

Insurance Carrier			MVP-CURRENT PLAN	MVP-RENEWAL PLAN
Plan Name			MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan" National Network	MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan" National Network
Metal Level			Silver	Silver
Ded. Type			Embedded	Embedded
Plan Type			EPO HDHP	EPO HDHP
Annual INN Ded. Individual			\$3,900	\$3,900
Annual INN Ded. Family			\$7,800	\$7,800
Coinsurance (In-Network)			N/A (100% after ded. DME & Chemo & Immunotherapy RX in Office/ Pharmacy/OP Hospital)	N/A (100% after ded. DME & RX in PCP/Specialist Office/OP Facility)
Annual INN OOP Limits			\$6,000/\$12,000	\$6,000/\$12,000
Annual OON Ded.			N/A	N/A
Coinsurance (Out-of-Network)			N/A	N/A
Annual OUT OOP Limits			N/A	N/A
Primary Care Visit			100% after ded.	100% after ded.
Specialist Visit			100% after ded.	100% after ded.
Inpatient Hospital			100% after ded.	100% after ded.
Outpatient Surgery			100% after ded.-OP Hospital/Preferred Facility	100% after ded.-OP Hospital/Preferred Facility
Urgent Care			100% after ded.	100% after ded.
Emergency Room			100% after ded.	100% after ded.
Outpatient Lab			100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility
Outpatient X-Ray			100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility
Rx Ded.			Integrated ded.	Integrated ded.
Tier 1 / Tier 2 / Tier 3			15/40/60	15/40/60
Creditable Coverage			YES	YES
AM Best Rating***			Not Listed	Not Listed
RATES				
Single Plan Rate	18		\$607.15	\$652.56
Employee/Spouse Plan Rate	14		\$1,214.30	\$1,305.12
Employee/Child(ren) Plan Rate	3		\$1,032.16	\$1,109.35
Family Plan Rate	25		\$1,730.38	\$1,859.80
Monthly Total				
Annual Total			\$74,284.88	\$79,840.81
Annual Difference			\$891,418.56	\$958,089.72
				\$66,671.16
				7.48%
HRA FUNDING ANALYSIS				
HRA Set up Fees/PEPM:				\$250/\$2.50
HRA Funding*			90%	90%
Individual	18		\$3,510.00	\$3,510.00
Family	42		\$7,020.00	\$7,020.00
HRA Utilization				
	100%		\$358,020.00	\$358,020.00
	60%		\$214,812.00	\$214,812.00
Total at 60% Utilization			\$1,106,230.56	\$1,172,901.72
Annual Difference				\$66,671.16
				6.03%
Pediatric Dental				Included in Rates/Ded. applies to HDHP Plans