HEALTH INSURANCE COMPARISON CHART

	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 - Access to Orlando Health		
	Current - Plan C	**OCPS Proposal**	**CTA Proposal**	**Current - SureFit**	**OCPS Proposal**	**CTA Proposal**	**Current - Plan A**	**OCPS Proposal**	**CTA Proposal**
		Deductible First			Deductible First				
Medical Deductible (Individual/Family)	$400/$800	$3,000/$6,000	$800/$1,600	$300/$600	$2,000/$4,000	$600/$1,200	$500/$1,000	X	$1,000/$2,000
Coinsurance	20%	30%	20%	10%	20%	10%	20%	X	20%
Medical Out of Pocket Max	$4,5000/$9,000	$6,000/$12,000	$4,5000/$9,000	$4,500/$9,000	$6,000/$12,000	$4,500/$9,000	$4,500/$9,000	X	$4,500/$9,000
RX Out of Pocket Max	$4,000/$8,000	$4,500/$9,000	$4,000/$8,000	$2,500/$5,000	$4,000/$8,000	$2,500/$5,000	$4,000/$8,000	X	$4,000/$8,000
PCP/Specialist Copays	PCP $15 $30/visit Network $65/visit Non-Network	PCP $15 after deductible; SCP $45^/$65^^ after deductible	PCP $15 $30/visit Network $65/visit Non-Network	$15/$55	PCP $15 after deductible; SCP $55 after deductible	$15/$55	$15/$55	X	$15/$55
ER Copayment	$400	30% after deductible	$400	$400	20% after deductible	$400	$400	X	$400
RX Deductible (Brand/Specialty)	None	None	None	None	$500	None	None	X	None
Generic	$9	$9 - Deductible does not apply	$9	$9	$9 - Deductible does not apply	$9	$9	X	$9
Brand - Preferred	10%, minimum of $60	20%, no minimum; eliminate max. Deductible does not apply.	10%, minimum of $60	$60	$70, after RX deductible	$60	10%, minimum of $60	X	10%, minimum of $60
Brand - Non-Preferred	10%, minimum of $90	20%, no minimum; eliminate max Deductible does not apply	10%, minimum of $90	$90	$100, after RX deductible	$90	10%, minimum of $90	X	10%, minimum of $90
Specialty	10%, minimum $100	20%, no minimum; eliminate max	10%, minimum $100	$100	$120, after RX deductible	$100	10%, minimum $100	X	10%, minimum $100

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		Deductible does not apply.							
MDLive (Virtual Urgent Care)	$0	$0, Deductible does not apply	$0	$0	$0, Deductible does not apply	$0	$0	X	$0
Mental / Behavioral Health / Substance Use Disorder Inpatient Services	10% after deductible	30% after deductible	10% after deductible	10% after deductible	20% after deductible	10% after deductible	10% after deductible	X	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	$15 office visit after deductible, 30% for other services after deductible	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	$15 office visit after deductible, 20% for other services after deductible	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	X	Visits 1-5: No charge Visits 6-10: $10 copay/visit Visits 11-20: $20 copay/visit
Out of Network Coverage	None	Deductible $6,000/$12,000; Coinsurance 60%/40%, Max OOP $12,000/$24,000	Deductible Medical: $5,000 Individual/ $10,000 Family Coinsurance 70% / 30% Medical: $10,000 Individual/ $20,000 Family Pharmacy: Unlimited	None	None	None	None	X	None

