SecurityHealth Plan℠
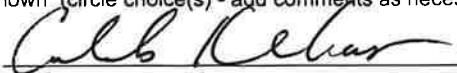Promises kept, plain and simple.®

Quote ID: 9431

Product Options

Benefits	Option 7 HMO PREMIER $1500 TRAD Premier/HMO Traditional With Rx		Option 8 HMO SIMPLYONE $1500 TRAD SimplyOne/HMO Traditional With Rx		Option 9 HMO EXPLORE $1500 TRAD Explore/HMO Traditional With Rx	
Deductible (Single/Family)	$1,500/$3,000		$1,500/$3,000		$1,500/$3,000	
Coinsurance	100%		100%		100%	
Maximum Out-of-Pocket (Single/Family)	$4,500/$9,000		$4,500/$9,000		$4,500/$9,000	
Emergency Room Copayment	Ded/Coins/$250		Ded/Coins/$250		Ded/Coins/$250	
Urgent Care Copayment	$100		$100		$100	
Office Visit Copayment	$30		$30		$30	
Specialist Office Visit Copayment	$60		$60		$60	
Preventive Benefit	Paid at 100%*		Paid at 100%*		Paid at 100%*	
Laboratory/Radiology Benefit	Subject to deductible/coinsurance		Subject to deductible/coinsurance		Subject to deductible/coinsurance	
Dependent Wrap Benefit	Included		Included		Not included	
Pharmacy Benefit	$10/$30/$60/$250		$10/$30/$60/$250		$10/$30/$60/$250	
Mail Order	x 2 Copay(s)		x 2 Copay(s)		x 2 Copay(s)	

Contract Counts / Monthly Premium Rates

EE Only	15	$1,061.04	15	$898.30	15	$1,154.57
ES	18	$2,069.98	18	$1,752.49	18	$2,252.45
EE + 1 child	0	$2,069.98	0	$1,752.49	0	$2,252.45
EE + 2 or more children	4	$2,069.98	4	$1,752.49	4	$2,252.45
Family	43	$3,195.85	43	$2,705.68	43	$3,477.56
Medicare Single	0	$742.73	0	$628.81	0	$808.20
Medicare Couple	0	$1,485.46	0	$1,257.62	0	$1,616.40
Medicare Split	1	$1,803.77	1	$1,527.11	1	$1,962.77
Total	81	$200,680.48	81	$169,900.63	81	$218,370.30

*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 9/1/2023 through 8/31/2024.

Benefits and rates as shown (circle choice(s) - add comments as necessary)

Acceptance Signature _Caleb Kehas_ Date 6/13/23

|RF27|4.4.1|Q9431|P74751|74752|74753|H2/P2