BENEFITS ENROLLMENT

Open Enrollment 2027 BENEFITS

aetna® Optum Rx®

HEALTH PLAN COMPARISON

	CORE PPO PLAN				HEALTH INVESTMENT PLAN				PREMIER PPO PLAN			
Weekly Premiums	EMP	EMP/SP	EMP/CH	EMP/SP/CH	EMP	EMP/SP	EMP/CH	EMP/SP/CH	EMP	EMP/SP	EMP/CH	EMP/SP/CH
Medical/Prescription	$5.00	$55.72	$48.94	$67.30	$16.84	$110.60	$97.15	$133.58	$36.10	$179.33	$156.51	$244.76
Deductible	**In-Network**				**In-Network**				**In-Network**			
Individual	$4,250				$2,300				$1,200			
2 Individuals	$8,500				$3,800				$2,400			
3+ Individuals	$8,500				$4,600				$2,400			
Out-of-Pocket Max (includes deductible)												
Individual	$7,000				$4,000				$4,000			
2 Individuals	$14,000				$7,000				$8,000			
3+ Individuals	$14,000				$8,000				$8,000			
Office Visits & Specialist												
Preventive-Care Visit	Covered 100%				Covered 100%				Covered 100%			
PCP Office Visit	$40 copay				80% after deductible				$25 copay			
CVS Virtual PCP Visit	Covered 100%				Covered 100%				Covered 100%			
Specialist Office Visit	$60 copay				80% after deductible				$40 copay			
Emergency & Hospitalization												
Inpatient Hospital	70% after deductible				80% after deductible				80% after deductible			
Emergency Room	70% after deductible				80% after deductible				80% after deductible			
Urgent Care	$75 copay				80% after deductible				$50 copay			
Prescriptions												
Preventive Medications (Blood Pressure and Cholesterol Lowering)	Subject to copay below				Covered 100%				Subject to copay below			
Generic	$10 copay				$10 copay after deductible				$10 copay			
Preferred	30% - $25/$75				30% - $25/$75 after deductible				30% - $25/$75			
Non-Preferred	50% - $50/$100				50% - $50/$100 after deductible				50% - $50/$100			
Specialty Medications	50% to $250 copay				50% to $250 copay after deductible				50% to $250 copay			
Retail 90-Day Supply and Mail Order 90-Day Supply												
Preventive Medications (Blood Pressure and Cholesterol Lowering)	Subject to copay below				Covered 100%				Subject to copay below			
Generic	$25 copay				$25 copay after deductible				$25 copay			
Preferred	30% - $62.50 min/$187.50 max				30% - $62.50 min/$187.50 max after deductible				30% - $62.50 min/$187.50 max			
Non-Preferred	50% - $125 min/$250 max				50% - $125 min/$250 max after deductible				50% - $125 min/$250 max			

Gordon® FOOD SERVICE

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