

FY27 Travis County Medical Plan Summary

	HDHP w/ HSA (Effective 1/1/2027)	Consumer Choice	PPO	EPO (No longer available for new enrollment)
Travis County Annual Contribution to HSA	\$500 Employee Only \$1,000 Family			
Employee Contribution Limit	\$4,400 Employee Only \$8,750 Family			
In Network CY Deductible	\$1,750 Individual \$3,500 Family	\$750 Individual \$1,875 Family	\$1,000 Individual \$2,500 Family	\$800 Individual
In Network - Co-Insurance	90% / 10%	80% / 20%	80% / 20 %	100% / 0 %
In Network OOP Maximum	Combined Medical & RX \$5,000 Individual \$6,500 Family	Combined Medical & RX \$5,000 Individual \$10,000 Family	Combined Medical & RX \$6,000 Individual \$12,000 Family	Combined Medical & RX \$6,500 Individual \$13,000 Family
<i>Out of Network</i> CY Deductible	\$4,500 Individual \$9,000 Family	\$2,250 Individual \$5,625 Family	\$3,000 Individual \$7,500 Family	N/A - Must use in network provider
<i>Out of Network</i> - Coinsurance	60%/40%	60% / 40 %	60% / 40 %	
Out of Network OOP Maximum	\$10,000 Individual \$20,000 Family	\$10,000 Individual \$20,000 Family	\$10,000 Individual \$20,000 Family	
Employee Health Clinic visits	100%	100%	100%	100%
Preventive Services	100%	100%	100%	100%
Office visit co-pay (excludes major diagnostic)	Deductible & Coinsurance	Deductible & Coinsurance	\$30 PCP \$30 Tier 1 Specialist \$60 Other In-network Specialist	\$35 PCP \$35 Tier 1 Specialist \$65 Other In-network Specialist
Office visit major diagnostic services (ie. office surgeries, MRI, CT Scans)			Deductible & Coinsurance	Deductible
24/7 Virtual Visits			\$10 copay	\$10 copay
Hospital Admission			Deductible & Coinsurance	\$1,500 per confinement
Emergency Room co-pay			\$400 copay	\$400 copay
Out Patient Surgery			Deductible & Coinsurance	\$800 per surgery
Outpatient Lab and X-Ray			Deductible & Coinsurance	Deductible
Durable Medical Equip/Home Health			Deductible & Coinsurance	Deductible
Ambulance			\$100 copay	\$100 copay
Prescription Benefits	HDHP w/ HSA	Consumer Choice	PPO	EPO (No longer available for new enrollment)
Annual Pharmacy Out-of-Pocket Maximum	Combined Med/Rx OOPM	Combined Med/Rx OOPM	Combined Med/Rx OOPM	Combined Med/Rx OOPM
Annual Pharmacy Deductible (Tier 2 & 3 Only)	No deductible	No Deductible	\$50 Individual \$125 Family	
Generic (Tier 1)	Deductible & Coinsurance	20% (\$5 min/\$35 max)	\$10 / \$20 (90-day supply)	
Preferred Brand (Tier 2)		20% (\$20 min/\$60 max)	\$45 / \$90 (90-day supply)	
Non-Preferred Brand (Tier 3)		20% (\$40 min/\$100 max)	\$70 / \$140 (90-day supply)	
Specialty Medication (Tier 4)		20% (\$100 min/\$150 max)	\$150 / \$300 (90-day supply)	
Participation and Compliance in Diabetes Health Plan (DHP)				
Diabetes Related Office Visits (In Network)	Deductible then 100% / 0%	100%	100%	100%
Diabetes Related Tier 1 and 2 Medications & Supplies (In Network)	Deductible then 100% / 0%	100%	100%	100%
Participation in Spine & Joint Solutions (SJS) with services at Centers of Excellence (COE)	Deductible then 100% / 0%	Deductible waived then 90% / 10%	Deductible waived then 90% / 10%	Deductible waived then 100% / 0%