ABBOTT

Healthcare plans | 2027

	HIP PPO Plan BCBS and UHC (Employee | Family)	Traditional PPO Plan BCBS and UHC (Employee | Family)	Surest Plan UHC (Employee | Family)
Paycheck contributions *Weekly* *Biweekly*	 $8 | $30 $16 | $60	 $40 | $119 $80 | $238	 $29 | $87 $59 | $175
Annual wellness credit	$300 individual | $600 combined *If you and/or your covered spouse or domestic partner earned the 2027 annual wellness credit.*		
Health Savings Account (HSA)			
Abbott's contribution	$250 | $500	Not applicable	Not applicable
Your contribution	Up to $4,250 | $8,500	Not applicable	Not applicable
Deductible			
In-network	$2,000 | $4,000	$400 | $800	$0
Out-of-network	$4,000 | $8,000	$800 | $1,600	$0
Out-of-pocket maximum (including deductible)*			
In-network	$5,000 | $10,000	$4,000 | $8,300	$5,500 | $11,000
Out-of-network	$10,000 | $20,000	$8,000 | $16,600	$11,000 | $22,000
Cost of services: In-network shown (Out-of-network coverage available across all three options)			
Office visit: PCP and specialist	20% coinsurance after deductible	$25 Primary Care Physician $50 Specialist	$25 to $130
Complex imaging	20% coinsurance after deductible		$150 to $2,000
Emergency room	20% coinsurance after deductible $250 penalty if not a true emergency		$850
Urgent care	20% coinsurance after deductible		$80
Maternity	20% coinsurance after deductible		$1,300 to $2,750
Coinsurance (after deductible)			
In-network	20%		Not applicable
Out-of-network	40%		Not applicable
Prescription drug			
Deductible	Combined medical & Rx out-of-pocket deductible	$100 | $200	$0
Drug coverage *Tier 1: Most generic drugs and preferred generics* *Tier 2: Preferred brand-name drugs or higher-cost generics* *Tier 3: (non-preferred brand-name drugs or brand-name drugs that have a cheaper generic option)*	After deductible you pay: Retail** | Mail order*** **Tier 1:** $10 | $25 copay **Tier 2:** 25% coinsurance for both **Tier 3:** 40% coinsurance for both + Includes FREE preventive medications before the deductible	After deductible you pay: Retail** | Mail order*** **Tier 1:** $10 | $25 copay **Tier 2:** 25% coinsurance for both **Tier 3:** 40% coinsurance for both	Retail** | Mail order*** | Specialty **Tier 1:** $10 | $25 | $330 **Tier 2:** $90 | $225 | $370 **Tier 3:** $120 | $300 | $400
Prescription out-of-pocket max	Combined medical & Rx out-of-pocket maximum	$1,750 | $3,500	Combined medical & Rx out-of-pocket maximum
Plan details, provider finder and price transparency tool	AbbottHealthPlan.com		Surest.care/Abbott

* Once an individual reaches the annual out-of-pocket maximum, the plan pays 100% of their covered expenses for the rest of the year. However, the family out-of-pocket maximum must still be met before the plan pays 100% of covered expenses for all covered family members.

** 90-day supply available at Walgreen's Pharmacies *** 90-day mail order supply