

GVSU Health Plans
Effective Date January 1, 2027



	GVSU Standard PPO		GVSU High Deductible Health Plan PPO with HSA	
	In Network	Out of Network	In Network	Out of Network
Preventive Care	100% coverage	70% after deductible	100% coverage	80% after deductible
Office Visit	\$20 copay	70% after deductible	100% after deductible	80% after deductible
Virtual Care Services	\$20 copay	70% after deductible	100% coverage	80% coverage
Coinsurance (Plan Pays)	90% after deductible	70% after deductible	100% after deductible	80% after deductible
Prescription Copay			Copays apply after deductible	
<i>Generic</i>	\$10		\$10	
<i>Preferred Brand Name</i>	\$40		\$40	
<i>Non-Preferred Brand Name</i>	\$80		\$80	
<i>Preferred Specialty</i>	20% to \$100 max		20% to \$100 max	
<i>Non-Preferred Specialty</i>	20% to \$200 max		20% to \$200 max	
<i>Mail Order Copay(s)</i>	2x copay @ mail order or 3x copay @ retail		2x copay @ mail order or 3x copay @ retail Annual Rx copays capped at \$250 for Individual and \$500 for Family coverage	
Special Plan Coverage Provisions				
<i>See Schedule of Benefits/SPD for details. Includes Orthognathic Surgery and Treatment and Cochlear Implants</i>	50% after deductible	50% after deductible	Not Covered	
Network	Priority Health / CIGNA		Priority Health / CIGNA	
Deductible				
<i>Individual</i>	\$250	\$500	\$2,250	\$4,500
<i>Family</i>	\$500	\$1,000	\$4,500	\$9,000
Coinsurance Maximum				
<i>Individual</i>	\$1,000	\$2,500	N/A	\$2,000
<i>Family</i>	\$2,000	\$5,000	N/A	\$4,000
Out-of-Pocket Maximum (includes deductibles, copays, and coinsurance)				
<i>Individual</i>	\$9,200	\$9,200	\$2,500	\$6,500
<i>Family</i>	\$18,400	\$18,400	\$5,000	\$13,000
Annual Faculty / Staff Payroll Deduction				
<i>Single</i>	\$2,254.56		\$358.08	
<i>Double</i>	\$4,373.88		\$694.68	
<i>Family</i>	\$6,763.68		\$1,074.24	