

Proposed Plans 2026/2027

	2026/2027		2026/2027	
	Hybird Plan		SureFit	
Network	National Network with Out of network Coverage		Narrow Network (AdventHealth)	
Deductible (Individual/Family) - Must be met before copayments and coinsurance apply	\$3,000/\$6,000		\$2,000/\$4,000	
Coinsurance	30%		20%	
Medical Out of Pocket Max	\$6,000/\$12,000		\$6,000/\$12,000	
RX Out of Pocket Max	\$4,500/\$9,000		\$4,000/\$8,000	
PCP/Specialist Copays	\$15; \$45^/\$65^^		\$15/\$75	
ER Copayment	30%		20%	
RX - Retail (30 days)				
Deductible (Brand/Specialty)			\$500	
Generic	\$9		\$9	
Brand - Preferred	20%, no minimum; eliminate max		\$70	
Brand - Non-Preferred	50%, no minimum; eliminate max		\$100	
Specialty	20%, no minimum; eliminate max		\$120	
MdLive/Virtual Urgent Care	\$0		\$0	
Mental / Behavioral Health / Substance Use Disorder Inpatient Services	30% after deductible		20% after deductible	
Mental / Behavioral Health / Substance Use Disorder Outpatient Services	\$20 office visit, 30% after deductble for other services		\$20 office visit copay; 20% after deductble other services	
Out of Network Coverage	Deductible \$6,000/\$12,000; Coinsurance 60%/40%, Max OOP \$12,000/\$24,000		None	
Contributions/Premiums				
Hired Prior to 07/01/2024	Annual Amount	Per Paycheck	Annual Amount	Per Paycheck
Board Contribution	\$11,611		\$11,611	
Employee only	\$1,700	\$85	\$600	\$30
Employee + Children	\$6,895	\$345	\$3,825	\$191
Employee + Spouse	\$13,500	\$675	\$10,566	\$528
Employee + Full Family	\$16,988	\$849	\$11,753	\$588
Employee + Half Family *	\$2,400	\$120	\$1,000	\$50
Hired On/After 07/01/2024				
Board Contribution	\$10,966		\$10,996	
Employee only	\$2,345	\$117	\$1,245	\$62
Employee + Children	\$7,540	\$377	\$4,470	\$224
Employee + Spouse	\$14,145	\$707	\$11,211	\$561
Employee + Full Family	\$17,633	\$882	\$12,398	\$620
Employee + Half Family *	\$3,045	\$152	\$1,645	\$82

*Half Family - both spouses work for OCPS