

Your 2027 Plan Options: Healthcare Highways

Plan Name	High	Mid	Low
All Plans offer the FRONTIER CLINIC FREE OF CHARGE Office Visits, Care Coordinated by Frontier, and Scripts Filled through Frontier			
Deductible			
Individual	\$2,000	\$4,000	\$6,000
Family	\$4,000	\$8,000	\$12,000
Co-Insurance	80%	70%	70%
Individual Maximum Out of Pocket	\$7,000	\$8,000	\$8,500
Family Maximum Out of Pocket	\$14,000	\$16,000	\$17,000
Primary Office Visit	\$35 copay	\$40 copay	\$50 copay
Specialist Office Visit	\$50 copay	\$60 copay	\$80 copay
Inpatient Hospital	80% after deductible	70% after deductible	70% after deductible
Outpatient Surgery	80% after deductible	70% after deductible	70% after deductible
ER - Facility	\$500 copay + 20% coinsurance after deductible	\$500 copay + 30% coinsurance after deductible	\$500 copay + 30% coinsurance after deductible
ER - Physician	\$50 copay	\$60 copay	\$80 copay
Urgent Care	100% after OV copay	100% after OV copay	100% after OV copay
Lab/X-Ray Billed by Doctors Office	100%	100%	100%
Lab/X-Ray Billed by Outside Facility	100%	100%	100%
In-Network Prescriptions			
Retail Prescription Drugs (30 days)	\$10 / \$40 / \$60 / 10% up to \$2,500	\$15 / \$50 / \$75 / 10% up to \$2,500	\$20 / \$60 / \$90 / 10% up to \$2,500
Mail Order Prescription Drugs (90 days)	3X	3X	3X
Employee Rates - MONTHLY	HCH High	HCH Mid	HCH Low
Employee Only	\$285.00	\$127.00	\$50.00
Employee + Spouse	\$1,000.00	\$730.00	\$650.00
Employee + Children	\$780.00	\$495.00	\$440.00
Employee + Family	\$1,450.00	\$1,100.00	\$1,000.00
Employee Increase from 2026	HCH High	HCH Mid	HCH Low
Employee Only	\$25.00	\$38.00	\$10.00
Employee + Spouse	\$75.00	\$61.00	\$39.00
Employee + Children	\$55.00	\$40.00	\$29.00
Employee + Family	\$50.00	\$65.00	\$30.00