

Quote ID: 9648

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		Explore/HMO HDHP Embedded							
Benefits									
Deductible (Single/Family)		\$3,000/\$6,000							
Coinsurance		100%							
Maximum Out-of-Pocket (Single/Family)		\$3,000/\$6,000							
Emergency Room Copayment		Ded/Coins/\$0							
Urgent Care Copayment		Ded/Coins/\$0							
Office Visit Copayment		Ded/Coins/\$0							
Specialist Office Visit Copayment		Ded/Coins/\$0							
Preventive Benefit		Paid at 100%*							
Laboratory/Radiology Benefit		Subject to deductible/coinsurance							
Pharmacy Benefit		Integrated drug coverage Preventive covered at 100%							
		Empis	Current Rates	Renewal Rates	% Change	Empis	Current Rates	Renewal Rates	% Change
EE Only		4	\$899.81	\$899.81	0.0%	0	\$0.00	\$0.00	0.0%
ES		2	\$2,044.19	\$2,044.19	0.0%	0	\$0.00	\$0.00	0.0%
EE + 1 child		0	\$2,044.19	\$2,044.19	0.0%	0	\$0.00	\$0.00	0.0%
EE + 2 or more children		1	\$2,044.19	\$2,044.19	0.0%	0	\$0.00	\$0.00	0.0%
Family		11	\$2,044.19	\$2,044.19	0.0%	0	\$0.00	\$0.00	0.0%
Medicare Single		0	\$629.87	\$629.87	0.0%	0	\$0.00	\$0.00	0.0%
Medicare Couple		0	\$1,259.73	\$1,259.73	0.0%	0	\$0.00	\$0.00	0.0%
Medicare Split		0	\$1,529.68	\$1,529.68	0.0%	0	\$0.00	\$0.00	0.0%
Total		18	\$32,217.90	\$32,217.90	0.0%	0	\$0.00	\$0.00	0.0%

*Paid at 100% subject to frequency schedule that meets or exceeds the guidelines of the U.S. Preventive Services Task Force (USPSTF).

Deductibles are based on benefit year. Rates have been calculated for the period 10/1/2023 through 9/30/2024.

Renewal benefits and rates as provided (circle one - add comments as necessary) Yes or No

Acceptance Signature  Date 7/11/2023