Jamie, your next year, made clear.

Your current plan, its 2027 renewal, and another 2027 choice.

ALL THREE PLANS $0 monthly plan premium · $0 preventive care · $0 preventive dental

	2026 / CURRENT Example Plan 123	2027 / RENEWAL Example Plan 123	2027 / ALTERNATIVE Example Plan 456
Max out-of-pocket In network	$5,500 per year	$6,000 per year	$5,400 per year
Medical deductible Some care may be exempt	$0 per year	$150 per year	$0 per year
Primary / Specialist You pay per visit	$0 / $35 per visit	$0 / $45 per visit	$0 / $40 per visit
Dental allowance Yearly benefit limit	$1,000 per year	$500 per year	$1,000 per year

Max out-of-pocket: the most you pay in a year for covered medical care in the plan's network. After you reach it, the plan pays 100% of covered care for the rest of the year. **Premiums and medication costs do not count toward it.** Medications have their own yearly limit: $2,100 in 2026.

Fictional sample | Not a real plan or quote. Illustrative in-network amounts only. Not available for enrollment.

A clearer look at care costs.

SERVICE / LIMIT	2026 CURRENT	2027 RENEWAL	2027 ALTERNATIVE
Hospital stay	Days 1-5: $300/day Days 6-90: $0	Days 1-5: $325/day Days 6-90: $0	Days 1-5: $325/day Days 6-90: $0
Surgery at a hospital	$250	$300	$275
Surgery at a surgery center	$150	$175	$150
OTC allowance	$30 every 3 months	$25 every 3 months	$40 every 3 months
MRI, MRA, PET and CT scans	Freestanding: $250 Hospital: $300	Freestanding: $50 Hospital: $150	Freestanding: $100 Hospital: $200
Diagnostic procedures and tests	Specialist: $35 Hospital: 20% of cost	Specialist: $45 Hospital: 20% of cost	Specialist: $40 Hospital: 20% of cost
X-rays	Office: $15 Hospital: $50	Office: $20 Hospital: $60	Office: $10 Hospital: $40
Lab services	$40 per visit	$0 per visit	$0 per visit
Routine vision	Exam: $0 Eyewear: $100/year	Exam: $0 Eyewear: $125/year	Exam: $0 Eyewear: $200/year
Hearing	Exam: $0 Hearing aids: $500/year	Exam: $0 Hearing aids: $500/year	Exam: $0 Hearing aids: $1,000/year

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Your doctors and prescriptions

See how provider network and prescription costs can change.

FICTIONAL PROVIDER	2026 CURRENT	2027 RENEWAL	2027 ALTERNATIVE
Primary care (Dr. Smith)	In-network: $0	In-network: $0	In-network: $0
Specialist (Dr. Jones)	In-network: $35	In-network: $45	In-network: $40
Hospital (Sample Hospital)	In-network	**Not in-network**	In-network

RETAIL PHARMACY	2026 CURRENT	2027 RENEWAL	2027 ALTERNATIVE
Drug deductible	$600 Excludes Tiers 1 and 2	$500 Excludes Tiers 1, 2 and 3	$250 Excludes Tiers 1 and 2
Tier 1 / Tier 2	$0 / $5	$0 / $10	$0 / $5
Tier 3 / Tier 4	$47 / 40% of cost	$47 / 40% of cost	$45 / 45% of cost

Know what changes. Know what matters to you.

See your current plan, its 2027 renewal and another 2027 choice side by side. Review what changes for your doctors, prescriptions and costs with AdviseCare.

BOOK MY PERSONAL COMPARISON >

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