

Quote ID: 4484

Athena's

Benefits	Renewal Option 7 2000 HDHP UMB HMO Rx Copays Premier	Product Options Renewal Option 8 2000 HDHP UMB HMO Rx Copays Affirm	Renewal Option 9 2000 HDHP UMB HMO Rx Copays Explore			
	Premier/HMO HDHP Umbrella	Affirm/HMO HDHP Umbrella	Explore/HMO HDHP Umbrella			
Deductible (Single/Family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000			
Coinsurance	100%	100%	100%			
Maximum Out-of-Pocket (Single/Family)	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000			
Emergency Room Copayment	Ded/Coins	Ded/Coins	Ded/Coins			
Urgent Care Copayment	Ded/Coins	Ded/Coins	Ded/Coins			
Office Visit Copayment	Ded/Coins	Ded/Coins	Ded/Coins			
Specialist Office Visit Copayment	Ded/Coins	Ded/Coins	Ded/Coins			
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	Included			
Pharmacy Benefit	Integrated drug coverage then \$10/\$30/\$60/25% Preventive covered at 100%	Integrated drug coverage then \$10/\$30/\$60/25% Preventive covered at 100%	Integrated drug coverage then \$10/\$30/\$60/25% Preventive covered at 100%			
Mail Order	x 2 Copay(s)	x 2 Copay(s)	x 2 Copay(s)			
	Contracts	Rates	Contracts	Rates	Contracts	Rates
EE Only	43	\$822.24	1	\$822.24	0	\$858.14
ES	25	\$1,873.39	0	\$1,873.39	0	\$1,955.19
EE +1 child	5	\$1,873.39	0	\$1,873.39	0	\$1,955.19
EE +2 or more children	1	\$1,873.39	0	\$1,873.39	0	\$1,955.19
Family	103	\$1,873.39	0	\$1,873.39	0	\$1,955.19
Medicare Single	1	\$575.57	0	\$575.57	0	\$600.70
Medicare Couple	0	\$1,151.14	0	\$1,151.14	0	\$1,201.40
Medicare Split	2	\$1,397.81	0	\$1,397.81	0	\$1,458.84
Total	180	\$289,761.77	1	\$822.24	0	\$0.00

*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 calendar year. Rates have been calculated for the period 7/1/2019 through 6/30/2020.

Please note: All Discover network plans must be offered with matching benefits in either the Premier network or Affirm network.

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

Acceptance Signature _____ Date _____