2027 Plans in Detail

Medical	H2000 with HSA	H5000 with HSA	C2000 with HRA	B1000
Account Funding	$500 / $1,000	N/A	$500 / $1,000	N/A
Deductible	$2,000 / $4,000	$5,000 / $10,000	$2,000 / $4,000	$1,000 / $2,000
Plan Coinsurance	80%	100%	80%	80%
Office Visit (OV) Copays	Ded*/Coins**	Ded/Coins	Ded/Coins	$30 / $50
Emergency Room (ER) Copay	Ded/Coins	Ded/Coins	Ded/Coins	$200
Out-of-Pocket Maximum	$5,000 / $10,000	$5,000 / $10,000	$5,000 / $10,000	$5,000 / $10,000
Pharmacy – 30-day Rx	**H2000 with HSA**	**H5000 with HSA**	**C2000 with HRA**	**B1000**
Generic	$10 (after Ded)	100% (after Ded)	$10	
Formulary (Min / Max)	70% ($30 / $65) (after Ded)	100% (after Ded)	70% ($30 / $65)	
Non-Formulary (Min / Max)	60% ($50 / $120) (after Ded)	100% (after Ded)	60% ($50 / $120)	

*Ded: Deductible **Coins: Coinsurance