

2027 LCC Priority Health Medical Insurance Plans

2027 Medical Plans	Priority Health HDHP	Priority Health PPO \$1500/\$3000
Pool Reference	HSA 3500 PH06	Enhanced 1500 PH07
Plan Highlights	In-Network	In-Network
Individual Deductible	\$3,500	\$1,500
Family Deductible	\$7,000	\$3,000
Deductible	Aggregate	Embedded
Coinsurance (Insurance Pays)	80%	80%
Individual Coinsurance Max	\$2,000	\$2,000
Family Coinsurance Max	\$4,000	\$4,000
Individual Out of Pocket Max	\$5,500	\$4,500
Family Out of Pocket Max	\$11,000	\$9,000
Individual Deductible	\$3,500	\$2,000
Covered Benefits	In-Network	In-Network
Preventative Care	100%	100%
Online Visit	80% after deductible	\$20 copay
Online Mental Health Visit	80% after deductible	\$20 copay
Primary Care Physician Office Visit	80% after deductible	\$20 copay
Specialist Office Visit	80% after deductible	\$50 copay
Urgent Care Visit	80% after deductible	Facility: 100% after deductible after \$60 copay Physician: 100% after \$60 copay
Emergency Room	80% after deductible	\$250 copay (waived if admitted or for accidental injury)
Chiropractic	80% after deductible, limit 24 visits	\$30 copay, limit 24 visits PMPY
Prescription Drugs	In-Network	In-Network
Generic	\$10 copay after deductible	\$10 copay
Preferred Brand/ Preferred Specialty	80% after deductible (\$80 max)	80% after deductible (\$80 max)
Non-Preferred Brand/ Non-Preferred Specialty	80% after deductible (\$100 max)	80% after deductible (\$160 max)
Mandatory Mail	N	N
Mail Order Prescriptions (90 Days)	2x	2x
Other	In-Network	In-Network
Private Duty Nursing	80% after deductible	Not Covered
Wisdom Tooth Extractions	Not Covered	Not Covered
Massage Therapy Benefit	Not Covered	Not Covered

Full-Time Employees

2027 Medical Plans	Priority Health HDHP	Priority Health PPO \$1500/\$3000
Full Monthly Premium		
<i>Single</i>	\$660.59	\$870.31
<i>2-Person</i>	\$1,486.31	\$1,958.18
<i>Family</i>	\$1,849.64	\$2,436.85
Employee Monthly Premium		
<i>Single</i>	\$0.00	\$188.61
<i>2-Person</i>	\$60.67	\$532.54
<i>Family</i>	\$0.00	\$577.67
2027 Employee Per Pay Amount (24 Pays)		
<i>Single</i>	\$0.00	\$94.31
<i>2-Person</i>	\$30.34	\$266.27
<i>Family</i>	\$0.00	\$288.84

ACA Part-Time Employees

2027 Medical Plans	Priority Health HDHP	Priority Health PPO \$1500/\$3000
Full Monthly Premium		
<i>Single</i>		
<i>2-Person</i>		
<i>Family</i>		
Employee Monthly Premium		
<i>Single</i>		
<i>2-Person</i>		
<i>Family</i>		
2027 Employee Per Pay Amount (24 Pays)		
<i>Single</i>		
<i>2-Person</i>		
<i>Family</i>		

Legacy Part-Time Employees with/without Subsidy (previous healthcare agreement)

2027 Medical Plans	Priority Health HDHP	Priority Health PPO \$1500/\$3000
Full Monthly Premium		
<i>Single</i>		
<i>2-Person</i>		
<i>Family</i>		
Employee Monthly Premium		
<i>Single</i>		
<i>2-Person</i>		
<i>Family</i>		
2027 Employee Per Pay Amount (24 Pays)		
<i>Single</i>		
<i>2-Person</i>		
<i>Family</i>		