2027 Medical Plan Comparison (In-Network)

	2027 HDHP	2027 Hybrid	2027 EPO
Deductible (Individual/Family)	$2,800 / $5,600	$1,200 / $3,600	$0 / $0
Out-of-Pocket Maximum (Individual/Family)	$5,600 / $11,200	$3,600 / $10,800	$5,000 / $15,000
Annual HSA Contribution (Individual/Family)	$1,000 / $2,000	N/A	N/A
Coinsurance (Plan/Member)	70% / 30%	70% / 30%	100% / 0%
Wellness / Preventive Care	100%	100%	100%
Primary Care Office Visit	70% after deductible	$40 copay	$50 copay
Specialist Office Visit	70% after deductible	$60 copay	$80 copay
Urgent Care Visit	70% after deductible	$60 copay	$80 copay
Emergency Room	70% after deductible	$200 copay (waived if admitted)	$300 copay (waived if admitted)
Outpatient Lab / X-Ray	70% after deductible	$60 copay	$80 copay
Complex Imaging (MRI, CAT, PET)	70% after deductible	$150 copay	$200 copay
Outpatient Surgical Facility	70% after deductible	70% after deductible	$300 copay
Inpatient Hospital Facility	70% after deductible	70% after deductible	$750 copay
Retail Prescription Drug Copays (Generic, Preferred, Non-Preferred/Specialty)	Wegman's: $5/$40/$80 Other: $10/$50/$100/80% up to $250	Wegman's: $5/$30/$50 w/ $0 Generics for children Other: $10/$50/$100/80% up to $250	Wegman's: $5/$20/$40 Other: $10/$50/$100/80% up to $250
Mail Order Prescription Drug Copays	2 copays per 90-day supply	2 copays per 90-day supply	2 copays per 90-day supply

This comparison summarizes St. John Fisher University's medical plan features. Every effort has been made to ensure that this information is accurate. However, legal documents and insurance contracts govern the medical plan. If this comparison differs from the official documents and contracts, the official documents and contracts will rule.