2027 Medical Plan Comparison Sheet			
	Biweekly (Less than $50k)		
	$2,500 PPO	**$6,500 PPO**	**$4,000 HDHP**
Office Visit	$30.00	$35.00	Subject to Deductible
Specialist	$50.00	Subject to Deductible	Subject to Deductible
Urgent Care	$50.00	Subject to Deductible	Subject to Deductible
Telemedicine	$30.00	$35.00	Subject to Deductible
Onsite Clinic	$0.00	$0.00	$45.00
Emergency Room	$250 Copay/then Deductible	Subject to Deductible	Subject to Deductible
Preventive Visit	$0.00	$0.00	$0.00
Deductible			
Deductible - Individual	$2,500.00	$6,500.00	$4,000.00
Deductible - Family	$5,000.00	$13,000.00	$8,000.00
Out of Pocket Maximum(OOPM)			
OOPM - Individual	$7,000.00	$8,500.00	$7,750.00
OOPM - Family	$14,000.00	$17,000.00	$15,500.00
Premiums - Biweekly			
Employee Only	$109.03	$55.02	$27.04
Emp + Child(ren)	$226.75	$76.59	$48.70
Emp + Spouse	$298.95	$134.93	$73.74
Family	$441.35	$205.16	$115.00
Premiums - Annual			
Employee Only	$2,834.78	$1,430.52	$703.04
Emp + Child(ren)	$5,895.50	$1,991.34	$1,266.20
Emp + Spouse	$7,772.70	$3,508.18	$1,917.24
Family	$11,475.10	$5,334.16	$2,990.00
Maximum Annual Liability^			
(OOPM + Premiums)			
Employee Only	$9,834.78	$9,930.52	$8,453.04
Emp + Child(ren)	$19,895.50	$18,991.34	$16,766.20
Emp + Spouse	$21,772.70	$20,508.18	$17,417.24
Family	$25,475.10	$22,334.16	$18,490.00
^ Maximum liability may change dependent upon individual member deductible and out-of-pocket amounts for families with 2+ dependents.			**H.S.A Seed Dollars not included in HDHP Max Annual Liability Figures ($500 Employee Only/ $1,000 All Dependent Tiers)**
Prescriptions - 31 Day			
Tier 1 - Generic	$20 Copay	$20 Copay	Subject to Deductible
Tier 2 - Preferred Brand	$50 Copay	$50 Copay	Subject to Deductible
Tier 3 - Non-Preferred Brand	$100 Copay	$100 Copay	Subject to Deductible
Tier 4 - Specialty	$200 Copay	$200 Copay	Subject to Deductible
Prescriptions - 90 Day			
Tier 1 - Generic	$30 Copay	$30 Copay	Subject to Deductible
Tier 2 - Preferred Brand	$110 Copay	$110 Copay	Subject to Deductible
Tier 3 - Non-Preferred Brand	$200 Copay	$200 Copay	Subject to Deductible
Tier 4 - Specialty	Not Covered	Not Covered	Not Covered

2027 Medical Plan Comparison Sheet

Biweekly ($50k - <$155k)

	$2,500 PPO	$6,500 PPO	$4,000 HDHP
Office Visit	$30.00	$35.00	Subject to Deductible
Specialist	$50.00	Subject to Deductible	Subject to Deductible
Urgent Care	$50.00	Subject to Deductible	Subject to Deductible
Telemedicine	$30.00	$35.00	Subject to Deductible
Onsite Clinic	$0.00	$0.00	$45.00
Emergency Room	$250 Copay/then Deductible	Subject to Deductible	Subject to Deductible
Preventive Visit	$0.00	$0.00	$0.00
Deductible			
Deductible - Individual	$2,500.00	$6,500.00	$4,000.00
Deductible - Family	$5,000.00	$13,000.00	$8,000.00
Out of Pocket Maximum(OOPM)			
OOPM - Individual	$7,000.00	$8,500.00	$7,750.00
OOPM - Family	$14,000.00	$17,000.00	$15,500.00
Premiums - Biweekly			
Employee Only	$115.58	$58.32	$28.67
Emp + Child(ren)	$240.36	$81.18	$51.63
Emp + Spouse	$316.89	$143.03	$78.16
Family	$467.83	$217.47	$121.90
Premiums - Annual			
Employee Only	$3,005.08	$1,516.32	$745.42
Emp + Child(ren)	$6,249.36	$2,110.68	$1,342.38
Emp + Spouse	$8,239.14	$3,718.78	$2,032.16
Family	$12,163.58	$5,654.22	$3,169.40
Maximum Annual Liability^ (OOPM + Premiums)			
Employee Only	$10,005.08	$10,016.32	$8,495.42
Emp + Child(ren)	$20,249.36	$19,110.68	$16,842.38
Emp + Spouse	$22,239.14	$20,718.78	$17,532.16
Family	$26,163.58	$22,654.22	$18,669.40
Prescriptions - 31 Day			
Tier 1 - Generic	$20 Copay	$20 Copay	Subject to Deductible
Tier 2 - Preferred Brand	$50 Copay	$50 Copay	Subject to Deductible
Tier 3 - Non-Preferred Brand	$100 Copay	$100 Copay	Subject to Deductible
Tier 4 - Specialty	$200 Copay	$200 Copay	Subject to Deductible
Prescriptions - 90 Day			
Tier 1 - Generic	$30 Copay	$30 Copay	Subject to Deductible
Tier 2 - Preferred Brand	$110 Copay	$110 Copay	Subject to Deductible
Tier 3 - Non-Preferred Brand	$200 Copay	$200 Copay	Subject to Deductible
Tier 4 - Specialty	Not Covered	Not Covered	Not Covered

^ Maximum liability may change dependent upon individual member deductible and out-of-pocket amounts for families with 2+ dependents.

H.S.A Seed Dollars not included in HDHP Max Annual Liability Figures ($500 Employee Only/$1,000 All Dependent Tiers)