



# LPMG 2026-2027 GLOBAL BENEFIT COMPARISON

General Plan Information	AETNLT-OA MC 1500-90%_20260327150249	AETNA-OA EPO 1500-80%_20260327150244	AETNLT-OA MC 3000-70%_20260327150242	AETNLT-MC HDHP 3300-100% Copay_20260327150246	AETNLT-OA MC HDHP 5000-80%_20260327150239	AETNA-OA EPO HDHP 5000-80%_20260327150237
Calendar Year Deduction - Individual	\$1,500	\$1,500	\$3,000	\$3,300	\$5,000	\$5,000
Calendar Year Deduction - Family	\$3,000	\$3,000	\$6,000	\$6,600	\$10,000	\$10,000
Carrier Coinsurance	90%	80%	70%	100%	80%	80%
Member Coinsurance	10%	20%	30%	0%	20%	20%
Calendar Year Out-of-Pocket Max - Individual	\$5,500	\$5,500	\$6,850	\$5,500	\$7,000	\$6,850
Calendar Year Out-of-Pocket Max - Family	\$11,000	\$11,000	\$13,700	\$11,000	\$14,000	\$13,700
<b>Office Visits</b>						
Primary Care Physician Visit	\$25	\$30	\$40	\$30	Deductible, then 20%	Deductible, then 20%
Virtual Visit	\$25	\$30	\$40 (no charge for in-network)	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
Specialist Visit	\$50	\$60	\$80	\$60	Deductible, then 20%	Deductible, then 20%
Specialist Referral Required	No	No	No	No	No	No
<b>Hospital Care</b>						
Inpatient	Deductible, then 10%	Deductible, then 20%	Deductible, then 30%	\$500	Deductible, then 20%	Deductible, then 20%
Outpatient	\$50	\$60	\$80	\$60	Deductible, then 20%	Deductible, then 20%
<b>Preventive Care</b>						
Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
<b>Other Services</b>						
Diagnostic X-Ray, Scans & Lab	Deductible, then 10%	Deductible, then 20%	Deductible, then 30%	Deductible, then 0%	Deductible, then 20%	Deductible, then 20%
<b>Emergency Care</b>						
Emergency Room (in-area)	\$350	\$350	\$350	Deductible, then 0%	Deductible, then 20%	Deductible, then 20%
Urgent Care Facility	\$85	\$85	\$85	\$85	Deductible, then 20%	Deductible, then 20%
<b>Prescription</b>						
	Tier 1A Value Drugs: \$3 copay Tier 1-Preferred Generic \$10 copay	Tier 1A Value Drugs: \$3 copay Tier 1-Preferred Generic \$10 copay	Tier 1A Value Drugs: \$3 copay Tier 1-Preferred Generic \$10 copay	Tier 1A Value Drugs: \$3 copay Tier 1-Preferred Generic \$10 copay	Tier 1A Value Drugs: \$3 copay Tier 1-Preferred Generic \$10 copay	Tier 1A Value Drugs: \$3 copay Tier 1-Preferred Generic \$10 copay
Tier 1 Retail						
Tier 2 Retail	\$45	\$45	\$45	\$45	\$45	\$45
Tier 3 Retail	\$70	\$70	\$70	\$70	\$70	\$70
Tier 4 Retail	Preferred: 30% - \$300 max Non-Preferred: 50% - \$550 max	Preferred: 30% - \$300 max Non-Preferred: 50% - \$550 max	Preferred: 30% - \$300 max Non-Preferred: 50% - \$550 max	Preferred: 30% - \$300 max Non-Preferred: 50% - \$550 max	Preferred: 30% - \$300 max Non-Preferred: 50% - \$550 max	Preferred: 30% - \$300 max Non-Preferred: 50% - \$550 max
<b>Rates</b>						
Employee	\$418.21	\$343.79	\$305.32	\$229.83	\$137.49	\$107.03
Employee + Spouse	\$1,264.88	\$1,104.32	\$1,023.57	\$859.84	\$588.23	\$595.80
Employee + Children	\$1,118.11	\$971.97	\$898.01	\$750.27	\$505.85	\$510.80
Employee + Family	\$1,965.55	\$1,730.55	\$1,616.25	\$1,380.28	\$989.86	\$999.59