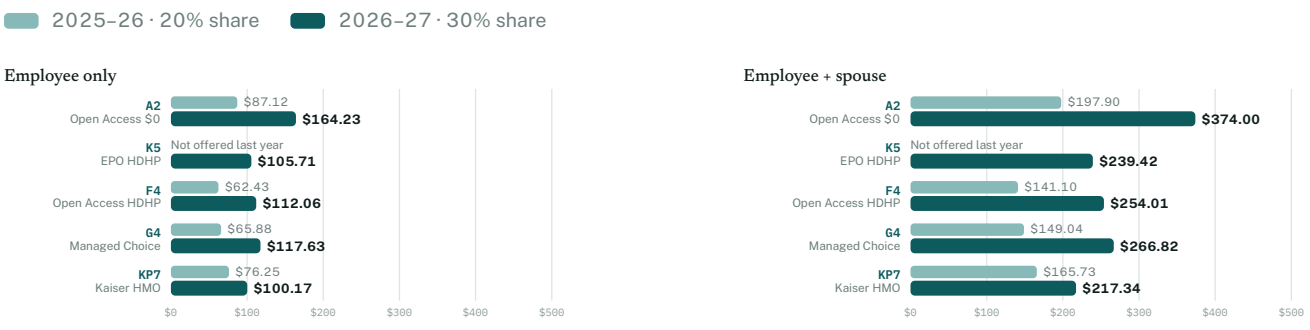
Family

PLAN	TOTAL PREMIUM	CENTRI PAYS 70%	YOUR 30% MONTHLY	YOU PAY PER PAYCHECK	LAST YEAR PER PAYCHECK	CHANGE
A2 Aetna NY Open Access 30/50	$3,353.95	$2,347.76	$1,006.18	**$503.09**	$266.07	$237.02 +89%
K5 Aetna NY EPO HDHP $1,700 NEW	$2,144.70	$1,501.29	$643.41	**$321.70**	—	— new plan
F4 Aetna NY Open Access HDHP $1,700	$2,275.74	$1,593.02	$682.72	**$341.36**	$189.52	$151.84 +80%
G4 Aetna Managed Choice 25/50 $1,500	$2,390.90	$1,673.63	$717.27	**$358.63**	$200.22	$158.42 +79%
KP7 Kaiser Permanente MAS HMO 30/50	$2,034.74	$1,424.32	$610.42	**$305.21** LOWEST	$232.84	$72.37 +31%

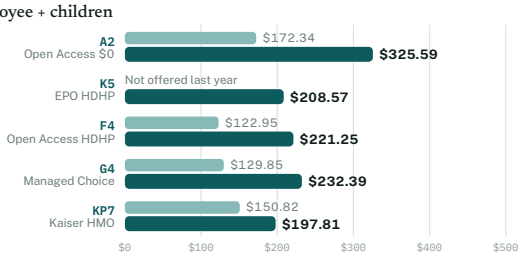
SIDE BY SIDE

Last year against this year

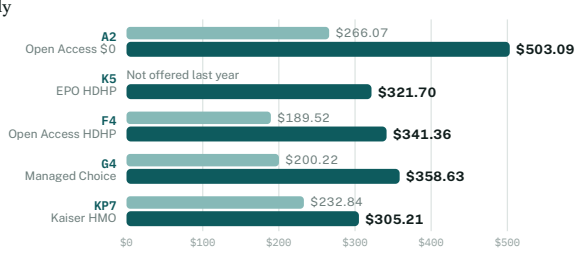
Each bar is a per-paycheck deduction. The upper, lighter bar is what that coverage cost you in 2025–26 at the 20% share; the lower, darker bar is 2026–27 at 30%. All four panels share one scale.



Employee + children



Family



THE LINEUP

Five plans at a glance

Costs shown are the employee-only per-paycheck deduction. Deductible and out-of-pocket figures are in-network, individual.

A2

Aetna NY Open Access 30/50

AET NYOA 30/50 0/100% JNY

POS

In-network deductible	$0 individual
In-network out-of-pocket max	$5,000 individual
Primary care / specialist	$30 / $50
Generic drugs	$10
Out-of-network care	Covered

Your cost, employee only

$164.23

PER PAYCHECK

K5

Aetna NY EPO HDHP $1,700

AET NYEPO HDHPT 1700/100% JNY

NEW THIS YEAR | HSA-ELIGIBLE | EPO

In-network deductible	$1,700 individual
In-network out-of-pocket max	$3,000 individual
Primary care / specialist	$30 after ded / $45 after ded
Generic drugs	$10 after ded
Out-of-network care	In-network only

Your cost, employee only

$105.71

PER PAYCHECK

F4

Aetna NY Open Access HDHP $1,700

AET NYOA HDHPT 1700/100% JNY

HSA-ELIGIBLE | POS

In-network deductible	$1,700 individual
In-network out-of-pocket max	$3,000 individual
Primary care / specialist	$30 after ded / $45 after ded
Generic drugs	$10
Out-of-network care	Covered

Your cost, employee only

$112.06

PER PAYCHECK

G4

Aetna Managed Choice 25/50 $1,500

AET OAMC 25/50 1500/90% JNY

POS

In-network deductible	$1,500 individual
In-network out-of-pocket max	$5,500 individual
Primary care / specialist	$25 / $50
Generic drugs	$10
Out-of-network care	Covered

Your cost, employee only

$117.63

PER PAYCHECK

KP7

Kaiser Permanente MAS HMO 30/50

KPJ MAS HMO 30/50 0/100%

HMO

In-network deductible	$0 individual
In-network out-of-pocket max	$3,500 individual
Primary care / specialist	$30 / $50
Generic drugs	$10 KP/$20 Ntwk
Out-of-network care	In-network only

Your cost, employee only

$100.17

PER PAYCHECK

HOW TO CHOOSE

Four questions worth answering first

Do you see out-of-network providers?

