

Quote ID: 4410

Benefits	Product Options					
	Renewal Option 4 \$3000 HMO Trad Explore Explore/HMO Traditional With Rx	Renewal Option 5 \$3000 HMO Trad Copays Premier Premier/HMO Traditional With Rx	Renewal Option 6 \$3000 HMO Trad Explore Explore/HMO Traditional With Rx			
Deductible (Single/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000			
Coinsurance	100%	100%	100%			
Maximum Out-of-Pocket (Single/Family)	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000			
Emergency Room Copayment	Ded/\$100	Ded/\$250	Ded/\$250			
Urgent Care Copayment	Ded/Coins	\$100	\$100			
Office Visit Copayment	Ded/Coins	\$25	\$25			
Specialist Office Visit Copayment	Ded/Coins	\$50	\$50			
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	\$10/\$30/\$60/\$250	\$10/\$30/\$60/\$250	\$10/\$30/\$60/\$250			
Mall Order	x 2 Copay(s)	x 2 Copay(s)	x 2 Copay(s)			
	Contracts	Rates	Contracts	Rates	Contracts	Rates
EE Only	0	\$947.66	16	\$904.89	0	\$944.70
ES	0	\$2,141.71	13	\$2,045.05	0	\$2,135.03
EE +1 child	0	\$2,141.71	4	\$2,045.05	0	\$2,135.03
EE +2 or more children	0	\$2,141.71	1	\$2,045.05	0	\$2,135.03
Family	0	\$2,141.71	30	\$2,045.05	0	\$2,135.03
Medicare Single	0	\$663.36	0	\$633.42	0	\$661.29
Medicare Couple	0	\$1,326.72	0	\$1,266.85	0	\$1,322.59
Medicare Split	0	\$1,611.02	0	\$1,538.31	0	\$1,606.00
Total	0	\$0.00	64	\$112,640.64	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.