

Municipal Corp of Cape Charles 2026-2027	Plan 1 Healthkeepers Balanced OAPOS 2000	Out of Network	Plan 2 Healthkeepers Balanced OAPOS 3000	Out of Network	Plan 3 Healthkeepers Balanced OAPOS 4000	Out of Network
Do you need a referral for specialist?	NO					
Deductible (IND/FAM)	\$2,000/\$4,000	\$5,000/\$10,000	\$3,000/ \$6,000	\$7,500/ \$15,000	\$4,000/ \$8,000	\$10,000/ \$20,000
Annual Out of Pocket Maximum (IND/FAM)	\$6,250/\$12,500	\$15,625/\$31,250	\$6,500/ \$13,000	\$16,250/ \$32,500	\$7,500/ \$15,000	\$18,750/ \$37,500
Preventive care screening/immunization	No charge	50% coinsurance	No charge	50% coinsurance	No charge	50% coinsurance
Specialist visit	\$75, deductible does not apply	50% coinsurance	\$75/visit, deductible does not apply	50% coinsurance	\$75/visit, deductible does not apply	50% coinsurance
Primary Care visit to treat injury or illness	EPHC \$15, deductible does not apply PCP \$25 deductible does not apply	50% coinsurance	EPHC \$30/visit, deductible does not apply PCP \$40/visit, deductible does not apply	50% coinsurance	EPHC \$30/visit, deductible does not apply PCP \$40/visit, deductible does not apply	50% coinsurance
Diagnostic (x-ray, blood work)	\$75 deductible does not apply	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Imaging (CT/PET scans, MRIs)	\$500	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Outpatient surgery	\$500	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
ER	\$500	Covered as In-Network	\$500/visit	Covered as In-Network	\$500/visit	Covered as In-Network
Urgent care	\$75/visit, deductible does not apply	50% coinsurance	\$75/visit, deductible does not apply	50% coinsurance	\$75/visit, deductible does not apply	50% coinsurance
Hospital Stay	\$1,000/admission	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Mental/behavior health outpatient	Office Visit \$25/visit, deductible does not apply Other Outpatient \$500/visit, deductible does not apply	Office Visit 50% coinsurance Other Outpatient 50% coinsurance	Office Visit \$40/visit, deductible does not apply Other Outpatient 20% coinsurance	Office Visit 50% coinsurance Other Outpatient 50% coinsurance	Office Visit \$40/visit, deductible does not apply Other Outpatient 20% coinsurance	Office Visit 50% coinsurance Other Outpatient 50% coinsurance
Mental/behavior health inpatient	\$1,000/admission	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
If you are pregnant <ul style="list-style-type: none"> <li>Office visits</li> <li>Childbirth/delivery professional Services</li> <li>Childbirth/delivery facility services</li> </ul>	\$500/pregnancy, deductible does not apply \$500/pregnancy, deductible does not apply \$1,000/admission	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Rehabilitation	\$75/visit, deductible does not apply	50% coinsurance	\$75/visit, deductible does not apply	50% coinsurance	\$75/visit, deductible does not apply	50% coinsurance
Habilitation	\$75/visit, deductible does not apply	50% coinsurance	\$75/visit, deductible does not apply	50% coinsurance	\$75/visit, deductible does not apply	50% coinsurance

Children's eye exam	\$20/visit, deductible does not apply	Reimbursed Up to \$30	\$20/visit, deductible does not apply	Reimbursed Up to \$30	\$20/visit, deductible does not apply	Reimbursed Up to \$30
Children's glasses and dental check-up	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
<b>Pharmacy</b>						
Deductible	NONE					
Tier 1a low-cost generic (retail)	No charge	50% coinsurance deductible does not apply	\$10 deductible does not apply	50% coinsurance, deductible does not apply	\$5/prescription, deductible does not apply	50% coinsurance, deductible does not apply
Tier 1b Typically lower cost generic (retail)	\$10 deductible does not apply	50% coinsurance deductible does not apply				
Tier 2 Typically preferred brand & non-preferred generic drugs (retail)	\$60 deductible does not apply	50% coinsurance deductible does not apply	\$40 deductible does not apply	50% coinsurance, deductible does not apply	100% coinsurance, deductible does not apply	100% coinsurance, deductible does not apply
Tier 3 typically non-preferred brand and generic drugs (retail)	\$125	50% coinsurance	\$70 deductible does not apply	50% coinsurance, deductible does not apply	100% coinsurance, deductible does not apply	100% coinsurance, deductible does not apply
Typically, Preferred Specialty (brand and generic) (Tier 4) (retail)	\$400	50% coinsurance	\$300/prescription, deductible does not apply	50% coinsurance, deductible does not apply	100% coinsurance, deductible does not apply	100% coinsurance, deductible does not apply
<b>Monthly Premium</b>						
Employee	\$649.28		\$599.43		\$538.68	
Employee & Spouse	\$1,525.81		\$1,408.65		\$1,265.90	
Employee & Child	\$1,103.78		\$1,019.03		\$915.76	
Family	\$1,986.80		\$1,834.25		\$1,648.37	