



Insurance Carrier	MVP-CURRENT PLAN	MVP-RENEWAL PLAN	MVP	MVP	MVP	MVP	CDPHP
	MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan" National Network	MVP EPO HDHP Silver 8 (HSA) "Exchange Certified Plan" National Network	MVP EPO HDHP Silver 3 (HSA) "Exchange Certified Plan" National Network	MVP Bronze 2 EPOc (Not HSA Qualified) "Exchange Certified Plan" National Network	MVP EPO HDHP Bronze 3 (HSA) "Exchange Certified Plan" National Network	MVP EPO HDHP Bronze 6 (HSA) "Exchange Certified Plan" National Network	CDPHP Qualified HDEPO (HSA) (331) "Exchange Certified Plan"
Plan Name	Silver	Silver	Silver	Bronze	Bronze	Bronze	Silver
Metal Level	Embedded	Embedded	Aggregate/Embedded**	Embedded	Embedded	Embedded	Aggregate/Embedded
Ded. Type	EPO HDHP	EPO HDHP	EPO HDHP	EPO	EPO HDHP	EPO HDHP	HDHP EPO
Plan Type							
Annual INN Ded. Individual	\$3,900	\$4,400	\$2,500	\$6,000	\$6,200	\$6,900	\$3,900
Annual INN Ded. Family	\$7,800	\$8,800	\$5,000	\$12,000	\$12,400	\$13,800	\$7,800
Coinsurance (In-Network)	N/A (100% after ded. DME & RX in PCP/Specialist Office/OP Facility)	N/A (100% after ded. DME & RX in PCP/Specialist Office/OP Facility)	N/A (50% after ded. DME); (20% after ded. RX in PCP/Specialist Office/OP Facility)	30% (50% after ded. DME); (20% after ded. RX in PCP/Specialist Office/OP Facility)	30% (50% after ded. DME); (20% after ded. RX in PCP/Specialist Office/OP Facility)	N/A (100% after ded. DME & RX in PCP/Specialist Office/OP Facility)	Ded Then 50% (DME), Ded Then 20% (RX in PCP/Specialist Office/OP Facility)
Annual INN OOP Limits	\$6,000/\$12,000	\$6,900/\$13,800	\$5,900/\$11,800	\$8,400/\$16,800	\$6,900/\$13,800	\$6,900/\$13,800	\$6,900/\$13,800
Annual OON Ded.	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance (Out-of-Network)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Annual OUT OOP Limits	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Primary Care Visit	100% after ded.	100% after ded.	\$25 copay after ded.	3 visits at \$0, then \$35 after ded.	\$30 copay after ded.	100% after ded.	\$45 copay after ded.
Specialist Visit	100% after ded.	100% after ded.	\$50 copay after ded.	\$60 copay after ded.	\$50 copay after ded.	100% after ded.	\$70 copay after ded.
Inpatient Hospital	100% after ded.	100% after ded.	\$500 copay after ded.	30% after ded.	30% after ded.	100% after ded.	\$1,500 copay after ded.
Outpatient Surgery	100% after ded.-OP Hospital/Preferred Facility	100% after ded.-OP Hospital/Preferred Facility	\$200 copay after ded.-OP Hospital \$0 after ded.-Preferred Facility	\$300 copay after ded.-OP Hospital \$0 after ded.-Preferred Facility	\$100 copay after ded.-OP Hospital \$0 after ded.-Preferred Facility	100% after ded.-OP Hospital/Preferred Facility	\$250 copay after ded.-Cost Share may be less-Preferred Center
Urgent Care	100% after ded.	100% after ded.	\$50 copay after ded.	\$60 copay after ded.	\$50 copay after ded.	100% after ded.	\$100 copay after ded.
Emergency Room	100% after ded.	100% after ded.	\$300 copay after ded.	\$350 copay after ded.	\$300 copay after ded.	100% after ded.	\$500 copay after ded.