Three plans — A2 , F4 and G4 — pay out-of-network benefits. The EPO K5 and the Kaiser HMO KP7 cover in-network care only. If a provider you rely on is out of network, that narrows the choice before cost does.

Would you fund an HSA?

F4 and K5 are HSA-eligible. Contributions go in pre-tax, roll over year to year, and stay yours if you leave. Weigh the higher deductible against the premium you save and the tax benefit — not against the deductible alone.

Do you expect steady care or occasional care?

A2 has no deductible and fixed copays from the first visit, at the highest premium. The HDHPs ask you to meet $1,700 before most benefits apply, at the lowest premiums. Heavy, predictable use tends to favor the first structure; light or uncertain use tends to favor the second.

Is Kaiser available where you live?

KP7 is a Kaiser Permanente Mid-Atlantic States HMO and carries the lowest cost of the five. Like any HMO, it works through Kaiser's own network and service area — confirm that your address and providers fall inside it before selecting.

FULL DETAIL

Complete benefit comparison

Every benefit line as filed for the 2026–27 plan year. Copays and coinsurance apply after any deductible is met unless the line says otherwise.

BENEFIT	A2 Open Access $0	K5 EPO HDHP	F4 Open Access HDHP	G4 Managed Choice	KP7 Kaiser HMO
NETWORK & ELIGIBILITY					
Network type	POS	EPO	POS	POS	HMO
HSA-eligible high-deductible plan	No	Yes	Yes	No	No
Out-of-network coverage	Yes	No	Yes	Yes	No
Mental health visits covered	Yes	Yes	Yes	Yes	Yes
Specialist referral required	—	—	—	—	—
ANNUAL DEDUCTIBLE					
In-network — individual	$0	$1,700	$1,700	$1,500	$0
In-network — family	$0	$3,400	$3,400	$3,000	$0
Out-of-network — individual	$3,000	Not covered	$6,000	$3,000	Not covered
Out-of-network — family	$6,000	Not covered	$12,000	$6,000	Not covered
COINSURANCE — YOUR SHARE AFTER DEDUCTIBLE					
In-network	0%	0%	0%	10%	0%
Out-of-network	30%	Not covered	30%	40%	Not covered
OUT-OF-POCKET MAXIMUM					
In-network — individual	$5,000	$3,000	$3,000	$5,500	$3,500
In-network — family	$10,000	$6,000	$6,000	$11,000	$7,000
Out-of-network — individual	$9,000	Not covered	$14,000	$11,000	Not covered
Out-of-network — family	$18,000	Not covered	$28,000	$22,000	Not covered
OFFICE & URGENT CARE					
Primary care visit	$30	$30 after ded	$30 after ded	$25	$30
Specialist visit	$50	$45 after ded	$45 after ded	$50	$50
Urgent care	$75	$75 after ded	$75 after ded	$85	$75
Out-of-network office visit	30% after ded	Not covered	30% after ded	30% after ded	Not covered
HOSPITAL & SURGERY					
Emergency room	$350	$350 after ded	$400 after ded	$500	$200
Inpatient hospital — in-network	$500/day x3	$750 after ded	$750 after ded	10% after ded	$500
Inpatient hospital — out-of-network	30% after ded	Not covered	30% after ded	40% after ded	Not covered
Outpatient surgery facility — in-network	$75	$300 after ded	$300 after ded	10% after ded	$200
Outpatient surgery facility — out-of-network	30% after ded	Not covered	30% after ded	40% after ded	Not covered
DIAGNOSTICS					
X-ray & lab — in-network	$0	0% after ded	$0 after ded	10% after ded	$0
X-ray & lab — out-of-network	30% after ded	Not covered	30% after ded	40% after ded	Not covered
PRESCRIPTION DRUGS (30-DAY RETAIL)					

BENEFIT	A2 Open Access $0	K5 EPO HDHP	F4 Open Access HDHP	G4 Managed Choice	KP7 Kaiser HMO
Separate pharmacy deductible	None	subject to med ded	subject to med ded	None	None
Tier 1 — generic	$10	$10 after ded	$10	$10	$10 KP/$20 Ntwk
Tier 2 — preferred brand	$55	$55 after ded	$55	$45	$35 KP/$45 Ntwk
Tier 3 — non-preferred brand	$100	$100 after ded	$100	$70	$60 KP/$70 Ntwk
Mail order (90-day) multiplier	2x	2x	2x	2x	2x

NOTES AND FINE PRINT

1. **Pay periods.** Per-paycheck amounts assume 24 semi-monthly pay periods and are the monthly employee share divided by two. Actual deductions appear in Justworks once your election is confirmed.
2. **Composite rating.** All five plans are composite rated: the premium depends on your coverage tier, not on your age.
3. **Rounding.** Figures are rounded to the cent from the carrier's published rates; totals may differ by a cent from the sum of their parts.
4. **EPO and HMO networks.** `K5` and `KP7` pay benefits for in-network care only. See each plan's Summary of Benefits and Coverage for how emergency and urgent care are handled when you are away from the network.
5. **Plan availability.** Availability depends on your home address and the carrier's service area. Justworks will show the plans you are eligible to elect.
6. **This is a summary.** If anything here differs from the Summary of Benefits and Coverage, the certificate of coverage, or the carrier's own materials, those documents govern.

Prepared by Centri Tech Foundation from the Justworks 2026–27 medical renewal rate sheet. Questions about a plan, a rate, or your election: contact Michael Staples.