Union Square Hospitality Group

2027 Plan Year Changes

As you prepare for Open Enrollment, here is a summary of what is changing for 2027 and what will remain the same.

What's Changing?

Medical and Prescription Drug Plans

Changes will be made across all medical and prescription drug plans for 2027, including:

- Introduction of new HSA-qualified High-Deductible Health Plan (HDHP)
- Introduction of Health Savings Account (HSA)
- **Out-of-Pocket Protection Plan:** This program helps you make the most of available manufacturer copay assistance for certain specialty medications, which may lower what you pay at the pharmacy. It is important to know that only the amount you personally pay counts toward your deductible and out-of-pocket maximum, so your benefit totals may be adjusted after the assistance is applied.
- Specialty prescription drugs will be subject to 30% coinsurance
- Medical contributions will be increasing

Bronze PPO Plan

The following changes will apply to the Bronze PPO Plan:

- In-network deductible will increase to $3,000 for single, and $6,000 for family coverage tiers
- In-network out-of-pocket maximum will increase to $7,000 for single, and $14,000 for family coverage tiers
- In-network coinsurance will change to 60%, members will be responsible for 40% of the costs after the deductible is met
- Primary care office visit copay will increase to $35
- Specialist visit copay will increase to $60
- Out-of-network coinsurance will change to 50%, members will be responsible for 50% of the costs after the out-of-network deductible is met
- Emergency room coinsurance will be the same for in-network and out-of-network: 40% member responsibility

Silver PPO Plan

The following changes will apply to the Silver PPO Plan:

- In-network deductible will increase to $2,500 for single, and $5,000 for family coverage tiers
- In-network out-of-pocket maximum will increase to $5,000 for single, and $10,000 for family coverage tiers
- In-network coinsurance will change to 70%, members will be responsible for 30% of the costs after the deductible is met
- Primary care office visit copay will increase to $35
- Specialist visit copay will increase to $50
- Out-of-network coinsurance will change to 60%, members will be responsible for 40% of the costs after the out-of-network deductible is met
- Emergency room coinsurance will be the same for in-network and out-of-network: 30% member responsibility

Gold EPO Plan

The following changes will apply to the Gold EPO Plan:

- In-network deductible will increase to $1,500 for single and $3,000 for family coverage tiers
- In-network out-of-pocket maximum will increase to $4,000 for single, and $8,000 for family coverage tiers
- Primary care office visit copay will increase to $35
- Specialist visit copay will increase to $50

Dental Plans

- Employee and employer contributions will move to a 50/50 cost split
- As a result, the employee only tier will see an increase in cost, while the family tier will see a decrease

Spending Accounts

- A new Limited Purpose Flexible Spending Account (FSA) will be available for employees enrolled in the HSA-qualified medical plan
- This account can be used for eligible dental and vision expenses

What is Remaining the Same

- **Dental & Vision**
- **Life Insurance, Short Term Disability (STD), and Voluntary Accident and Hospital Indemnity Plans**
- **General Purpose Flexible Spending Account (FSA) & Commuter Account**