



GRAHAM BENEFITS PLAN
Scenarios for
2026 vs 2027 Plans

SCENARIO: BIRTH OF A CHILD

Estimated cost of care (assumed billed amounts):

- \$45k | In-network hospital delivery & prenatal care
- Excludes cost of care for newborn

CURRENT: 2026 Cigna Plans

	OAP	LocalPlus	HSA HDHP
Deductible (EE / Family)	\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of-pocket max (EE / Family)	\$2,000 / \$4,000	\$5,000 / \$10,000	\$3,000 / \$6,000
EMPLOYEE ONLY			
Total Employee Cost	\$2,000	\$5,000	\$3,000
Plan pays	\$43,000	\$40,000	\$42,000
FAMILY			
Total Employee Cost	N/A – embedded	N/A – embedded	\$6,000
Plan pays	–	–	\$39,000

NEW: 2027 Graham Harmonized Plans

	PPO	HDHP-1 (Free)	HDHP-2	HMO (CA)
Deductible (EE / Family)	\$1,500 / \$3,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$250 / \$500
Out-of-pocket max (EE / Family)	\$5,000 / \$10,000	\$10,000 / \$20,000	\$4,000 / \$8,000	\$1,500 / \$3,000
EMPLOYEE				
Total Employee Cost	\$5,000	\$10,000	\$4,000	\$1,500
Plan pays	\$40,000	\$35,000	\$41,000	\$43,500
FAMILY				
Total Employee Cost	N/A – embedded	\$15,400	\$8,000	N/A – embedded
Plan pays	–	\$29,600	\$37,000	–

Note: The HMO \$300 copay is the inpatient hospital facility copay, which applies in addition to the deductible and coinsurance (up to the out-of-pocket maximum).

SCENARIO: BROKEN LEG – EMERGENCY SURGERY



Estimated cost of care (assumed billed amounts):

- \$25k | ER visit, emergency orthopedic surgery & facility

CURRENT: 2026 Cigna Plans

	OAP	LocalPlus	HSA HDHP
Deductible (EE / Family)	\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of-pocket max (EE / Family)	\$2,000 / \$4,000	\$5,000 / \$10,000	\$3,000 / \$6,000
EMPLOYEE ONLY			
Total Employee Cost	\$2,000	\$5,000	\$3,000
Plan pays	\$23,000	\$20,000	\$22,000
FAMILY			
Total Employee Cost	N/A – embedded	N/A – embedded	\$6,000
Plan pays	–	–	\$19,000

NEW: 2027 Graham Harmonized Plans

	PPO	HDHP-1 (Free)	HDHP-2	HMO (CA)
Deductible (EE / Family)	\$1,500 / \$3,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$250 / \$500
Out-of-pocket max (EE / Family)	\$5,000 / \$10,000	\$10,000 / \$20,000	\$4,000 / \$8,000	\$1,500 / \$3,000
EMPLOYEE ONLY				
Total employee cost	\$5,000	\$8,200	\$4,000	\$1,500
Plan pays	\$20,000	\$16,800	\$21,000	\$23,500
FAMILY				
Total employee cost	N/A – embedded	\$11,400	\$8,000	N/A – embedded
Plan pays	–	\$13,600	\$17,000	–

SCENARIO: EMERGENCY ROOM VISIT



Estimated cost of care (assumed billed amounts):

- \$3k | Single ER visit

CURRENT: 2026 Cigna Plans

	OAP	LocalPlus	HSA HDHP
Deductible (EE / Family)	\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of-pocket max (EE / Family)	\$2,000 / \$4,000	\$5,000 / \$10,000	\$3,000 / \$6,000
EMPLOYEE ONLY			
Total Employee Cost	\$250	\$250	\$2,100
Plan pays	\$2,750	\$2,750	\$900
FAMILY			
Total Employee Cost	N/A – embedded	N/A – embedded	\$3,000
Plan pays	–	–	\$0

