ABILENE CHRISTIAN UNIVERSITY

MEDICAL PLAN COMPARISON

	HDHP		PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	Annual Deductible		**Annual Deductible**	
Individual	$3,500		$1,500	
Family	$7,000		$3,000	
	Annual Out-of-Pocket Maximum		**Annual Out-of-Pocket Maximum**	
Individual	$3,500	$5,000	$3,500	$5000
Family	$7,000	$10,000	$7,000	$10,000
	You Pay		**You Pay**	
Coinsurance (% of expenses you pay after deductible is met)	0%	30%	30%	50%
Preventive Care	0%, no deductible	Plan pays 100% of U&C; you pay balance bill	0%, no deductible	Plan pays 100% of U&C; you pay balance bill
Primary Care Physician	0% AD	30% AD	$30 copay	50% AD
Specialist	0% AD	30% AD	$60 copay	50% AD
Diagnostics, X-Ray and Lab Services	0% AD	30% AD	30% AD	50% AD
Urgent Care	0% AD	30% AD	$100 copay	
Emergency Room	0% AD	30% AD	$200 copay, then 30% coinsurance	
Inpatient Hospital Care	0% AD	30% AD	30% AD	50% AD
Outpatient Surgery	0% AD	30% AD	30% AD	50% AD

* New hires will receive a prorated Company HSA deposit based on the pay period of hire. The total maximum contribution for 2026, including the Company deposit, is $4,400 for single coverage and $8,750 for family coverage.

AD = After Deductible

U&C = Usual & Customary Rate