

2027 Medical Plans: **Plan Comparison**



	PPO with Flexible Spending Account			Consumer Choice Advantage with Health Savings Account			Consumer Choice Value with Health Savings Account		
Deductible	Tier 1: Single: \$1,200 Family: \$3,600	Tier 2: Single: \$3,000 Family: \$6,000	Tier 3: Single: \$5,000 Family: \$10,000	Tier 1: Single: \$3,400 Family: \$6,800	Tier 2: Single: \$3,400 Family: \$6,800	Tier 3: Single: \$6,000 Family: \$12,000	Tier 1: Single: \$4,000 Family: \$8,000	Tier 2: Single: \$4,000 Family: \$8,000	Tier 3: Single: \$6,000 Family: \$12,000
Copay PPO plan: Copays for physician visits, pharmacy, and other services do not apply to the deductible, but do apply to the out-of-pocket maximum.	Tier 1: Office visit/exam: \$30 Outpatient specialist visit: \$60 Urgent care: \$50 Emergency services: \$500	Tier 2: Office visit/exam: \$40 Outpatient specialist visit: \$90 Urgent care: \$100 Emergency services: Deductible and 20% co-insurance.	Tier 3: Office visit/exam: \$60 Outpatient specialist visit: \$120 Urgent care: \$150 Emergency services: Deductible and 20% co-insurance.	Copays do not apply. See co-insurance below. Co-insurance applies after deductible has been met and may vary according to services. Refer to plan document. Office visits, specialist visits and urgent care: Tier 1: 0% Tier 2: 20% Tier 3: 40% Emergency services: Tier 1: 10% Tier 2: 20% Tier 3: 20%			Copays do not apply. See co-insurance below. Co-insurance applies after deductible has been met and may vary according to services. Refer to plan document. Office visits, specialist visits and urgent care: Tier 1: 0% Tier 2: 25% Tier 3: 40% Emergency services: Tier 1: 10% Tier 2: 20% Tier 3: 20%		
Co-Insurance (after your deductible is met)	Tier 1: 15%	Tier 2: 20%	Tier 3: 30%	Tier 1: 10%	Tier 2: 20%	Tier 3: 30%	Tier 1: 15%	Tier 2: 25%	Tier 3: 40%
Out-of-Pocket Maximum	Tier 1: Single: \$4,800 Family: \$10,800	Tier 2: Single: \$5,400 Family: \$11,400	Tier 3: Single: \$6,000 Family: \$12,000	Tier 1: Single: \$6,000 Family: \$12,000	Tier 2: Single: \$7,000 Family: \$13,000	Tier 3: Single: \$6,000 Family: \$12,000	Tier 1: Single: \$6,650 Family: \$13,300	Tier 2: Single: \$6,650 Family: \$13,300	Tier 3: Single: \$8,300 Family: \$16,600
Pharmacy Nebraska Medicine pharmacies offer a 90-day supply for the price of a 60-day supply for most medications, with free mail-order services. Preventive medications are available at no cost, exclusively through Nebraska Medicine pharmacies.	Nebraska Medicine Pharmacies: Generic: \$10 copay Preferred brand: \$40 copay Nonpreferred brand: \$60 copay Specialty: Prescription price applies to deductible. After deductible is reached, 10% co-insurance.		In-Network Pharmacies: <i>*see Benefits Hub for more details</i> Generic: \$20 copay Preferred brand: Prescription price applies to deductible. After deductible is reached, 20% co-insurance. Nonpreferred brand: Prescription price applies to deductible. After deductible is reached, 20% co-insurance. Specialty: Not covered.	Prescription price applies to deductible. After deductible is reached, 20% co-insurance. Specialty: Covered at Nebraska Medicine pharmacies only.			Prescription price applies to deductible. After deductible is reached, 20% co-insurance. Specialty: Covered at Nebraska Medicine pharmacies only.		
Employer Funding	Single: \$20 premium discount per pay period* Colleague + Spouse, Colleague + Children, Family: \$30 premium discount per pay period*			Single: \$1,000** Family: \$1,500**			Single: \$1,000** Family: \$1,500**		
Your Allowable Contributions	Flexible Spending Account (optional): \$3,300			Health Savings Account: Single: \$4,400 Family: \$8,750 Option for \$1,000 catch-up contribution if 55+.			Health Savings Account: Single: \$4,400 Family: \$8,750 Option for \$1,000 catch-up contribution if 55+.		

*Colleague and spouse (if covered) must complete their Well-Being 360 incentive requirements by Sept. 30, 2025, to receive the premium discount. No additional action needed for employee/children coverage.
**Colleague and spouse (if covered) must complete their Well-Being 360 incentive requirements by Sept. 30, 2025, to receive full employer funding (\$1,000 single / \$1,500 family). No additional action needed for employee/children coverage.

2027 Medical Plans: Plan Premiums per Pay Period



FULL-TIME COLLEAGUES

PPO

	Employee Premium	Employee Premium with Well-Being Incentive Discount	Employer Premium
Colleague	\$86.92	\$66.92	\$323.08
Colleague and Spouse	\$182.87	\$152.87	\$637.14
Colleague and Child(ren)	\$166.89	\$136.89	\$624.42
Family	\$262.85	\$232.85	\$1,012.27

Consumer Choice Advantage

	Employee Premium	Employer Premium
Colleague	\$64.71	\$332.88
Colleague and Spouse	\$134.43	\$660.77
Colleague and Child(ren)	\$122.82	\$643.15
Family	\$192.53	\$1,043.99

Consumer Choice Value

	Employee Premium	Employer Premium
Colleague	\$43.32	\$342.44
Colleague and Spouse	\$95.31	\$676.21
Colleague and Child(ren)	\$86.64	\$657.87
Family	\$138.64	\$1,061.07

PART-TIME COLLEAGUES

PPO

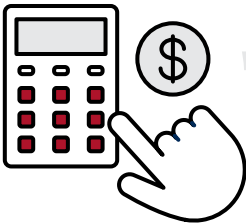
	Employee Premium	Employee Premium with Well-Being Incentive Discount	Employer Premium
Colleague	\$130.39	\$110.39	\$279.62
Colleague and Spouse	\$274.31	\$244.31	\$545.69
Colleague and Child(ren)	\$250.32	\$220.32	\$540.99
Family	\$394.26	\$364.26	\$880.85

Consumer Choice Advantage

	Employee Premium	Employer Premium
Colleague	\$97.07	\$300.53
Colleague and Spouse	\$201.64	\$593.54
Colleague and Child(ren)	\$184.22	\$583.13
Family	\$288.77	\$947.74

Consumer Choice Value

	Employee Premium	Employer Premium
Colleague	\$64.98	\$320.79
Colleague and Spouse	\$142.97	\$628.54
Colleague and Child(ren)	\$129.98	\$614.54
Family	\$207.96	\$991.75



Check out our **Plan Select Tool** to help you find the right plan.

[click here](#)