



MEDICAL

11/01/2016

		CURRENT PLAN	RENEWAL PLAN	ALTERNATE	ALTERNATE	LEVEL FUNDED	LEVEL FUNDED
CARRIER		ANTHEM	ANTHEM	AETNA	UNITED	STARMARK	AETNA AFA
PLAN NAME		LUMENOS H S A E7	5000EC / 20% / 6550 H S A	HNO 5000 80/50 H S A EMB	AC-96	HDHP 6000	CHOICE POS II 5000
METAL LEVEL		N/A	BRONZE	BRONZE	BRONZE	N/A	N/A
PLAN TYPE		H S A	H S A	H S A	H S A	H S A	H S A
PEDIATRIC DENTAL / VISION		N/A	INCLUDED	INCLUDED	INCLUDED	N/A	N/A
EMBEDDED / AGGREGATE		EMBEDDED	EMBEDDED	EMBEDDED	EMBEDDED	EMBEDDED	EMBEDDED
DEDUCTIBLE (SINGLE/FAMILY)		\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$5,500 / \$11,000
CO-INSURANCE (CARRIER/MEMBER)		80% / 20%	80% / 20%	80% / 20%	80% / 20%	100% / 0%	80% / 20%
OUT OF POCKET MAXIMUM (SINGLE / FAMILY)		\$6,350 / \$12,700	\$6,550 / \$13,100	\$6,450 / \$12,900	\$6,500 / \$13,000	\$6,000 / \$12,000	\$6,550 / \$13,100
PRIMARY CARE PHYSICIAN OFFICE VISIT		20% AFTER DED.	\$30 AFTER DED.	20% AFTER DED.	20% AFTER DED.	0% AFTER DED.	\$30 AFTER DED.
SPECIALIST OFFICE VISIT		20% AFTER DED.	\$60 AFTER DED.	20% AFTER DED.	20% AFTER DED.	0% AFTER DED.	\$60 AFTER DED.
EMERGENCY ROOM		20% AFTER DED.	\$300 AFTER DED.	20% AFTER DED.	20% AFTER DED.	0% AFTER DED.	20% AFTER DED.
URGENT CARE		20% AFTER DED.	\$100 AFTER DED.	20% AFTER DED.	20% AFTER DED.	0% AFTER DED.	20% AFTER DED.
PREVENTATIVE SERVICES		100%	100%	100%	100%	100%	100%
MAJOR DIAGNOSTIC SERVICES		20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	0% AFTER DED.	20% AFTER DED.
INPATIENT HOSPITAL		20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	0% AFTER DED.	20% AFTER DED.
OUTPATIENT SURGERY		20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	20% AFTER DED.	0% AFTER DED.	20% AFTER DED.
PRESCRIPTION DRUG COVERAGE		20% AFTER DED.	\$15 / \$40 / \$80 / 25% AFTER DED.	\$10 / \$50 / \$90 / 30% / 40% AFTER DED.	\$10 / \$35 / \$60 AFTER DED.	0% AFTER DED.	\$10 / \$50 / \$80 / 20% AFTER DED.
MAIL ORDER		20% AFTER DED.	\$37.50 / \$100 / \$200 / 25% AFTER DED.	2 X CO-PAYS AFTER DED.	2.5 X CO-PAYS AFTER DED.	0% AFTER DED.	2 X CO-PAYS AFTER DED.
PHARMACY BENEFIT MANAGER		EXPRESS SCRIPTS	EXPRESS SCRIPTS	CVS / CAREMARK	OPTUM	CVS / CAREMARK	CVS / CAREMARK
EE	19	\$327.45	\$445.44	\$552.75	\$462.45	\$361.00	\$312.42
ES	5	\$719.76	\$890.88	\$1,105.50	\$924.90	\$830.33	\$746.79
EC	2	\$552.75	\$824.06	\$1,022.58	\$924.90	\$551.30	\$702.11
FAM	8	\$1,010.88	\$1,380.86	\$1,713.52	\$1,387.35	\$1,020.63	\$1,104.96
MONTHLY PREMIUM		\$19,012.89	\$25,612.76	\$31,783.07	\$26,359.65	\$20,278.29	\$19,913.83
ANNUAL PREMIUM		\$228,154.68	\$307,353.12	\$381,396.84	\$316,315.80	\$243,339.48	\$238,965.96
% ABOVE CURRENT		0.00%	34.71%	67.17%	38.64%	6.66%	4.74%