EMPLOYEE PREMIUMS PER PAYCHECK

Hired Prior to 07/01/2024									
	Current Rate - Plan C	**OCPS Per Paycheck**	**CTA Per Paycheck**	**Current Rate**	**OCPS Per Paycheck**	**CTA Per Paycheck**	**Current Rate - Plan A**	**OCPS Proposal**	**CTA Per Paycheck**
Employee only	$59	$59	$59	$0	$0	$0	$27	X	$30
Employee + Child(ren)	$339	$345	$345	$57	$191	$63	$69	X	$76
Employee + Spouse **/Same-sex Domestic Partner (DP)**	$521	$675	$573	$238	$528	$261	$238	X	$261
Employee + Full Family	$691	$849	$760	$266	$588	$293	$280	X	$308
Employee + Half Family *	$81	$120	$90	$0	$50	$0	$27	X	$30
Hired On/After 07/01/2024									
	Current Rate - Plan C	**Per Paycheck**	**CTA Per Paycheck**	**Current Rate**	**OCPS Per Paycheck**	**CTA Per Paycheck**	**Current Rate**	**OCPS Proposal**	**CTA Per Paycheck**
Employee only	$88	$88	$88	$0	$0	$0	$57	X	$62
Employee + Child(ren)	$367	$377	$377	$116	$224	$127	$99	X	$109
Employee + Spouse **/Same-sex Domestic Partner (DP)**	$550	$707	$605	$296	$561	$326	$267	X	$294
Employee + Full Family	$720	$882	$792	$325	$620	$357	$309	X	$340
Employee + Half Family *	$111	$152	$122	$0	$82	$0	$57	X	$62

TOTAL	Tier 1 - Hired prior to 07/01/2024					Tier 2- Hired after 07/01/2024			
	CTA	OESPA	Admin	Totals		CTA	OESPA	Admin	Totals
01 - Employee only	6,411	4,917	655	11,983		460	669	31	1,397
02 - Employee + Children	2,511	645	308	3,464		58	49	6	113
03 - Employee + Spouse	411	153	56	620		14	5	2	21
04 - Employee + Full Family	1,001	208	135	1,344		22	13	9	44
05 - Employee + Half Family *	561	184	86	831		11	21	3	35
	10,895	6,107	1,240	18,242		565	757	51	1,610

Local Plus Plan A

Tier	CTA	OESPA	Admin	Totals	CTA	OESPA	Admin	Totals
01 - Employee only	2,948	2,162	264	5,374	129	98	10	237
02 - Employee + Children	2,095	546	256	2,897	55	36	6	97
03 - Employee + Spouse	327	120	42	489	10	4	1	15
04 - Employee + Full Family	885	190	117	1,192	19	12	8	39
05 - Employee + Half Family *	225	67	1	293	2	14	1	17
	6,480	3,085	680	10,245	215	164	26	405

High Deductible Health Plan B

Tier	CTA	OESPA	Admin	Totals	CTA	OESPA	Admin	Totals
01 - Employee only	155	3	10	168	14	3	0	17
02 - Employee + Children	4	1	1	6	0	1	0	1
03 - Employee + Spouse	1	1	0	2	1	0	1	2
04 - Employee + Full Family	2	1	0	3	1	0	0	1
05 - Employee + Half Family *	0	0	0	0	2	0	0	2
	162	6	11	179	18	4	1	23

OAP in Network Plan C

Tier	CTA	OESPA	Admin	Totals	CTA	OESPA	Admin	Totals
01 - Employee only	2,418	1,843	307	4,568	82	38	9	129
02 - Employee + Children	266	35	36	337	1	1	0	2
03 - Employee + Spouse	63	24	11	98	1	1	0	2
04 - Employee + Full Family	74	12	12	98	1	0	0	1
05 - Employee + Half Family *	301	101	85	487	5	2	2	9
	3,122	2,015	451	5,588	90	42	11	143

SureFit Plan D

Tier	CTA	OESPA	Admin	Totals	CTA	OESPA	Admin	Totals
01 - Employee only	890	909	74	1,873	364	628	22	1,014
02 - Employee + Children	146	63	15	224	2	11	0	13
03 - Employee + Spouse	20	8	3	31	2	0	0	2
04 - Employee + Full Family	40	5	6	51	1	1	1	3
05 - Employee + Half Family *	35	16	0	51	2	5	0	7
	1,131	1,001	98	2,230	371	645	23	1,039

* Both Spouses are OCPS employees