

State Health Benefit Plan

2027	Gold Plan				Silver Plan				Bronze Plan			
	Network Provider		Out-of-Network		Network Provider		Out-of-Network		Network Provider		Out-of-Network	
Deductible												
You	\$1,500		\$3,000		\$2,000		\$4,000		\$2,500		\$5,000	
You + Child(ren) or Spouse	\$2,250		\$4,500		\$3,000		\$6,000		\$3,750		\$7,500	
You + Family	\$3,000		\$6,000		\$4,000		\$8,000		\$5,000		\$10,000	
Out-of-Pocket Limit												
You	\$4,000		\$8,000		\$5,000		\$10,000		\$6,000		\$12,000	
You + Child(ren) or Spouse	\$6,000		\$12,000		\$7,500		\$15,000		\$9,000		\$18,000	
You + Family	\$8,000		\$16,000		\$10,000		\$20,000		\$12,000		\$24,000	
Coinsurance (Plan Pays)	85%		60%		80%		60%		75%		60%	
HRA												
You	\$400				\$200				\$100			
You + Child(ren) or Spouse	\$600				\$300				\$150			
You + Family	\$800				\$400				\$200			
Medical												
ER	coins after ded				coins after ded				coins after ded			
Urgent Care	coins after ded				coins after ded				coins after ded			
PCP Visit	coins after ded				coins after ded				coins after ded			
Specialist Visit	coins after ded				coins after ded				coins after ded			
Preventive Care	100%		Not covered		100%		Not covered		100%		Not covered	
Telemedicine/Virtual Visit	85% coverage; not subject to deductible		60% coverage; subject to deductible		80% coverage; not subject to deductible		60% coverage; subject to deductible		75% coverage; not subject to deductible		60% coverage; subject to deductible	
Retail Rx												
Tier 1	15%, Min \$5, Max \$10				15%, Min \$5, Max \$10				15%, Min \$5, Max \$10			
Tier 2	25%, Min \$55, Max \$85				25%, Min \$55, Max \$85				25%, Min \$55, Max \$85			
Tier 3	25%, Min \$85, Max \$130				25%, Min \$85, Max \$130				25%, Min \$85, Max \$130			
Mail Order Rx - 90-Day												
Tier 1	15%, Min \$12.50, Max \$25				15%, Min \$12.50, Max \$25				15%, Min \$12.50, Max \$25			
Tier 2	25%, Min \$137.50, Max \$212.50				25%, Min \$137.50, Max \$212.50				25%, Min \$137.50, Max \$212.50			
Tier 3	25%, Min \$212.50, Max \$325				25%, Min \$212.50, Max \$325				25%, Min \$212.50, Max \$325			
Rx OOPM	Combined with Medical				Combined with Medical				Combined with Medical			
Premiums (Monthly)	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM
Tobacco Surcharge = +\$80.00	\$227.19	\$415.51	\$565.89	\$754.21	\$153.17	\$289.67	\$410.44	\$546.94	\$94.16	\$189.35	\$286.52	\$381.71

State Health Benefit Plan

2027	Anthem (BCBS)/UHC HMO				HDHP				Kaiser HMO			
	Network Provider				Network Provider		Out-of-Network		Network Provider			
Deductible												
You	\$1,300				\$3,500		\$7,000		None			
You + Child(ren) or Spouse	\$1,950				\$7,000		\$14,000		None			
You + Family	\$2,600				\$7,000		\$14,000		None			
Out-of-Pocket Limit												
You	\$4,000				\$6,450		\$12,900		\$6,350			
You + Child(ren) or Spouse	\$6,500				\$12,900		\$25,800		\$12,700			
You + Family	\$9,000				\$12,900		\$25,800		\$12,700			
Coinsurance (Plan Pays)	80%				70%		50%		100%			
HRA												
You	N/A				N/A				N/A			
You + Child(ren) or Spouse	N/A				N/A				N/A			
You + Family	N/A				N/A				N/A			
Medical												
ER	\$200 copay				coins after ded				\$200 copay			
Urgent Care	\$35 copay				coins after ded				\$35 copay			
PCP Visit	\$35 copay				coins after ded				\$35 copay			
Specialist Visit	\$45 copay				coins after ded				\$45 copay			
Preventive Care	100%				100%		Not covered		100%			
Telemedicine/Virtual Visit	100% coverage after \$35 PCP co-pay \$45 SPC co-pay				70% coverage; subject to deductible		Not covered		100% coverage			
Retail Rx												
Tier 1	\$5 copay				70% coins after ded				\$20 copay			
Tier 2	\$55 copay				70% coins after ded				\$50 copay			
Tier 3	\$95 copay				70% coins after ded				\$80 copay			
Mail Order Rx - 90-Day												
Tier 1	\$12.50 copay				70% coins after ded				\$50 copay			
Tier 2	\$137.50 copay				70% coins after ded				\$125 copay			
Tier 3	\$237.50 copay				70% coins after ded				\$200 copay			
Rx OOPM	Combined with Medical				Combined with Medical				Combined with Medical			
Premiums (Monthly)	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM	EE	EE+CH	EE+SP	EE+FAM
Tobacco Surcharge = +\$80.00	\$189.29	\$351.08	\$486.30	\$648.09	\$83.76	\$171.67	\$264.68	\$352.59	\$189.29	\$351.08	\$486.30	\$648.09
	\$232.70	\$424.87	\$577.46	\$769.63								