EPO Plan Comparison 2026 vs. 2027 (In-Network)

	2026 EPO	2027 EPO
Deductible (Individual/Family)	$0 / $0	$0 / $0
Out-of-Pocket Maximum (Individual/Family)	$4,200 / $12,600	$5,000 / $15,000
Coinsurance (Plan/Member)	100% / 0%	100% / 0%
Wellness / Preventive Care	100%	100%
Primary Care Office Visit	$25 copay	$50 copay
Specialist Office Visit	$25 copay	$80 copay
Urgent Care Visit	$25 copay	$80 copay
Emergency Room	$150 copay (waived if admitted)	$300 copay (waived if admitted)
Outpatient Lab / X-Ray	$25 copay	$80 copay
Complex Imaging (MRI, CAT, PET)	$25 copay	$200 copay
Outpatient Surgical Facility	$50 copay	$300 copay
Inpatient Hospital Facility	$250 copay	$750 copay
Retail Prescription Drug Copays (Generic/Preferred/Non-Preferred/Specialty)	Wegman's: $5/$20/$40 Other: $10/$30/$50	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

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.