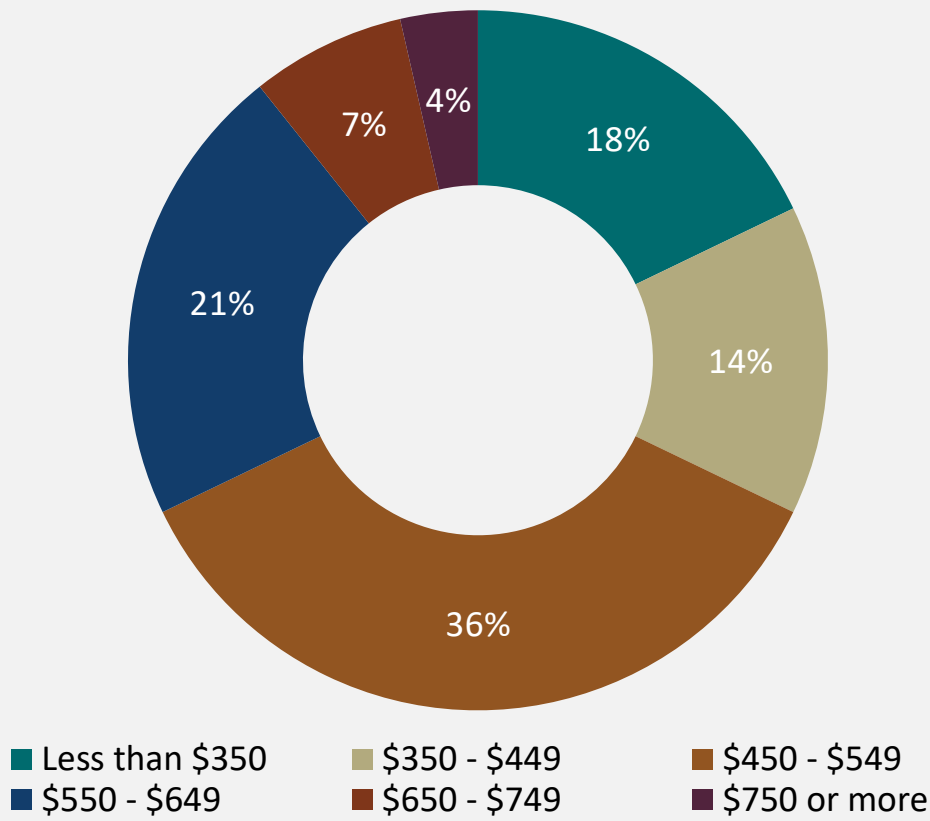


# Benchmark Review <50 Employees

**Kage Innovation**  
March 23, 2022

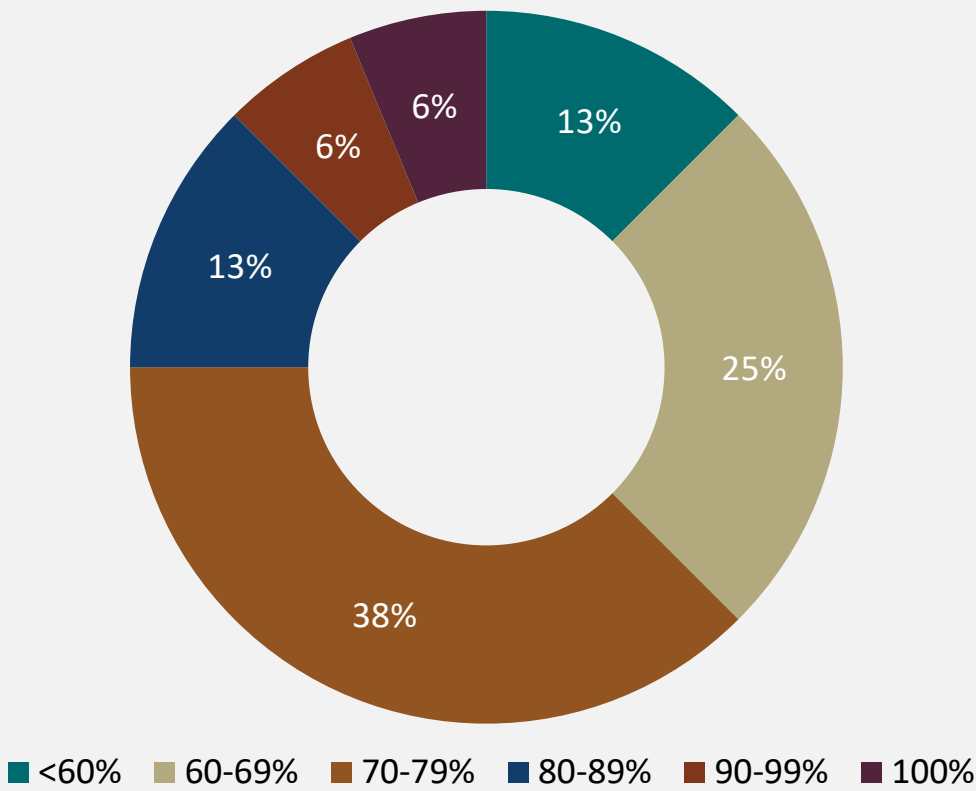


Single Premium  
Less than 50 employees



