

2027 Medical Plan Comparison Chart



	OrangePrime Plus Plan w/HSA	OrangePrime Low Plan	OrangePrime Local SureFit
	In-Network	In-Network	In-Network
DEDUCTIBLE <i>Individual/Family</i>	\$1,750 / \$3,500	\$1,750 / \$3,500	\$1,500 / \$3,000
EMPLOYER CONTRIBUTION <i>Individual/Family</i>	Up to \$1,000 / \$1,550 (proration apply)	No employer contribution	No employer contribution
OUT-OF-POCKET MAX <i>Individual/Family</i>	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Preventive Care	\$0	\$0	\$0
Telehealth	**\$10 co-pay	**\$10 co-pay	**\$10 co-pay
Primary Care	\$30 after Deductible	**\$30 co-pay	**\$30 co-pay
Convenience Care	\$30 after Deductible	**\$30 co-pay	**\$30 co-pay
Specialist	\$50 after Deductible	**\$50 co-pay	**\$50 co-pay
Inpatient Hospital Admission	20% after Deductible	20% after Deductible	20% after Deductible
Outpatient Surgery (Non-Hospital)	20% after Deductible	**\$150 co-pay	**\$150 co-pay
Outpatient Surgery (Hospital Based)	20% after Deductible	20% after Deductible	20% after Deductible
Advanced Imaging (Hospital Based)	20% after Deductible	20% after Deductible	20% after Deductible
Advanced Imaging (Freestanding Facility)	20% after Deductible	**\$150 co-pay	**\$150 co-pay
Urgent Care	20% after Deductible	**\$50 co-pay	**\$50 co-pay
Emergency Room	20% after Deductible	20% after Deductible	20% after Deductible
Ambulance	20% after Deductible	20% after Deductible	20% after Deductible
Home Healthcare	20% after Deductible	20% after Deductible	20% after Deductible
Durable Medical Equipment	20% after Deductible	20% after Deductible	20% after Deductible
Short-Term Rehabilitation/Therapy	20% after Deductible	20% after Deductible	20% after Deductible
Mental Health/Substance Abuse (inpatient)	20% after Deductible	20% after Deductible	20% after Deductible

****** Co-payments do NOT apply to the deductible but are applied to the out-of-pocket maximum.