



MEDICAL - PREMIUM SAVER SCENARIO

09/01/2016

	CURRENT PLAN	BASE PLAN	PREMIUM SAVER 1	PREMIUM SAVER 2
CARRIER	UNITED	AETNA	AETNA	AETNA
PLAN NAME	AD-AA	POS II 5000	POS II 5000 + PS 500	POS II 5000 + PS 1500
METAL LEVEL	SILVER	N/A	N/A	N/A
PLAN TYPE	NAVIGATE	TRADITIONAL	TRADITIONAL	TRADITIONAL
PEDIATRIC DENTAL / VISION	INCLUDED	N/A	N/A	N/A
EMBEDDED / AGGREGATE	EMBEDDED	EMBEDDED	EMBEDDED	EMBEDDED
DEDUCTIBLE (SINGLE/FAMILY)	\$2,100 / \$4,200	\$5,000 / \$10,000	\$500 / \$1,000	\$1,500 / \$3,000
CO-INSURANCE (CARRIER/MEMBER)	80% / 20%	100% / 0%	50% / 50%	50% / 50%
OUT OF POCKET MAXIMUM (SINGLE / FAMILY)	\$6,850 / \$13,700	\$6,850 / \$13,700	\$2,750 / \$5,500	\$3,250 / \$6,500
PRIMARY CARE PHYSICIAN OFFICE VISIT	\$35	\$30	\$30	\$30
SPECIALIST OFFICE VISIT	\$70 (\$100)	\$60	\$60	\$60
EMERGENCY ROOM	\$400, THEN 20%	\$200	\$200	\$200
URGENT CARE	\$100	\$75	\$75	\$75
PREVENTATIVE SERVICES	100%	100%	100%	100%
MAJOR DIAGNOSTIC SERVICES	20% (50%) AFTER DED.	0% AFTER DED.	50% AFTER DED.	50% AFTER DED.
INPATIENT HOSPITAL	20% (50%) AFTER DED.	0% AFTER DED.	50% AFTER DED.	50% AFTER DED.
OUTPATIENT SURGERY	20% (50%) AFTER DED.	0% AFTER DED.	50% AFTER DED.	50% AFTER DED.
PRESCRIPTION DRUG COVERAGE	\$15 / \$40 / \$90	\$10 / \$45 / \$70 / 40%	\$10 / \$45 / \$70 / 40%	\$10 / \$45 / \$70 / 40%
MAIL ORDER	2.5 X CO-PAYS	2 X CO-PAYS	2 X CO-PAYS	2 X CO-PAYS
PHARMACY BENEFIT MANAGER	OPTUM	CVS / CAREMARK	CVS / CAREMARK	CVS / CAREMARK
EE	12	AGE BANDED	\$417.49	\$464.93
ES	0	AGE BANDED	\$997.92	\$1,100.67
EC	0	AGE BANDED	\$938.22	\$999.99
FAM	2	AGE BANDED	\$1,476.54	\$1,621.59
MONTHLY PREMIUM	\$10,223.13	\$7,962.96	\$8,822.34	\$8,562.90
ANNUAL PREMIUM	\$122,677.56	\$95,555.52	\$105,868.08	\$102,754.80
% ABOVE CURRENT	0.00%	-22.11%	-13.70%	-16.24%