



MEDICAL - OPTION 2 WITH AN HRA

01/01/2017

		CURRENT PLAN	RENEWAL PLAN	BASE PLAN	25% UTILIZATION	50% UTILIZATION	75% UTILIZATION	100% UTILIZATION
CARRIER		AETNA	AETNA	UNITED	UNITED	UNITED	UNITED	UNITED
PLAN NAME		OPTION 3	OPTION 3	AG-4I	AG-4I	AG-4I	AG-4I	AG-4I
PLAN TYPE		H S A	H S A	H S A	HRA	HRA	HRA	HRA
EMBEDDED / AGGREGATE		?	?	EMBEDDED	EMBEDDED	EMBEDDED	EMBEDDED	EMBEDDED
DEDUCTIBLE (SINGLE/FAMILY)		\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	80% / 20%	80% / 20%	80% / 20%	80% / 20%
CO-INSURANCE (CARRIER/MEMBER)		80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%
OUT OF POCKET MAXIMUM (SINGLE / FAMILY)		\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700	\$3,950 / \$7,900	\$3,950 / \$7,900	\$3,950 / \$7,900	\$3,950 / \$7,900
PRIMARY CARE PHYSICIAN OFFICE VISIT		20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.
SPECIALIST OFFICE VISIT		20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.
EMERGENCY ROOM		20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.
URGENT CARE		20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.
PREVENTATIVE SERVICES		100%	100%	100%	100%	100%	100%	100%
MAJOR DIAGNOSTIC SERVICES		20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.
INPATIENT HOSPITAL		20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.
OUTPATIENT SURGERY		20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.
PRESCRIPTION DRUG COVERAGE		\$10 / \$30 / \$50 AFTER DED.	\$10 / \$30 / \$50 AFTER DED.	\$10 / \$30 / \$50 AFTER DED.	\$10 / \$30 / \$50 AFTER DED.	\$10 / \$30 / \$50 AFTER DED.	\$10 / \$30 / \$50 AFTER DED.	\$10 / \$30 / \$50 AFTER DED.
MAIL ORDER		2.5 X CO-PAYS	2.5 X CO-PAYS	2.5 X CO-PAYS	2.5 X CO-PAYS	2.5 X CO-PAYS	2.5 X CO-PAYS	2.5 X CO-PAYS
PHARMACY BENEFIT MANAGER		CVS / CAREMARK	CVS / CAREMARK	OPTUM	OPTUM	OPTUM	OPTUM	OPTUM
EE	87	\$627.50	\$627.50	\$561.49	\$561.49	\$561.49	\$561.49	\$561.49
ES	37	\$1,317.74	\$1,317.74	\$1,179.13	\$1,179.13	\$1,179.13	\$1,179.13	\$1,179.13
EC	17	\$1,317.74	\$1,317.74	\$1,179.13	\$1,179.13	\$1,179.13	\$1,179.13	\$1,179.13
FAM	41	\$2,045.67	\$2,045.67	\$1,830.46	\$1,830.46	\$1,830.46	\$1,830.46	\$1,830.46
MONTHLY PREMIUM		\$209,622.93	\$209,622.93	\$187,571.51	\$187,571.51	\$187,571.51	\$187,571.51	\$187,571.51
ANNUAL PREMIUM		\$2,515,475.16	\$2,515,475.16	\$2,250,858.12	\$2,250,858.12	\$2,250,858.12	\$2,250,858.12	\$2,250,858.12
ANNUAL HRA FUNDS		\$0.00	\$0.00	\$0.00	\$113,750.00	\$227,500.00	\$341,250.00	\$455,000.00
ANNUAL PREMIUM + HRA		\$2,515,475.16	\$2,515,475.16	\$2,250,858.12	\$2,364,608.12	\$2,478,358.12	\$2,592,108.12	\$2,705,858.12
% ABOVE CURRENT		0.00%	0.00%	-10.52%	-6.00%	-1.48%	3.05%	7.57%