Outpatient Lab	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	\$25 copay after ded.-PCP \$50 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	\$35 copay after ded.-PCP \$60 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	\$30 copay after ded.-PCP \$50 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	100% after ded.-PCP/Specialist/OP Hospital/Preferred Facility	100% after ded.-Preferred Lab; \$70 after ded.-OP Hospital/Office
Outpatient X-Ray	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	100% after ded.-PCP/Specialist/OP Hospital/Preferred Provider Facility	\$25 copay after ded.-PCP \$50 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	\$35 copay after ded.-PCP \$60 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	\$30 copay after ded.-PCP \$50 after ded.-Specialist/OP Hosp. \$0 after ded.-Preferred Facility	100% after ded.-PCP/Specialist/OP Hospital/Preferred Facility	100% after ded.-Preferred Center; \$70 after ded.-OP Hospital/Office
Rx Ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.	Integrated ded.
Tier 1 / Tier 2 / Tier 3	15/40/60	15/40/60	15/40/60	10/40/60	10/40/60	100%/100%/100%	15/50/80
Creditable Coverage	YES	YES	YES	YES	YES	YES	YES
AM Best Rating***	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed	Not Listed
RATES							
Single Plan Rate	17 \$652.56	\$711.21	\$734.64	\$596.44	\$623.10	\$647.58	\$714.88
Employee/Spouse Plan Rate	14 \$1,305.12	\$1,422.42	\$1,469.28	\$1,192.88	\$1,246.20	\$1,295.16	\$1,429.75
Employee/Child(ren) Plan Rate	3 \$1,109.35	\$1,209.06	\$1,248.89	\$1,013.95	\$1,059.27	\$1,100.89	\$1,215.29
Family Plan Rate	28 \$1,859.80	\$2,026.95	\$2,093.72	\$1,699.85	\$1,775.84	\$1,845.60	\$2,037.40
Monthly Total	\$84,767.65	\$92,386.23	\$95,429.63	\$77,477.45	\$80,940.83	\$84,120.57	\$92,862.53
Annual Total	\$1,017,211.80	\$1,108,634.76	\$1,145,155.56	\$929,729.40	\$971,289.96	\$1,009,446.84	\$1,114,350.36
Annual Difference		\$91,422.96	\$127,943.76	-\$87,482.40	-\$45,921.84	-\$7,764.96	\$97,138.56
		9%	13%	-9%	-5%	-1%	10%
HRA FUNDING ANALYSIS							
HRA Set up Fees/PEPM:		\$250/\$3.45	\$250/\$3.45	\$250/\$3.45	\$250/\$2.50	\$250/\$2.50	\$250/\$2.50
HRA Funding*		90%	90%	90%	90%	90%	90%
Individual	17 \$3,510.00	\$3,960.00	\$2,250.00	\$5,400.00	\$5,580.00	\$6,210.00	\$3,510.00
Family	45 \$7,020.00	\$7,920.00	\$4,500.00	\$10,800.00	\$11,160.00	\$12,420.00	\$7,020.00
HRA Utilization							
100%	\$375,570.00	\$423,720.00	\$240,750.00	\$577,800.00	\$597,060.00	\$664,470.00	\$375,570.00
60%	\$225,342.00	\$254,232.00	\$144,450.00	\$346,680.00	\$358,236.00	\$398,682.00	\$225,342.00
Total at 60% Utilization	\$1,242,553.80	\$1,362,866.76	\$1,289,605.56	\$1,276,409.40	\$1,329,525.96	\$1,408,128.84	\$1,339,692.36
Annual Difference		\$120,312.96	\$47,051.76	\$33,855.60	\$86,972.16	\$165,575.04	\$97,138.56
		10%	4%	3%	7%	13%	8%
Pediatric Dental		Included in Rates/Ded. applies to HDHP Plans	Included in Rates/Ded. applies to HDHP Plans	Included in Rates	Included in Rates/Ded. applies to HDHP Plans	Included in Rates/Ded. applies to HDHP Plans	Additional cost added to dependents under age 19: \$16.49 x max 3 dependents per family unit.