

2027 Plan Comparison

The deductible must be met before coinsurance rates apply.

Deductible, copays, and coinsurance apply to the out-of-pocket maximum.

All tiers cross-accumulate. The provider tier determines payment for the claim. The amount of the claim that applies to the deductible and out-of-pocket maximum will apply to all tiers.

Prescription drug deductible, copays, and coinsurance apply to Tier 1.

	CDHP 1			CDHP 2			Traditional		
	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network
Deductible									
Single	\$4,000	\$7,000	\$8,500	\$3,000	\$6,000	\$7,500	\$1,725	\$5,000	\$6,500
Family	\$8,000	\$14,000	\$17,000	\$6,000	\$12,000	\$15,000	\$3,450	\$10,000	\$13,000
Out-of-Pocket Maximum									
Single	\$6,000	\$8,700	\$10,500	\$5,000	\$8,000	\$9,500	\$4,000	\$7,000	\$8,500
Family	\$12,000	\$17,400	\$21,000	\$10,000	\$16,000	\$19,000	\$8,000	\$14,000	\$17,000
Individual embedded	n/a	\$12,000	n/a	n/a	\$12,000	n/a	n/a	\$12,000	n/a
Coinsurance Rates									
Office Visit	20%	40%	60%	20%	40%	60%	20%	40%	60%
Inpatient	20%	40%	60%	20%	40%	60%	20%	40%	60%
Emergency Room	20%	20%	20%	20%	20%	20%	20%	20%	20%
Urgent Care	20%	40%	60%	20%	40%	60%	20%	40%	60%
Wellness Prevention	0%	0%	60%	0%	0%	60%	0%	0%	60%

	Prescription Drug Coverage		
	Deductible must be met before coinsurance rates apply		
	Retail Pharmacy Network (Up to 30-day supply)	Mail Order Pharmacy (Up to 90-day supply)	Retail Pharmacy Network (Up to 90-day supply)
Preventive Medicines (mandated by the ACA)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)
Generic Medicines	\$10 copay	\$20 copay	\$30 copay
Preferred Brand-Name Medicines	20% Min \$30, Max \$50	20% Min \$60, Max \$100	20% Min \$90, Max \$150
Non-Preferred Brand-Name Medicines	40% Min \$50, Max \$70	40% Min \$100, Max \$140	40% Min \$150, Max \$210
Specialty Medicines	40% Min \$75, Max \$150 (30-day supply)		