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	2026/2027	2026/2027	2026/2027
	OA Plus - HYBRID	**SureFit**	**OAP In-Network**
Network	National Network with Out-of-Network Coverage	Narrow Network (AdventHealth)	Local Network
	CTA Proposal	**CTA Proposal**	**CTA Proposal**
Medical Deductible (Individual/Family)	$800/$1,600	$600/$1,200	$1,000/$2,000
Coinsurance	20%	10%	20%
Medical Out of Pocket Max	$4,5000/$9,000	$4,500/$9,000	$4,500/$9,000
RX Out of Pocket Max	$4,000/$8,000	$2,500/$5,000	$4,000/$8,000
PCP/Specialist Copays	PCP $15 $30/visit Network $65/visit Non-Network	$15/$55	$15/$55
ER Copayment	$400	$400	$400
RX Deductible (Brand/Specialty)	None	None	None
Generic	$9	$9	$9
Brand - Preferred	10%, minimum of $60	$60	10%, minimum of $60
Brand - Non-Preferred	10%, minimum of $90	$90	10%, minimum of $90
Specialty	10%, minimum $100	$100	10%, minimum $100
MDLive (Virtual Urgent Care)	$0	$0	$0

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Mental / Behavioral Health / Substance Use Disorder Inpatient Services	10% after deductible	10% after deductible	10% after deductible
Mental / Behavioral Health / Substance Use Disorder Outpatient Services	Visits 1-5: No charge Visits 6-10: $10 copay/visit Visits 11-20: $20 copay/visit	Visits 1-5: No charge Visits 6-10: $10 copay/visit Visits 11-20: $20 copay/visit	Visits 1-5: No charge Visits 6-10: $10 copay/visit Visits 11-20: $20 copay/visit
Out of Network Coverage	Deductible Medical: $5,000Individual/$10,000 Family Coinsurance 70% / 30% Out of Network Maximums Medical: $10,000 Individual/ $20,000 Family Pharmacy: Unlimited	None	None

Hired Prior to 07/01/2024			
	CTA Per Paycheck	**CTA Per Paycheck**	**CTA Per Paycheck**
Employee only	$59	$0	$30
Employee + Child(ren)	$345	$63	$76
Employee + Spouse **/Same-sex Domestic Partner (DP)**	$573	$261	$261
Employee + Full Family	$760	$293	$308
Employee + Half Family *	$90	$0	$30
Hired On/ After 07/01/2024			
	CTA Per Paycheck	**CTA Per Paycheck**	**CTA Per Paycheck**
Employee only	$88	$0	$62
Employee + Child(ren)	$377	$127	$109

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Employee + Spouse **/Same-sex Domestic Partner (DP)**	$605	$326	$294
Employee + Full Family	$792	$357	$340
Employee + Half Family *	$122	$0	$62

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