2027 Plan Changes

Choice Level Funded

CHOICE LEVEL FUNDED

Focus on life. Focus on health. ***Stay focused.***

CHOICE LEVEL FUNDED PLANS

2027 Choice Level Funded Plan Changes

This grid illustrates key benefit changes that will become effective January 1, 2027, for existing Choice Level Funded plans offered in 2026. This does not include all changes. Please refer to the Schedules of Benefits for complete details of 2027 plan benefits.

GOLD PLANS

Choice Level Funded Gold 1001	2026 — Choice Level Funded Gold 1001	2027 — Choice Level Funded Gold 1001
Maximum Out of Pocket (MOOP)	$7,200/$14,400	$7,000/$14,000
Emergency Room Visit	$250 copayment, then 30% after deductible	$100 copayment, then 30% after deductible
Pharmacy Retail	Tier 1: $23 Tier 2: $23 Tier 3: $38	Tier 1: $25 Tier 2: $25 Tier 3: $40
Pharmacy Mail Order	Tier 1: $46 Tier 2: $46 Tier 3: $76	Tier 1: $50 Tier 2: $50 Tier 3: $80
Choice Level Funded Gold 1700	**2026 — Choice Level Funded Gold 1700**	**2027 — Choice Level Funded Gold 1500**
Plan name changes to Choice Level Funded Gold 1500.		
Coinsurance	40%	25%
Deductible	$1,700/$3,400	$1,500/$3,000
Maximum Out of Pocket (MOOP)	$8,200/$16,400	$8,000/$16,000
Blue CareOnDemand℠ Visit	$8	$10
Specialist Office Visit	$50	$80
Emergency Room Visit	$250 copayment, then 40% after deductible	25% after deductible
Outpatient Surgery Services	40% after deductible	25% after deductible
Pharmacy Retail	Tier 1: $20 Tier 2: $20 Tier 3: $35 Tiers 5 – 6: 40% after deductible	Tier 1: $15 Tier 2: $15 Tier 3: $40 Tiers 5 – 6: $350
Pharmacy Mail Order	Tier 1: $40 Tier 2: $40 Tier 3: $70 Tiers 5 – 6: 40% after deductible	Tier 1: $30 Tier 2: $30 Tier 3: $80 Tiers 5 – 6: $700
Choice Level Funded Gold 2000	**2026 — Choice Level Funded Gold 2000**	**2027 — Choice Level Funded Gold 2000**
Coinsurance	50%	35%
Maximum Out of Pocket (MOOP)	$5,000/$10,000	$6,500/$13,000
Blue CareOnDemand Visit	$13	$15
Emergency Room Visit	$250 copayment, then 50% after deductible	$250 copayment, then 35% after deductible
Outpatient Surgery Services	50% after deductible	35% after deductible

Choice Level Funded Gold 2503	2026 — Choice Level Funded Gold 2503	2027 — Choice Level Funded Gold 2503
Maximum Out of Pocket (MOOP)	$5,000/$10,000	$6,000/$12,000
Blue CareOnDemand Visit	$18	$15
Pharmacy Retail	Tier 1: $20 Tier 2: $20 Tier 3: $38 Tier 4: $70 Tier 5 – 6: $250	Tier 1: $35 Tier 2: $35 Tier 3: $70 Tier 4: $100 Tier 5 – 6: $350
Pharmacy Mail Order	Tier 1: $40 Tier 2: $40 Tier 3: $76 Tier 4: $140 Tiers 5 – 6: $500	Tier 1: $70 Tier 2: $70 Tier 3: $140 Tier 4: $200 Tiers 5 – 6: $700

