

Your 2027 Medical Plans at a Glance

When comparing plans, note that a separate deductible, out-of-pocket maximum, and coinsurance apply to out-of-network services. The table below reflects annual amounts.

	CDHP Blue with HSA & CDHP with HRA		CDHP Green with HSA	
HOW THE OPTIONS ARE DIFFERENT				
	Full-Time Employees	Part-Time Employees	Full-Time Employees	Part-Time Employees
Your annual medical pay-check costs ¹ (excludes tobacco and working spouse/partner surcharge)	\$730 Individual \$2,987 2-Party \$5,265 2-Party Plus	\$5,119 Individual \$11,002 2-Party \$16,864 2-Party Plus	\$300 Individual \$2,005 2-Party \$3,792 2-Party Plus	\$4,659 Individual \$10,019 2-Party \$15,421 2-Party Plus
Medical tobacco surcharge	\$240		\$240	
Medical working spouse/partner surcharge	\$1,800		\$1,800	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$2,100 Individual \$4,200 2-Party \$4,200 2-Party Plus	\$4,200 Individual \$8,400 2-Party \$8,400 2-Party Plus	\$3,600 Individual \$7,200 2-Party \$7,200 2-Party Plus	\$7,200 Individual \$14,400 2-Party \$14,400 2-Party Plus
	In-Network	Out-of-Network	In-Network	Out-of-Network
Out-of-pocket maximum	\$4,200 Individual \$8,400 2-Party \$8,400 2-Party Plus	\$8,400 Individual \$16,800 2-Party \$16,800 2-Party Plus	\$7,200 Individual \$14,400 2-Party \$14,400 2-Party Plus	\$14,400 Individual \$28,800 2-Party \$28,800 2-Party Plus
HOW THE OPTIONS ARE THE SAME				
	Full-Time Employees		Part-Time Employees	
K-C's annual HSA/HRA contribution ²	\$600 Individual \$1,200 2-Party \$1,200 2-Party Plus		\$300 Individual \$600 2-Party \$600 2-Party Plus	
K-C's annual Garner incentive contribution to HSA ³	\$1,000 Individual \$2,000 2-Party \$2,000 2-Party Plus		\$1,000 Individual \$2,000 2-Party \$2,000 2-Party Plus	
Preventive care	In-Network: K-C pays 100%. Out-of-Network: You pay 100% until you reach the out-of-network deductible, then K-C pays 60%.			
Coinsurance, office visits, urgent care, emergency room, hospitalizations, lab, x-ray, imaging, mental health inpatient and outpatient	In-Network: You pay 100% until you reach the in-network deductible, then K-C pays 80%. Out-of-Network: You pay 100% until you reach the out-of-network deductible then K-C pays 60%.			
HOW BOTH OPTIONS COVER PRESCRIPTION DRUGS ⁴				
ACA Preventive	K-C pays 100% for preventive prescriptions as required by the Affordable Care Act (ACA).			
CDHP Long-Term Maintenance/Preventive ⁵	K-C pays 80% for these prescriptions defined by IRS Maintenance Guidelines until you reach the out-of-pocket maximum.			
Generic, brand preferred, and nonpreferred brand	You pay 100% until you meet the deductible, then K-C pays 80%.			

¹Amounts may differ based on rounding. For more information, access the My K-C Benefits app.

²ELT and grades 1-4 are not eligible for K-C's HSA contribution.

³If you're enrolled in the CDHP with HRA, you'll be eligible for the same reimbursement.

⁴To view coverage details for specialty prescriptions, visit mykcbenefits.com or the My K-C Benefits app.

⁵To learn which maintenance prescriptions are included, log in to caremark.com or call CVS Caremark at 888-797-8911.