\$544 Average Single Monthly Premium

Single ER Contribution  
Less than 50 employees

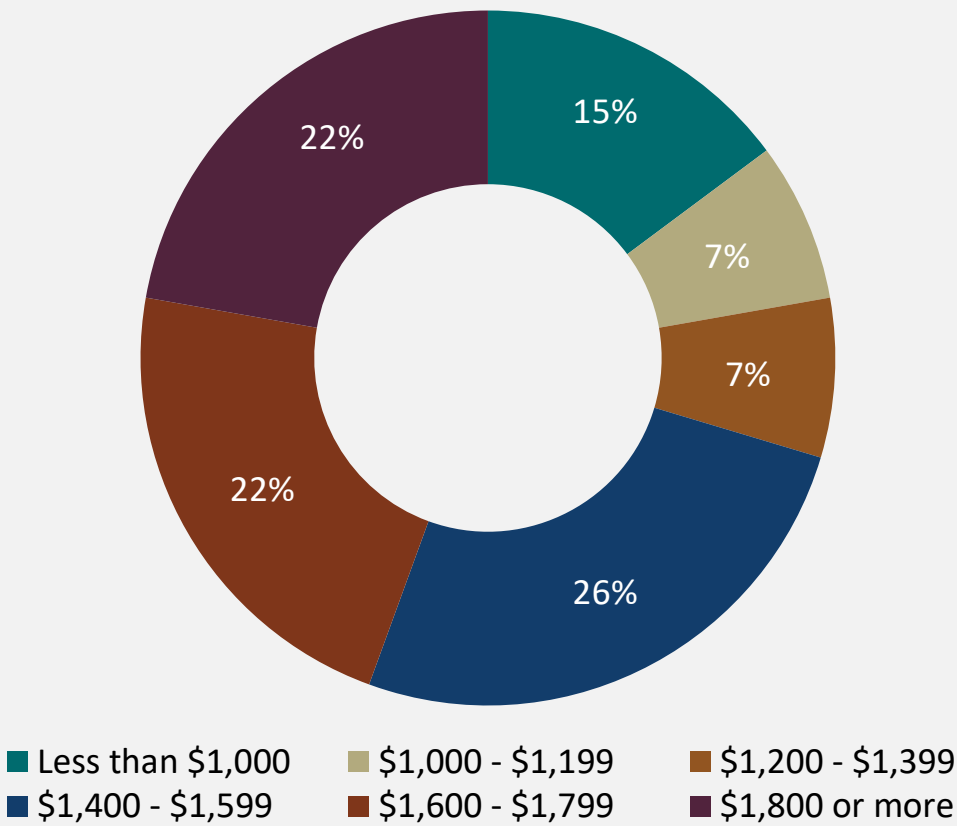


Between 50% - 100%

Monthly Premium (Family Coverage)

