2027 Medical Plan Comparisons

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	ADVANTAGE HSA	PROTECT PPO	ESSENTIAL PPO
DEDUCTIBLE			
In Network (Single/Family)	$1,750 / $3,500	$3,500 / $7,000	$5,000 / $10,000
Out of Network (Single/Family)	$3,500 / $7,000	$7,000 / $14,000	$10,000 / $20,000
Deductible/OOP Treatment*	True Family	Embedded	Embedded
OUT OF POCKET (OOP) MAX			
In Network (Single/Family)	$6,000 / $12,000	$8,500 / $17,000	$12,000/$24,000
Out of Network (Single/Family)	$12,000/$24,000	$17,000/$34,000	$24,000/$48,000
GENESCO HSA MATCH			
Single/Family	Up to $500 / $1,000	N/A - No HSA Account	N/A - No HSA Account
MEDICAL SERVICES			
Preventative Care	Fully Covered	Fully Covered	Fully Covered
Telemedicine	$10 Copay	$10 Copay	$10 Copay
PCP/Specialist Visit	15% After Deductible	$20 / $40 Copay	$30 / $50 Copay
Urgent Care Center	15% After Deductible	$20 Copay	$30 Copay
Emergency Room	15% After Deductible	20% After Deductible	30% After Deductible
Inpatient Hospital	15% After Deductible	20% After Deductible	30% After Deductible
Out of Network Services	40% After Deductible	50% After Deductible	50% After Deductible
PHARMACY SERVICES			
Generic (Retail/ Mail)	15% After Deductible	$15 / $30 Copay	$15 / $30 Copay
Brand Pref (Retail / Mail)	15% After Deductible	20% ($150 / $300 Max)	30% ($150 / $300 Max)
Brand Non (Retail / Mail)	15% After Deductible	30% ($200 / $400 Max)	40% ($200 / $400 Max)
Specialty	15% After Deductible	20%, No Deductible	30%, No Deductible

*A **true family deductible** requires the whole family's combined costs to meet one shared deductible/OOP Maximum before insurance pays for anyone, while an **embedded deductible** gives each family member an individual deductible, so insurance will start paying for that person once they meet it, even if the full family deductible hasn't been met yet.

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