







# Medical Side-by-side



	Current / Renewal		SB HRA \$2500		SB HRA \$5000		
ALTERNATIVE							
MEDICAL PLANS	CB PPO HRA \$2,500/0%		SB PPO HRA \$2,500/20%		SB PPO HRA \$5,000/20%		
NETWORK	PPO		PPO		PPO		
	IN	OUT	IN	OUT	IN	OUT	
HRA Funding	\$2,500 / \$5,000		\$2,500 / \$5,000		\$5,000 / \$10,000		
Deductible - Individual	\$2,500	\$5,000	\$2,500	\$5,000	\$5,000	\$10,000	
Deductible - Family	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000	\$20,000	
OOPM - Individual	\$5,000	\$10,000	\$8,150	\$16,300	\$8,150	\$16,300	
OOPM - Family	\$10,000	\$20,000	\$16,300	\$32,600	\$16,300	\$32,600	
Co-insurance	0%	20%	20%	40%	20%	40%	
PCP	\$40	20% after deductible	\$30	40% after deductible	\$30	40% after deductible	
Specialist	\$40	20% after deductible	\$30	40% after deductible	\$30	40% after deductible	
X-Ray	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Lab	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Inpatient Hospital	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Outpatient Surgery	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Emergency Room	\$250	\$250	\$150	\$150	\$150	\$150	
Urgent Care	\$40	20% after deductible	\$30	40% after deductible	\$30	40% after deductible	
Rx							
Member Copay Tier 1/2	\$10		\$10		\$10		
Member Copay Tier 3	\$40		\$40		\$40		
Member Copay Tier 4	\$80		\$80		\$80		
Mail Order	2.0x		2.0x		2.0x		
Enrollment							
EE / EO / EF	18 / 8 / 31		18 / 8 / 31		18 / 8 / 31		
Total Enrollment	57		57		57		
Monthly Rates	CURRENT	RENEWAL	SB HRA \$2500		SB HRA \$5000		
Employee Only	\$699.61	\$917.11	\$793.94		\$714.98		
Two Person	\$1,679.05	\$2,201.07	\$1,905.46		\$1,715.95		
Family	\$2,098.82	\$2,751.34	\$2,381.81		\$2,144.94		
ARORx (expected annual spend)							
Monthly Total	\$91,089	\$119,408	\$103,371		\$93,090		
Annual Total	\$1,093,066	\$1,432,897	\$1,240,449		\$1,117,085		
Change from Current - \$		\$339,831	\$147,383		\$24,019		
Change from Current - %		+31.1%	+13.5%		+2.2%		
HRA Maximum Risk	\$240,000		\$240,000		\$480,000		
HRA Projected Utilization (35%)	\$84,000		\$84,000		\$168,000		

# Medical Side-by-side



	Renewal		SB HSA \$1650 20%		SB HSA \$2000 20%		
ALTERNATIVE							
MEDICAL PLANS	CB PPO HRA \$2,500/100%		SB HSA \$1650/20%		SB HSA \$2000/20%		
NETWORK	PPO		PPO		PPO		
	IN	OUT	IN	OUT	IN	OUT	
Deductible - Individual	\$2,500	\$5,000	\$1,650	\$3,300	\$2,000	\$4,000	
Deductible - Family	\$5,000	\$10,000	\$3,300	\$6,600	\$4,000	\$8,000	
OOPM - Individual	\$5,000	\$10,000	\$4,000	\$8,000	\$4,000	\$8,000	
OOPM - Family	\$10,000	\$20,000	\$8,000	\$16,000	\$8,000	\$16,000	
Co-insurance	0%	20%	20%	40%	20%	40%	
PCP	\$40	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Specialist	\$40	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
X-Ray	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Lab	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Inpatient Hospital	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Outpatient Surgery	0% after deductible	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Emergency Room	\$250	\$250	20% after deductible	20% after deductible	20% after deductible	20% after deductible	
Urgent Care	\$40	20% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Rx							
Rx Individual / Family Deductible	- / -		Included in Medical / Included in Medical		Included in Medical / Included in Medical		
Member Copay Tier 1/2	\$10		\$10 after deductible		\$10 after deductible		
Member Copay Tier 3	\$40		\$40 after deductible		\$40 after deductible		
Member Copay Tier 4	\$80		\$80 after deductible		\$80 after deductible		
Member Copay Tier 5/6	-		-		-		
Mail Order	2.0x		2.5x after deductible		2.5x after deductible		
Enrollment							
EE / EO / EF	18 / 8 / 31		18 / 8 / 31		18 / 8 / 31		
Total Enrollment	57		57		57		
Monthly Rates	CURRENT	RENEWAL	SB HSA \$1650 20%		SB HSA \$2000 20%		
Employee Only	\$699.61	\$917.11	\$752.54		\$718.64		
One more	\$1,679.05	\$2,201.07	\$1,806.12		\$1,724.74		
Family	\$2,098.82	\$2,751.34	\$2,257.65		\$2,155.92		
Monthly Total	\$91,089	\$119,408	\$97,982		\$93,567		
Annual Total	\$1,093,066	\$1,432,897	\$1,175,782		\$1,122,803		
Change from Current - \$		\$339,831	\$82,716		\$29,738		
Change from Current - %		+31.1%	+7.6%		+2.7%		
HRA/HSA Maximum Risk	\$240,000		\$158,400		\$192,000		
HRA Projected Utilization (35%)	\$84,000		Fully Funded		Fully Funded		

