ABILENE CHRISTIAN UNIVERSITY

2027 MEDICAL PLAN COMPARISON

	HDHP		PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	Annual Deductible		**Annual Deductible**	
Individual	$3,500	$3,500	$1,500	$1,500
Family	$7,000	$7,000	$3,000	$3,000
	Annual Out-of-Pocket Maximum		**Annual Out-of-Pocket Maximum**	
Individual	$3,500	$7,000	$3,500	$7,000
Family	$7,000	$14,000	$7,000	$14,000
	You Pay		**You Pay**	
Coinsurance (% of expenses you pay after deductible is met)	0%	30%	30%	50%
Preventive Care	0%, no deductible	30% after deductible	0%, no deductible	50% after deductible
Primary Care Physician	0% after deductible	30% after deductible	$30 copay	50% after deductible
Specialist	0% after deductible	30% after deductible	$60 copay	50% after deductible
Diagnostics, X-Ray and Lab Services	0% after deductible	30% after deductible	30% after deductible	50% after deductible
Urgent Care	0% after deductible	30% after deductible	$100 copay	
Emergency Room	0% after deductible	30% after deductible	$200 copay, then 30% coinsurance	
Inpatient Hospital Care	0% after deductible	30% after deductible	30% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	30% after deductible	30% after deductible	50% after deductible

* 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 $4,500 for single coverage and $9,000 for family coverage.

NEW FOR 2027: Separate In-Network and Out-of-Network Deductibles

Both medical plans have separate deductibles for in-network and out-of-network care. Expenses applied toward your in-network deductible do not count toward your out-of-network deductible, and expenses applied toward out-of-network deductible do not count toward your in-network deductible. Each deductible must be met separately before the applicable post-deductible benefits begin.