

ATHENS

Quote ID: 5521

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502605,502606,502613,502614,502802,502803,502805
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	Premier/HMO HDHP Umbrella	Explore/HMO HDHP Umbrella
Benefits		
Deductible (Single/Family)	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	100%	100%
Maximum Out-of-Pocket (Single/Family)	\$2,500/\$5,000	\$2,500/\$5,000
Emergency Room Copayment	Ded/Coins/\$0	Ded/Coins/\$0
Urgent Care Copayment	Ded/Coins/\$0	Ded/Coins/\$0
Office Visit Copayment	Ded/Coins/\$0	Ded/Coins/\$0
Specialist Office Visit Copayment	Ded/Coins/\$0	Ded/Coins/\$0
Preventive Benefit	Paid at 100%*	Paid at 100%*
Laboratory/Radiology Benefit	Subject to deductible/coinsurance	Subject to deductible/coinsurance
Dependent Wrap Benefit	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%
Mail Order	x 2 Copay(s)	x 2 Copay(s)

	Empls	Current Rates	Renewal Rates	% Change	Empls	Current Rates	Renewal Rates	% Change
EE Only	23	\$822.24	\$850.20	3.4%	0	\$858.14	\$887.32	3.4%
ES	15	\$1,873.39	\$1,937.10	3.4%	1	\$1,955.19	\$2,021.67	3.4%
EE + 1 child	1	\$1,873.39	\$1,937.10	3.4%	0	\$1,955.19	\$2,021.67	3.4%
EE + 2 or more children	1	\$1,873.39	\$1,937.10	3.4%	0	\$1,955.19	\$2,021.67	3.4%
Family	76	\$1,873.39	\$1,937.10	3.4%	0	\$1,955.19	\$2,021.67	3.4%
Medicare Single	1	\$575.57	\$595.14	3.4%	0	\$600.70	\$621.12	3.4%
Medicare Couple	0	\$1,151.14	\$1,190.28	3.4%	0	\$1,201.40	\$1,242.25	3.4%
Medicare Split	1	\$1,397.81	\$1,445.34	3.4%	0	\$1,458.84	\$1,508.44	3.4%
Total	118	\$195,110.17	\$201,745.38	3.4%	1	\$1,955.19	\$2,021.67	3.4%

*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 7/1/2020 through 6/30/2021.

See next page for important notes ...

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

Signature _____ Date _____