# 2027 Open Enrollment

## Comparision of IAFF Plan Designs







| | Traditional PPO | HDHP with HSA |
|---|---|---|
| | | |
| **Annual Deductible**<br>In-Network<br>Out-of-Network | <br>$300 single/$600 family*<br>$800 single/$1,600 family* | <br>$1,750 single/$3,500 family**<br>$3,500 single/$7,000 family** |
| **Co-Insurance**<br>In-Network<br>Out-of-Network | <br>20% after deductible is met<br>40% after deductible is met | <br>20% after deductible is met<br>40% after deductible is met |
| **Out of Pocket Max (OOPM)**<br>In-Network<br>Out-of-Network | <br>$700 single/$1,200 family*<br>$1,600 single/$3,200 family* | <br>$3,000 single/$6,000 family**<br>$6,000 single/$9,000 family** |
| **Physician Services** | | |
| **Office Visit Copay**<br>Primary Care<br>Specialist | <br>20% after deductible is met<br>40% after deductible is met | <br>20% after deductible is met<br>40% after deductible is met |
| **Hospital Inpatient Stay**<br>In-Network<br>Out-of-Network | <br>20% after deductible is met<br>40% after deductible is met | <br>20% after deductible is met<br>40% after deductible is met |
| **Outpatient Surgery**<br>In-Network<br>Out-of-Network | <br>20% after deductible is met<br>40% after deductible is met | <br>20% after deductible is met<br>40% after deductible is met |
| **Emergency Room**<br>In-Network<br>Out-of-Network | <br>20% after deductible is met<br>Same as In-Network | <br>20% after deductible is met<br>Same as In-Network |
| **Urgent Care**<br>In-Network<br>Out-of-Network | <br>20% after deductible is met<br>40% after deductible is met | <br>20% after deductible is met<br>40% after deductible is met |
| **Lifetime Maximum** | No Maximum | No Maximum |
| **Rx Copays**<br>Tier 1<br>Tier 2<br>Tier 3/Dispense as Written | **Retail/Mail Order**<br>$5/$12.50<br>$15/$25<br>$30/$60 | <br>20% after deductible is met<br>20% after deductible is met<br>20% after deductible is met |
| **Rx Out of Pocket Max** | $2,000 single/$4,000 family | Medical and Rx Combined |

*PPO Family Deductible and OOPM are EMBEDDED
**HDHP Family Deductible and OOPM are NON-EMBEDDED




NOTE: This Benefits Summary provides a brief overview of your employer's benefit programs and is for informational purposes only. For exact terms, please review the employee handbook and the official carrier plan documents. If there is any conflict between this summary and those governing documents, the governing documents will control.

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