2027 Medical Information

	PPO Plan *In-network*	**CDHP with HRAVEBA Contributions** *In-network*
Deductible	$300/$900	$1,250/$2,500
Coinsurance	80/20	80/20
Out-of-Pocket Maximum *Deductible counts toward Out-of-Pocket max*	$1,300/$3,900	$3,300/$6,600
HRA VEBA Contribution	$200/month	$1,250/1x annual + $200/month
Provider Network	Premera PPO	Premera PPO
Physician	$20 copay	80/20 after deductible
Preventative Care	100% (no copay)	100% (no deductible)
Urgent Care	$20 copay	80/20 after deductible
Emergency Room	80/20 after deductible	80/20 after deductible
Hospital (Inpatient & Outpatient)	80/20 after deductible	80/20 after deductible
Prescription	$10/$25/$40 copay	80/20 after deductible
Chiropractic	$20 copay	80/20 after deductible
Vision Exam (1 per year)	$20 copay	80/20 after deductible
Vision Hardware (over 19)	$300 Hardware 2 years	$300 Hardware 2 years
Under age 19	Frames & lenses: 1 pair per year	Frames & lenses: 1 pair per year

This is not a contract. This is a summary of benefits.

2027 Tiered Rates

Tier	**PPO Medical**	**PPO Dental**	**PPO Total per Paycheck**	**PPO Annual Cost**	**CDHP Plan**
Employee Only	$46.48	$2.31	$48.79	$1,268.54	$0
Employee & Spouse	$97.61	$4.86	$102.47	$2,664.22	$0
Employee & Children	$88.32	$4.39	$92.71	$2,410.46	$0
Employee & Family	$139.44	$6.93	$146.37	$3,805.62	$0