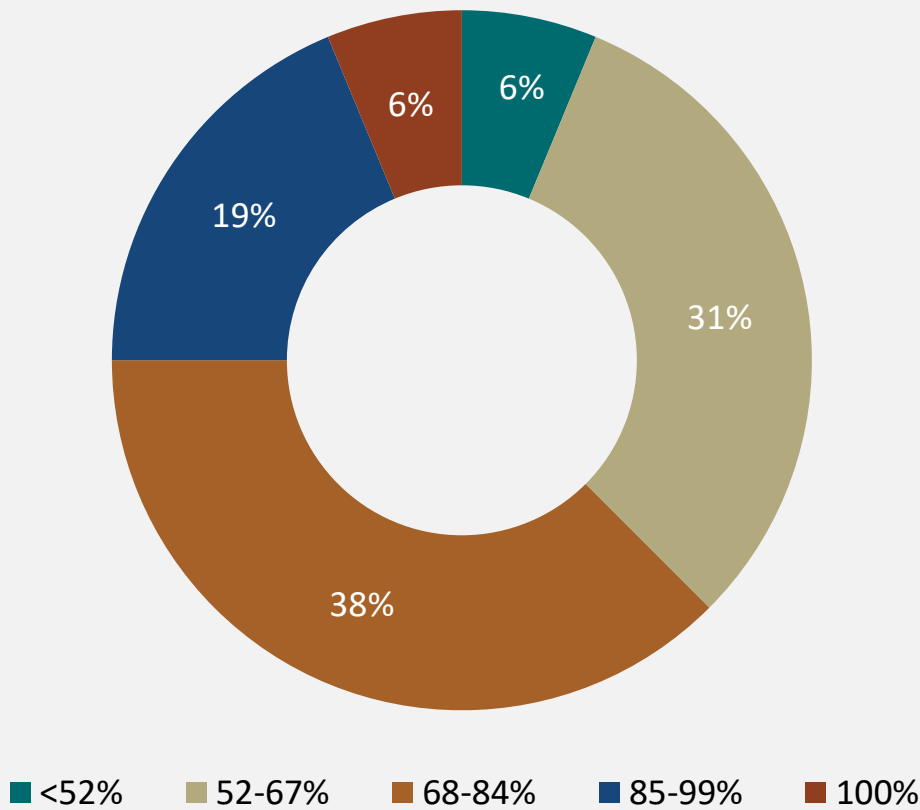
Medical  
HDHP  
Employer Contribution

Family Premium  
Less than 50 employees



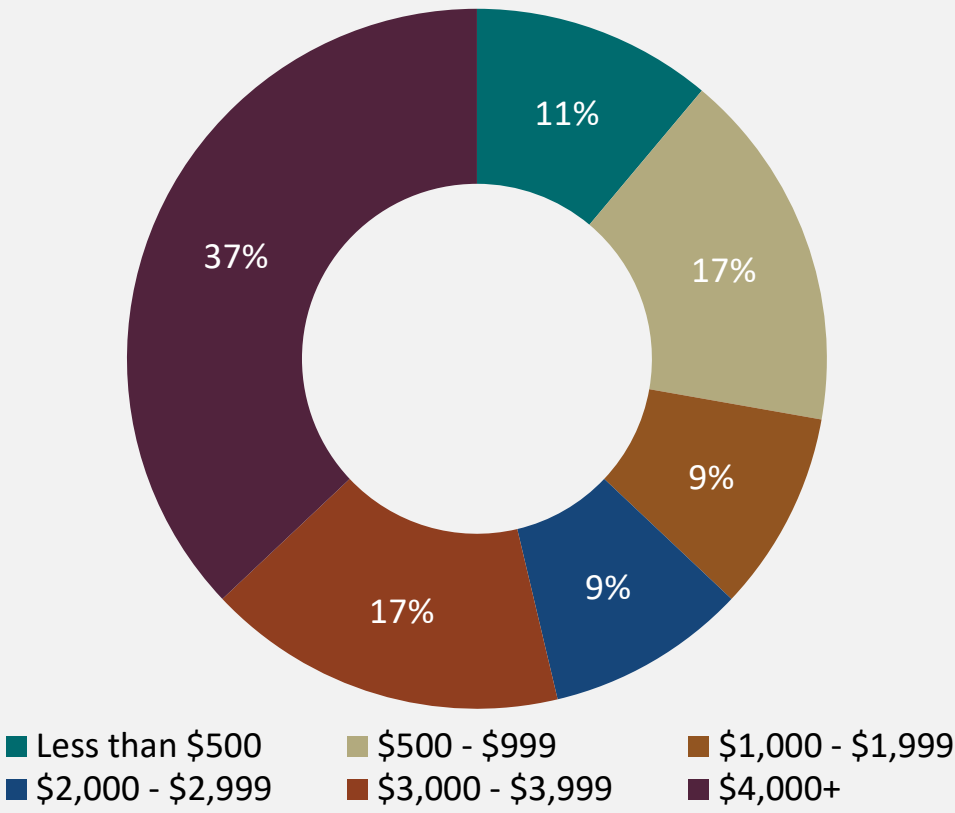
