

HealthFlex Plan Comparison: H2000 (2027) and H2500 (2026) with a Health Savings Account (HSA)



The HealthFlex H2500 plan will no longer be available in 2027. Individuals currently enrolled in the H2500 plan who do not make an election for 2027 will default to the H2000 plan. This handout is intended for individuals currently enrolled in the H2500 plan to help inform their decision during Annual Election for 2027.

This comparison highlights key differences and similarities between the HealthFlex H2000 (2027) with HSA plan and the H2500 (2026) with HSA plan. Please refer to the HealthFlex Plan Comparison document for more details.

For both plans:

- The same network of providers (physicians, hospitals and other health care providers) and the same prescription drug (Rx) formulary apply.
- All wellness and preventive services are covered at 100%, with no deductible required.
- The out-of-pocket maximum includes the deductible, co-payments and co-insurance from medical, behavioral health and pharmacy services.
- Inpatient services and outpatient services/procedures (other than preventative) require the deductible to be paid first; then the plan pays the associated co-insurance.

Medical Plan Benefit Comparison

 Plan Feature	IN-NETWORK Participating Provider Benefit	
	H2500 with HSA (2026)	H2000 with HSA (2027)
Annual Deductible^{1,2} (Participant pays) Deductible includes medical and behavioral health.	\$3,000 per person \$6,000 per family	\$2,000 per person \$4,000 per family
HSA Single/Family 	\$250 individual coverage \$500 family coverage	\$500 individual coverage \$1,000 family coverage
Annual Out-of-Pocket Maximum (Participant pays) Includes annual deductible and co-insurance.	\$5,000 per person \$10,000 per family	\$5,000 per person \$10,000 per family
Co-Insurance (Plan pays)	70% after deductible	80% after deductible
Primary Care Physician (PCP) Office Visits Primary care physicians include internists, general and family practitioners, obstetricians, gynecologists and pediatricians.	70% after deductible	80% after deductible
Behavioral Health Office Visits³ Psychiatrist, psychologist and other mental health professionals. The benefit is the same In-Network and Out-of-Network.	70% after deductible	80% after deductible
Outpatient Therapies Physical therapy, occupational therapy, speech therapy, dietitian visit and chiropractor visit.	70% after deductible	80% after deductible
Specialist Office Visits	70% after deductible	80% after deductible

(Continued on next page)


¹ **Standard deductible:** Assumes participant and covered spouse met the Health Check incentive requirement.

² **Full family deductible:** When more than one person is covered, only the family deductible applies. No individual deductible is applied separately to any covered participant or dependent.

³ **In-network deductible:** Applies to out-of-network behavioral health office visits.

Please note: If you and your covered spouse did not take the Health Check, your deductible will be increased by \$250 for individual coverage or \$500 for family coverage.

Medical Plan Benefit Comparison (continued)

 Plan Feature	IN-NETWORK Participating Provider Benefit	
	H2500 with HSA (2026)	H2000 with HSA (2027)
Preventive Care Well child benefits (under age 16) Well adult benefits (16 and over)	100% 100%	100% 100%
Outpatient Services Includes outpatient surgery, outpatient care and outpatient diagnostic services in a hospital, independent lab and X-ray facility. Includes intensive outpatient and residential behavioral health services.	70% after deductible	80% after deductible
Emergency Care <i>Notification required within 48 hours if admitted.</i> Includes behavioral health emergencies. <ul style="list-style-type: none"> Physician office Hospital emergency room Outpatient facility or other urgent care facility Ambulance (must be a true emergency as defined in the plan) 	70% after deductible	80% after deductible
Alternative Therapies <i>Coverage for chiropractor, naprapathy, acupuncture and massage therapy is limited to 35 combined visits per calendar year.</i> <ul style="list-style-type: none"> Physician office Massage therapy, acupuncture and naprapathy 	50% after deductible 50% (no deductible)	50% after deductible 50% (no deductible)

Pharmacy Plan Benefits Comparison—Your Share to Pay

Medical Plan	H2500 with HSA (2026)		H2000 with HRA (2027)	
Deductible	\$3,000 per person \$6,000 per family		\$2,000 per person \$4,000 per family	
Annual Out-of-Pocket Maximum— Combined Medical and Pharmacy Costs	In-Network: \$5,000 individual \$10,000 family		In-Network: \$5,000 individual \$10,000 family	
Co-Payments <i>After deductible, unless on preventive drug list.</i>	30-day supply	90-day supply*	30-day supply	90-day supply*
Generic	\$10	\$25	\$10	\$25
Preferred Brand Name <ul style="list-style-type: none"> Minimum Maximum 	30% \$30 \$65	30% \$75 \$165	30% \$30 \$65	30% \$75 \$165
Non-Preferred Brand Name <ul style="list-style-type: none"> Minimum Maximum 	40% \$50 \$120	40% \$125 \$300	40% \$50 \$120	40% \$125 \$300

* OptumRx Mail-Order Pharmacy or a Walgreens Retail Pharmacy