2027 Medical plan comparison chart: what you pay for in-network care

	BCBS HDHP 3800	BCBS PPO 1500	SURest	Kaiser HMO 1500 Offered in limited states*	Kaiser HDHP 3000 Offered in limited states*
Tax-advantaged account	HSA and Limited Purpose FSA	Health Care FSA	Health Care FSA	Health Care FSA	HSA and Limited Purpose FSA
Deductible (You only | You + others)	**$3,800 | $7,600**	**$1,500 | $3,000**	**None | None**	**$1,500 | $3,000**	**$3,000 | $6,000**
Out-of-pocket maximum (You only | You + others)	**$7,000 | $14,000**	**$5,500 | $11,000**	**$5,500 | $11,000**	**$4,500 | $9,000**	**$6,000 | $12,000**
Routine preventive care	Free, covered **100%**	Free, covered **100%**	Free, covered **100%**	Free, covered **100%**	Free, covered **100%**
Primary care office visits	You pay **25%**, after deductible	**$25**	**$25—$135**	**$25**	You pay **20%**, after deductible
Specialist office and virtual visits	You pay **25%**, after deductible	**$55**	**$25—$135**	**$50**	You pay **20%**, after deductible
Behavioral health office visits	You pay **25%**, after deductible	**$25**	**$25**	**$25**	You pay **20%**, after deductible
Primary care virtual care visits	Free, covered **100%**	Free, covered **100%**	Free, covered **100%**	Free, covered **100%**	Free, covered **100%**
Urgent care	You pay **25%**, after deductible	**$55**	**$80**	**$50**: CO, Mid-Atlantic, Northwest **$25**: WA, CA, GA	You pay **20%**, after deductible
Emergency room visit	You pay **25%** coinsurance, after deductible + **$500**	You pay **20%** coinsurance, after deductible + **$500**	**$900**	You pay **20%**, after deductible	You pay **20%**, after deductible
Prescription drug (30-day fills)					
Generic	You pay **25%**, after deductible	**$10**	**$10**	**$10**	You pay **20%**, after deductible**
Preferred brand	You pay **25%**, after deductible	**$25**	**$25**	**$25**	You pay **20%**, after deductible**
Non-preferred brand	You pay **25%**, after deductible	**$40**	**$40**	**$25**	You pay **20%**, after deductible**
Prescription drug (90-day fills via Walgreens or mail-order)					
Generic	You pay **25%**, after deductible	**$25**	**$25**	**$20**	You pay **20%**, after deductible**
Preferred brand	You pay **25%**, after deductible	**$62.50**	**$62.50**	**$50**	You pay **20%**, after deductible**
Non-preferred brand	You pay **25%**, after deductible	**$100**	**$100**	**$50**	You pay **20%**, after deductible**
Specialty	You pay **25%**, after deductible	**20%** (up to $250)	**20%** (up to $250)	**20%** (up to $250)	You pay **20%**, after deductible**

* Teammates in parts of California, Colorado, Georgia, Maryland, Oregon, Virginia, Washington state and Washington, D.C. may be eligible to enroll in the Kaiser medical plans.

** Prescription drug coverage varies by state, maximums will apply.