

2026 Medical Plan Highlights

Your three medical plan options all offer:

- Preventive Care at 100% when you stay in network.
- Prescription drug coverage through OptumRx.
- Broad national provider network.
- Comprehensive quality medical coverage.

The plans differ in your cost of coverage, tax-advantaged account eligibility, deductibles, and out-of-pocket costs.

Medical Plan Highlights			
	Surest Plan In-Network*	Saver Plan with HSA In-Network*	PPO Plan In-Network*
Your Cost of Coverage each paycheck	\$	\$	\$\$\$
Tax Advantaged Accounts	Health Care Flexible Spending Account (FSA)	Health Savings Account (HSA) Limited Purpose Flexible Spending Account (FSA)	Health Care Flexible Spending Account (FSA)
Network	All employees who enroll in the new Surest Plan will be in the UnitedHealthcare Network, including Cardiac Management Solutions (CMS) employees who live in and around Pittsburgh, PA.	Most ZOLL employees will receive medical coverage through UnitedHealthcare. Cardiac Management Solutions (CMS) employees who live in and around Pittsburgh, PA will receive the same coverage through Aetna.	Most ZOLL employees will receive medical coverage through UnitedHealthcare. Cardiac Management Solutions (CMS) employees who live in and around Pittsburgh, PA will receive the same coverage through Aetna.
Calendar year deductible	\$0	\$1,800 Individual \$3,600 Family	\$2,000 Individual \$4,000 Family
Calendar year out-of-pocket maximum	\$5,000 Individual \$10,000 Family	\$3,600 Individual \$7,200 Family	\$4,500 Individual \$9,000 Family
Annual HSA funding by ZOLL	N/A	\$650 Employee \$1,300 Employee + 1 \$1,300 Family	N/A
Office visits:			
Preventive care	Covered at 100%, no deductible	Covered at 100%, no deductible	Covered at 100%, no deductible
Diagnosis treatment	\$10 to \$65	10% after deductible	\$30 copay, no deductible
Specialist	\$10 to \$65	10% after deductible	\$45 copay, no deductible
Telemedicine – \$	Primary and Urgent \$0 Specialty \$0 to \$65	Covered at 100% after deductible	\$15 copay, no deductible
Urgent Care – \$\$	\$35	10% after deductible	\$30 copay, no deductible
Emergency room – \$\$\$	\$375	10% after deductible	20% after deductible
Inpatient care (includes physician and surgeon fees)	\$150 to \$2,500	10% after deductible	20% after deductible

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Outpatient care (includes physician and surgeon fees)	\$15 to \$2,500	10% after deductible	Covered at 100% after \$150 copay per procedure
Maternity Care	Prenatal and Postnatal Care \$0 Delivery \$625 to \$1,600	10% after deductible	20% after deductible Inpatient: Covered at 100% after \$150 copay per procedure
Hospital and other day surgical facility services	Procedures range from \$150 to \$2,500	10% after deductible	Inpatient: 20% after deductible Outpatient: \$150 per admission, no deductible
Fertility Treatment (in-network coverage only)	\$100 to \$1,500 LTM: \$25,000 Medical \$10,000 Rx	10% after deductible LTM: \$25,000 Medical, \$10,000 Rx	20% after deductible LTM: \$25,000 Medical, \$10,000 Rx
Hearing Benefit	Every 36 months \$2,000 allowance per ear	Every 36 months UHC: \$2,000 allowance per ear Aetna: \$4,000 allowance	Every 36 months UHC: \$2,000 allowance per ear Aetna: \$4,000 allowance
CT scans, MRIs, PET scans and other high end imaging	\$75 to \$550	10% after deductible	20% after deductible
Diagnostic X-ray and lab	\$0	10% after deductible	20% after deductible
Mental hospital or substance abuse facility	\$75 to \$1,600	10% after deductible	20% after deductible
Short-term rehabilitation therapy, PT, and OT	\$5 to \$85 (up to 60 visits per calendar year)	10% after deductible (up to 40 visits per calendar year)	PCP: \$30 copay, no deductible Specialist: \$45 copay, no deductible (up to 40 visits per calendar year)
Best for Employees who...	...are looking for a plan with no deductible or coinsurance, transparent pricing before you make an appointment so you can choose your care based on location, provider, and cost.	...are actively engaged in decisions about their benefits. ...are looking for short- and long-term savings opportunities.	...want a plan design based on a copay/coinsurance structure, and don't mind paying higher premiums.

* The benefits outlined above are provided when you see in-network providers. Please refer to the UnitedHealthcare and Aetna summaries for a more detailed description of in-network and out-of-network coverage.



2026 Prescription Drug Highlights

Prescription Drugs – OptumRx – Plan Highlights				
Plan Feature	Retail Pharmacy (30-Day Supply)		Home Delivery/Mail-Order (90-Day Supply)	
	Surest Plan	Saver Plan with HSA* or PPO Plan	Surest Plan	Saver Plan with HSA* or PPO Plan
PPACA Drug List	\$0	\$0	\$0	\$0
Preventive Drug List for CDHP Plans	N/A	Saver Plan with HSA – Copay PPO Plan – N/A	N/A	Two and a half copays
Tier 1	\$5	\$10	\$15	\$25
Tier 2	\$40	\$35	\$100	\$87.50
Tier 3	\$60	\$60	\$150	\$150
Specialty	\$170 – \$230	\$150	N/A	N/A
Applies to the plan out-of-pocket maximum	Yes	Yes	Yes	Yes

* After deductible has been met