2027 Medical Plan Comparison Chart

Plan feature	BCBSIL PPO (with HRA)	BCBSIL QHDHP (with HSA)	Kaiser Permanente HMO[1]	Aetna ACO
Coverage	Out-of-network coverage is available, at a higher coinsurance percentage and higher out-of-pocket maximum	No out-of-network coverage, except for emergencies	No out-of-network coverage, except for emergencies	No out-of-network coverage, except for emergencies
Annual deductible	**Individual: $3,500 / Family: $7,000** (medical only[2])	**Individual: $3,500 / Family:** $6,000 (combined medical and prescription drug)	**Individual: $500 / Family: $1,000** (medical only[2])	**Individual:** $500 / **Family:** $1,000 (medical only[2])
Out-of-pocket maximum	**Individual: $7,000 / Family: $14,000** (medical) **Individual:** $2,000 / **Family:** $4,000 (prescription drug)	**Individual:** $6,000 / **Family:** $12,000 (combined medical and prescription drug)	**Individual:** $3,000 / **Family:** $6,000 (combined medical and prescription drug)	Individual: $2,000 / **Family:** $4,000 (combined medical and prescription drug)
Primary care visit	You pay 15% after deductible	You pay 20% after deductible	$30 copay	$30 copay
Specialty care visit	You pay 15% after deductible	You pay 20% after deductible	$50 copay	$50 copay
Coinsurance (costs that you and the plan share after you meet the deductible)	You pay 15% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Virtual care	Accolade Care: $0 Teladoc: $0	Accolade Care: $0 Teladoc: $0	Virtual options available at $0	Teladoc: $0
Emergency care	You pay $200 copay plus 15% after deductible. Copay waived if admitted	You pay $200 copay plus 20% after deductible. Copay waived if admitted	You pay 20% after deductible	You pay 20% after deductible

Your cost for prescription drugs (retail, 30-day fills)

Plan feature	BCBSIL PPO (with HRA)	BCBSIL QHDHP (with HSA)	Kaiser Permanente HMO[1]	Aetna ACO
Generic (Tier 1)	You pay 20%; $10 min. / $25 max.	You pay 20% after deductible	$15 copay	$10 copay
Preferred brand (Tier 2)	You pay 30%; $15 min. / $150 max.	You pay 20% after deductible	$35 copay	You pay 30%
Non-preferred brand (Tier 3)	You pay 50%; $15 min. / $200 max.	You pay 20% after deductible	$65 copay	You pay 50%

Your cost for prescription drugs (mail order, 90-day fills)

Plan feature	BCBSIL PPO (with HRA)	BCBSIL QHDHP (with HSA)	Kaiser Permanente HMO[1]	Aetna ACO
Generic (Tier 1)	You pay 20%; $20 min. / $50 max.	You pay 20% after deductible	Review your plan's SBC[3]	$20 copay
Preferred brand (Tier 2)	You pay 30%; $30 min. / $300 max.	You pay 20% after deductible	Review your plan's SBC[3]	You pay 30% coinsurance
Non-preferred brand (Tier 3)	You pay 50%; $30 min. / $400 max.	You pay 20% after deductible	Review your plan's SBC[3]	You pay 50% coinsurance

[1] Excludes Kaiser Hawai'i. For rates, review the Kaiser Hawaii Summary Plan Description on the My State Farm Benefits Resource website (auto sign-on with SSO | log in). On the home page, select **Plan Documents** from the left navigation, then select the **Health and Insurance** drop-down.

[2] Prescription drugs aren't subject to an annual deductible.

[3] To review your plan's Summary of Benefits and Coverage (SBC) for mail-order costs, go to the My State Farm Benefits Resource website (auto sign-on with SSO | log in). On the home page, select **Plan Documents** from the left navigation, then select the **Health and Insurance** drop-down.

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