# Dental Side-by-side



	Current / Renewal		Option 1		
ALTERNATIVE					
DENTAL PLANS	100/75/50/50		100/75/50/50		
NETWORK	DPPO Network		DPPO Network		
	IN	OUT	IN	OUT	
Calendar Year Maximum	\$1,000	\$1,000	\$1,000	\$1,000	
Individual Deductible	\$0	\$0	\$0	\$0	
Family Deductible	\$0	\$0	\$0	\$0	
Waived for Preventive	-	-	-	-	
Class I - Preventive	100%	100%	100%	100%	
Class II - Basic	75%	75%	75%	75%	
Class III - Major	50%	50%	50%	50%	
Class IV - Orthodontia	50%	50%	50%	50%	
Orthodontia Lifetime Max	\$1,000	\$1,000	\$1,000	\$1,000	
Ortho Eligibility	Up to age 19	Up to age 19	Up to age 19	Up to age 19	
<b>Enrollment</b>					
EE / EO / EF	18 / 8 / 31		18 / 8 / 31		
Total Enrollment	57		57		
<b>Monthly Rates</b>	CURRENT	RENEWAL	OPTION 1		
Employee Only	\$36.69	\$39.61	\$33.02		
One more	\$73.38	\$79.23	\$66.04		
Family	\$128.42	\$138.65	\$115.58		
Monthly Total	\$5,228	\$5,645	\$4,706		
Annual Total	\$62,742	\$67,740	\$56,468		
Change from Current - \$		\$4,998	-\$6,274		
Change from Current - %		+8.0%	-10.0%		
Rate Guarantee		1 year	2 years		

# Vision Side-by-side



	Current / Renewal	Option 1		
ALTERNATIVE				
VISION PLANS	24/24/24	12/12/24		
NETWORK	VPPO Network	VPPO Network		
	IN-NETWORK ONLY	IN-NETWORK ONLY		
Exams Frequency	1x every other calendar year	1x every 12 months		
Lenses Frequency	1x every other calendar year	1x every 12 months		
Frames Frequency	1x every other calendar year	1x every 24 months		
Contacts Frequency	1x every other calendar year	1x every 12 months		
Exam Copay	\$5	\$10		
Materials Copay	\$10	\$10		
Contacts Allowance	\$130	\$130		
Frame Allowance	\$130	\$130		

## Enrollment

EE / EO / EF	18 / 8 / 31		18 / 8 / 31		
Total Enrollment	57		57		
Monthly Rates	CURRENT	RENEWAL	OPTION 1		
Employee Only	\$4.52	\$4.85	\$4.85		
One more	\$9.03	\$9.70	\$9.70		
Family	\$14.99	\$16.10	\$16.10		
Monthly Total	\$618	\$664	\$664		
Annual Total	\$7,419	\$7,968	\$7,968		
Change from Current - \$		\$549	\$549		
Change from Current - %		+7.4%	+7.4%		
Rate Guarantee		1 year	2 years		