

City of Chesapeake Plan Comparison January 2027

Plan Medical Services	SHP Equity Plus (CDHP) 3,500%	SHP Vantage (HMO) 750/25/20%	SHP POS 750/25/15%	SHP Plus (PPO- Closed Plan) 750/25/25%
General Deductible (Ind/Fam)	\$3,500/\$7,000	\$750/\$1,500	\$750/\$1,500	\$750/\$1,500
Out of Pocket Maximum (Ind/Fam)	\$3,500/\$7,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000
PCP Visit	After Deductible Covered at 100%	\$25 copay	\$25 copay	\$25 copay
Specialist Visit	After Deductible Covered at 100%	\$50 copay	\$50 copay	\$70 copay
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Virtual Consult	After Deductible Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Maternity	After Deductible Covered at 100%	\$450 per pregnancy	\$350 per pregnancy	After Deductible You Pay 25%
Inpatient Care	After Deductible Covered at 100%	After Deductible You Pay 20%	After Deductible You Pay 15%	After Deductible You Pay 25%
Outpatient Surgery	After Deductible Covered at 100%	After Deductible You Pay 20%	After Deductible You Pay 15%	After Deductible You Pay 25%
Emergency Room	After Deductible Covered at 100%	After Deductible You Pay 20%	After Deductible You Pay 15%	After Deductible You Pay 25%
Urgent Care Center	After Deductible Covered at 100%	\$50 copay	\$50 copay	\$70 copay
Ambulance	After Deductible Covered at 100%	After Deductible You Pay \$100 copay	After Deductible \$100 copay	After Deductible \$25 copay/25%
Skilled Nursing Facility	After Deductible Covered at 100%	After Deductible You Pay 20%	After Deductible You Pay 15%	After Deductible You Pay 25%
Vision Care	Covered at 100% every 12 months	Covered at 100% every 12 months	Covered at 100% every 12 months	Covered at 100% every 12 months
Diabetes Supplies	After Deductible Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
DME/ Orthopedic / Prosthetic Devices	After Deductible Covered at 100%	After Deductible You Pay 30%	After Deductible You Pay 30%	After Deductible You Pay 30%
PT, OT, ST	After Deductible Covered at 100%	After Deductible You Pay 20%	After Deductible You Pay 15%	After Deductible You Pay 25%
X ray and other Diagnostic Services	After Deductible Covered at 100%	After Deductible You Pay 20%	After Deductible You Pay 15%	After Deductible You Pay 25%
MRI, CT, PET	After Deductible Covered at 100%	After Deductible You Pay 20%	After Deductible You Pay 15%	After Deductible You Pay 25%
OON Deductible	\$3,500/\$7,000	N/A	\$1,000/\$2,000	\$1,000/\$2,000
OON OOP Maximum	\$6,000/\$12,000	N/A	\$6,500/\$13,000	\$5,000/\$10,000
OON Coinsurance	After Deductible You Pay 30%	N/A	After Deductible You Pay 40%	After Deductible You Pay 40%
Monthly Premiums for 2027 – Active and Retirees with 20+ Years at Retirement				
Employee only	\$28.00	\$68.00	\$101.00	\$198.00
Employee & Spouse	\$101.00	\$251.00	\$487.00	\$859.00
Employee & Child	\$63.00	\$157.00	\$291.00	\$520.00
Employee & Children	\$96.00	\$241.00	\$448.00	\$800.00
Family	\$237.00	\$593.00	\$964.00	\$1,521.00
Health Savings Account (HSA)				
Employer HSA Contribution	\$850 Individual / \$1,650 Family (Family = 2 or more enrolled)	N/A	N/A	N/A
2027 IRS Contribution Limits	\$4,500 Individual / \$9,000 Family	N/A	N/A	N/A

The above is a summary of the proposed plans. It does not include all the benefits, features, exclusions & limitations.