NEW: 2027 Graham Harmonized Plans

	PPO	HDHP-1 (Free)	HDHP-2	HMO (CA)
Deductible (EE / Family)	\$1,500 / \$3,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$250 / \$500
Out-of-pocket max (EE / Family)	\$5,000 / \$10,000	\$10,000 / \$20,000	\$4,000 / \$8,000	\$1,500 / \$3,000
EMPLOYEE ONLY				
Total employee cost	\$2,000	\$3,000	\$2,200	\$615
Plan pays	\$1,000	\$0	\$800	\$2,385
FAMILY				
Total employee cost	N/A – embedded	\$3,000	\$3,000	N/A – embedded
Plan pays	–	\$0	\$0	–

Note: For an emergency room visit, the ER copay applies in addition to the plan deductible and coinsurance, up to the out-of-pocket maximum. HDHP / HSA plans have no ER copay – the deductible and coinsurance apply. The ER copay is waived if the patient is admitted.

SCENARIO: ONGOING DIABETES MANAGEMENT



Estimated cost of care (assumed billed amounts):

- \$6k/year | Visits, labs & prescriptions

CURRENT: 2026 Cigna Plans

	OAP	LocalPlus	HSA HDHP
Deductible (EE / Family)	\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of-pocket max (EE / Family)	\$2,000 / \$4,000	\$5,000 / \$10,000	\$3,000 / \$6,000
EMPLOYEE ONLY			
Total Employee Cost	\$380	\$420	\$2,400
Plan pays	\$5,620	\$5,580	\$3,600
FAMILY			
Total Employee Cost	N/A – embedded	N/A – embedded	\$4,200
Plan pays	–	–	\$1,800

NEW: 2027 Graham Harmonized Plans

	PPO	HDHP-1 (Free)	HDHP-2	HMO (CA)
Deductible (EE / Family)	\$1,500 / \$3,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$250 / \$500
Out-of-pocket max (EE / Family)	\$5,000 / \$10,000	\$10,000 / \$20,000	\$4,000 / \$8,000	\$1,500 / \$3,000
EMPLOYEE ONLY				
Total employee cost	\$600	\$4,400	\$2,800	\$300
Plan pays	\$5,400	\$1,600	\$3,200	\$5,700
FAMILY				
Total employee cost	N/A – embedded	\$6,000	\$4,400	N/A – embedded
Plan pays	–	\$0	\$1,600	–

Note: Lab work is subject to coinsurance (deductible waived) on the PPO and HMO plans, not the office-visit copay.

SCENARIO: LONG-TERM ILLNESS / EXTENDED CARE



Estimated cost of care (assumed billed amounts):

- \$120k/year | Major chronic illness requiring extended care

CURRENT: 2026 Cigna Plans

	OAP	LocalPlus	HSA HDHP
Deductible (EE / Family)	\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Out-of-pocket max (EE / Family)	\$2,000 / \$4,000	\$5,000 / \$10,000	\$3,000 / \$6,000
EMPLOYEE ONLY			
Total Employee Cost	\$2,000	\$5,000	\$3,000
Plan pays	\$118,000	\$115,000	\$117,000
FAMILY			
Total Employee Cost	N/A – embedded	N/A – embedded	\$6,000
Plan pays	–	–	\$114,000

NEW: 2027 Graham Harmonized Plans

	PPO	HDHP-1 (Free)	HDHP-2	HMO (CA)
Deductible (EE / Family)	\$1,500 / \$3,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$250 / \$500
Out-of-pocket max (EE / Family)	\$5,000 / \$10,000	\$10,000 / \$20,000	\$4,000 / \$8,000	\$1,500 / \$3,000
EMPLOYEE ONLY				
Total employee cost	\$5,000	\$10,000	\$4,000	\$1,500
Plan pays	\$115,000	\$110,000	\$116,000	\$118,000
FAMILY				
Total employee cost	N/A – embedded	\$20,000	\$8,000	N/A – embedded
Plan pays	–	\$0	\$112,000	–

Note: The HMO \$300 copay is the inpatient hospital facility copay, which applies in addition to the deductible and coinsurance (up to the out-of-pocket maximum).