

2027 HEALTH PLANS AT A GLANCE

	CDHP 1		CDHP 2		PPO*	
PREMIUMS	26 PAY/20 PAY					
Employee	\$52.84 / \$68.69		\$64.31 / \$83.60		\$140.01 / \$182.01	
Employee + Child(ren)	\$96.11 / \$124.95		\$116.75 / \$151.78		\$254.02 / \$330.23	
Employee + Spouse	\$115.25 / \$149.82		\$140.47 / \$182.61		\$306.02 / \$397.83	
Employee + Family	\$163.09 / \$212.02		\$199.78 / \$259.71		\$441.03 / \$573.34	
EMPLOYER HSA CONTRIBUTION						
Employee	\$900		\$600		N/A	
Employee + Child(ren)	\$1,800		\$1,200		N/A	
Employee + Spouse	\$1,800		\$1,200		N/A	
Employee + Family	\$1,800		\$1,200		N/A	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE						
Individual	\$3,000	\$6,000	\$2,000	\$4,000	\$1,900	\$10,000
Family	\$6,000	\$12,000	\$4,000	\$8,000	\$3,800	\$30,000
OUT-OF-POCKET MAXIMUM						
Individual	\$5,000	\$10,000	\$4,000	\$8,000	\$5,000	\$20,000
Family	\$10,000	\$20,000	\$8,000	\$16,000	\$10,000	\$60,000
COINSURANCE						
Preventive Care	Covered at 100%	50% after deductible	Covered at 100%	50% after deductible	Covered at 100%	45% after deductible
Office Visit	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$35 copay	
Specialist Office Visit		50% after deductible		50% after deductible	\$70 copay	
Urgent Care		Covered as in-network		Covered as in-network	\$100 copay	Covered as in-network
Emergency Room					\$300 copay	Covered as in-network
Inpatient Facility Services		50% after deductible		50% after deductible	\$300 copay, 30% after deductible	\$300 copay, 45% after deductible
Outpatient Charges					30% after deductible	45% after deductible
PHARMACY						
Preventive Prescriptions	100% <i>(ACA Mandated Preventive Drug List)</i>	50% after deductible	100% <i>(ACA Mandated Preventive Drug List)</i>	50% after deductible	100% <i>(ACA Mandated Preventive Drug List)</i>	50%/\$30 minimum copay
Retail Tier 1 (generic)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$10 copay	
Retail Tier 2 (brand; formulary)					\$50 copay	
Retail Tier 3 (brand; non-formulary)					\$100 copay	
Retail Tier 4 (specialty)					10% to \$200 copay	
Mail Order (90-day supply)					\$20/\$150/\$300/ 10% to \$400	

*The PPO is a closed plan and only available to those currently enrolled in the plan.