SILVER PLANS

Choice Level Funded Silver 1	2026 — Choice Level Funded Silver 1	2027 — Choice Level Funded Silver 1
Coinsurance	35%	40%
Maximum Out of Pocket (MOOP)	$9,850/$19,700	$11,500/$23,000
Primary Care Physician (PCP) Visit	Deductible	$70
Blue CareOnDemand Visit	$23	$35
Specialist Office Visit	$90 copayment, then 35% after deductible	$100
Emergency Room Visit	$325 copayment, then 35% after deductible	$400 copayment, then 40% after deductible
Outpatient Surgery Services	$175	$250 copayment, then 40% after deductible
Pharmacy Retail	Tier 1: $10 Tier 2: $10 Tier 3: $25 Tier 4: $45 Tier 5: $150 Tier 6: $150	Tier 1: $25 Tier 2: $25 Tier 3: $60 Tier 4: $100 Tiers 5 – 6: $350
Pharmacy Mail Order	Tier 1: $20 Tier 2: $20 Tier 3: $50 Tier 4: $90 Tier 5: $300 Tier 6: $300	Tier 1: $50 Tier 2: $50 Tier 3: $120 Tier 4: $200 Tiers 5 – 6: $700
Choice Level Funded Silver 2500	**2026 — Choice Level Funded Silver 2500**	**2027 — Choice Level Funded Silver 2500**
Maximum Out of Pocket (MOOP)	$7,500/$15,000	$8,500/$17,000
Blue CareOnDemand Visit	$23	$20
Specialist Office Visit	$85	$90
Outpatient Surgery Services	$100 copay, then 50% after deductible	$150 copayment, then 50% after deductible
Choice Level Funded Silver 2950	**2026 — Choice Level Funded Silver 2950**	**2027 — Choice Level Funded Silver 2950**
Coinsurance	40%	35%
Maximum Out of Pocket (MOOP)	$8,700/$17,400	$9,500/$19,000
Primary Care Physician (PCP) Visit	$35	$40
Blue CareOnDemand Visit	$18	$20
Specialist Office Visit	$70	$90
Emergency Room Visit	$350 copay, then 40% after deductible	$350 copayment, then 35% after deductible
Outpatient Surgery Services	$350 copayment, then 40% after deductible	$350 copayment, then 35% after deductible
Pharmacy Retail	Tier 1: $30 Tier 2: $30 Tier 3: $45 Tier 4: $80 Tier 5: $300 Tier 6: $300	Tier 1: $40 Tier 2: $40 Tier 3: $60 Tier 4: $90 Tiers 5 – 6: $350
Pharmacy Mail Order	Tier 1: $60 Tier 2: $60 Tier 3: $90 Tier 4: $160 Tier 5: $600 Tier 6: $600	Tier 1: $80 Tier 2: $80 Tier 3: $120 Tier 4: $180 Tiers 5 – 6: $700

Choice Level Funded Silver 3500	2026 — Choice Level Funded Silver 3500	2027 — Choice Level Funded Silver 3500
Coinsurance	50%	40%
Maximum Out of Pocket (MOOP)	$8,600/$17,200	$10,000/$20,000
Primary Care Physician (PCP) Visit	$45	$30
Blue CareOnDemand Visit	$23	$15
Specialist Office Visit	$90	$70
Emergency Room Visit	$300 copayment, then 50% after deductible	$300 copayment, then 40% after deductible
Outpatient Surgery Services	$300 copayment, then 50% after deductible	$300 copayment, then 40% after deductible
Pharmacy Retail	Tier 1: $35 Tier 2: $35 Tier 3: $50 Tier 4: $90 Tier 5: $300 Tier 6: $300	Tier 1: $40 Tier 2: $40 Tier 3: $60 Tiers 4 – 6: 40% after deductible
Pharmacy Mail Order	Tier 1: $70 Tier 2: $70 Tier 3: $100 Tier 4: $180 Tier 5: $600 Tier 6: $600	Tier 1: $80 Tier 2: $80 Tier 3: $120 Tiers 4 – 6: 40% after deductible
Choice Level Funded Silver 4000	**2026 — Choice Level Funded Silver 4000**	**2027 — Choice Level Funded Silver 4000**
Coinsurance	50%	40%
Maximum Out of Pocket (MOOP)	$8,800/$17,600	$10,200/$20,400
Primary Care Physician (PCP) Visit	$40	$50
Blue CareOnDemand Visit	$20	$25
Specialist Office Visit	$80	$90
Emergency Room Visit	$300 copayment, then 50% after deductible	$300 copayment, then 40% after deductible
Outpatient Surgery Services	$100 copayment, then 50% after deductible	$200 copayment, then 40% after deductible
Pharmacy Retail	Tier 1: $25 Tier 2: $25 Tier 3: $60 Tier 4: $90	Tier 1: $30 Tier 2: $30 Tier 3: $70 Tier 4: $100
Pharmacy Mail Order	Tier 1: $50 Tier 2: $50 Tier 3: $120 Tier 4: $180	Tier 1: $60 Tier 2: $60 Tier 3: $140 Tier 4: $200
Choice Level Funded Silver 4800	**2026 — Choice Level Funded Silver 4800**	**2027 — Choice Level Funded Silver 4800**
Coinsurance	35%	40%
Maximum Out of Pocket (MOOP)	$9,700/$19,400	$9,900/$19,800
Primary Care Physician (PCP) Visit	$40	$45
Specialist Office Visit	$80	$90
Emergency Room Visit	$400 copayment, then 35% after deductible	$350 copayment, then 40% after deductible
Outpatient Surgery Services	$100 copayment, then 35% after deductible	$100 copayment, then 40% after deductible
Pharmacy Retail	Tier 4: $80 Tier 5: $300 Tier 6: $300	Tiers 4 – 6: 40% after deductible
Pharmacy Mail Order	Tier 4: $160 Tier 5: $600 Tier 6: $600	Tiers 4 – 6: 40% after deductible
Choice Level Funded Silver 5500 HD	**2026 — Choice Level Funded 5500 HD**	**2027 — Choice Level Funded 6500 HD**
Plan name changes to Choice Level Funded 6500 HD.		
Deductible	$5,500/$11,000	$6,500/$13,000
Maximum Out of Pocket (MOOP)	$5,500/$11,000	$6,500/$13,000

Choice Level Funded Silver 7100	2026 — Choice Level Funded Silver 7100	2027 — Choice Level Funded Silver 7100
Coinsurance	20%	35%
Maximum Out of Pocket (MOOP)	$9,000/$18,000	$11,800/$23,600
Blue CareOnDemand Visit	$13	$20
Specialist Office Visit	$75	$70
Emergency Room Visit	$300 copayment, then 20% after deductible	$300 copayment, then 35% after deductible
Outpatient Surgery Services	20% after deductible	35% after deductible
Pharmacy Retail	Tier 1: $25 Tier 2: $25 Tier 3: $35 Tiers 4 – 6: 20% after deductible	Tier 1: $20 Tier 2: $20 Tier 3: $60 Tier 4: $100 Tiers 5 – 6: 35% after deductible
Pharmacy Mail Order	Tier 1: $50 Tier 2: $50 Tier 3: $70 Tiers 4 – 6: 20% after deductible	Tier 1: $40 Tier 2: $40 Tier 3: $120 Tier 4: $200 Tiers 5 – 6: 35% after deductible
Choice Level Funded Silver 8600	**2026 — Choice Level Funded Silver 8600**	**2027 — Choice Level Funded Silver 8600**
Coinsurance	0%	50%
Maximum Out of Pocket (MOOP)	$8,600/$17,200	$12,000/$24,000
Primary Care Physician (PCP) Visit	$0	$20
Emergency Room Visit	$200 copayment, then deductible	$200 copayment, then 50% after deductible
Outpatient Surgery Services	Deductible	50% after deductible
Pharmacy Retail	Tier 1: $32 Tier 2: $32 Tiers 3 – 6: Deductible	Tier 1: $30 Tier 2: $30 Tier 3: $65 Tier 4: $120 Tiers 5 – 6: 50% after deductible
Pharmacy Mail Order	Tier 1: $64 Tier 2: $64 Tiers 3 – 6: Deductible	Tier 1: $60 Tier 2: $60 Tier 3: $130 Tier 4: $240 Tier 5 – 6: 50% after deductible

BRONZE PLANS

Choice Level Funded Bronze 7000	2026 — Choice Level Funded Bronze 7000	2027 — Choice Level Funded Bronze 7000
Coinsurance	20%	40%
Maximum Out of Pocket (MOOP)	$10,200/$20,400	$11,500/$23,000
Primary Care Physician (PCP) Visit	$60	$70
Blue CareOnDemand Visit	$30	$35
Specialist Office Visit	$75	$110
Emergency Room Visit	$300 copay, then 20% after deductible	$300 copayment, then 40% after deductible
Outpatient Surgery Services	$225 copayment, then 20% after deductible	$200 copayment, then 40% after deductible
Pharmacy Retail	Tier 1: $10 Tier 2: $10 Tier 3: $25 Tiers 4 – 6: 20% after deductible	Tier 1: $40 Tier 2: $40 Tiers 3 – 6: 40% after deductible
Pharmacy Mail Order	Tier 1: $20 Tier 2: $20 Tier 3: $50 Tiers 4 – 6: 20% after deductible	Tier 1: $80 Tier 2: $80 Tiers 3 – 6: 40% after deductible
Choice Level Funded Bronze 8400 HD	**2026 — Choice Level Funded Bronze 8400 HD**	**2027 — Choice Level Funded 8700 HD**
Plan name changes to Choice Level Funded Bronze 8700 HD.		
Deductible	$8,400/$16,800	$8,700/$17,400
Maximum Out of Pocket (MOOP)	$8,400/$16,800	$8,700/$17,400

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