\$1,641 Average Family Monthly Premium

Family ER Contribution  
Less than 50 employees



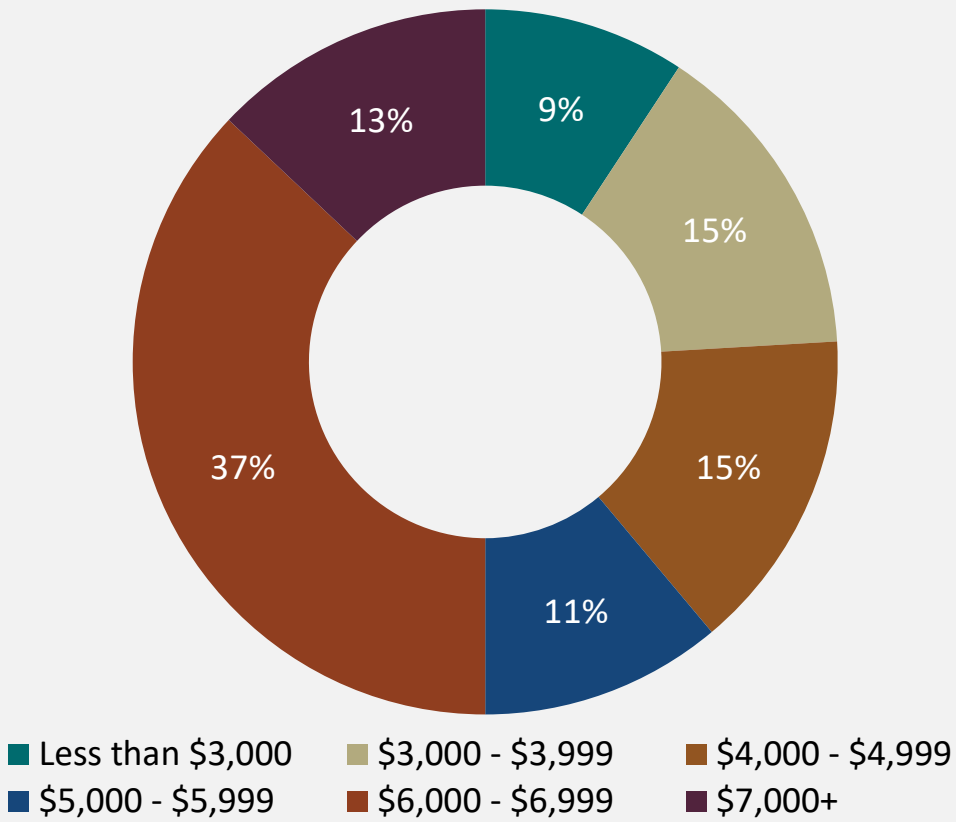
Between 50% - 100%

Single Deductible  
Less than 50 employees



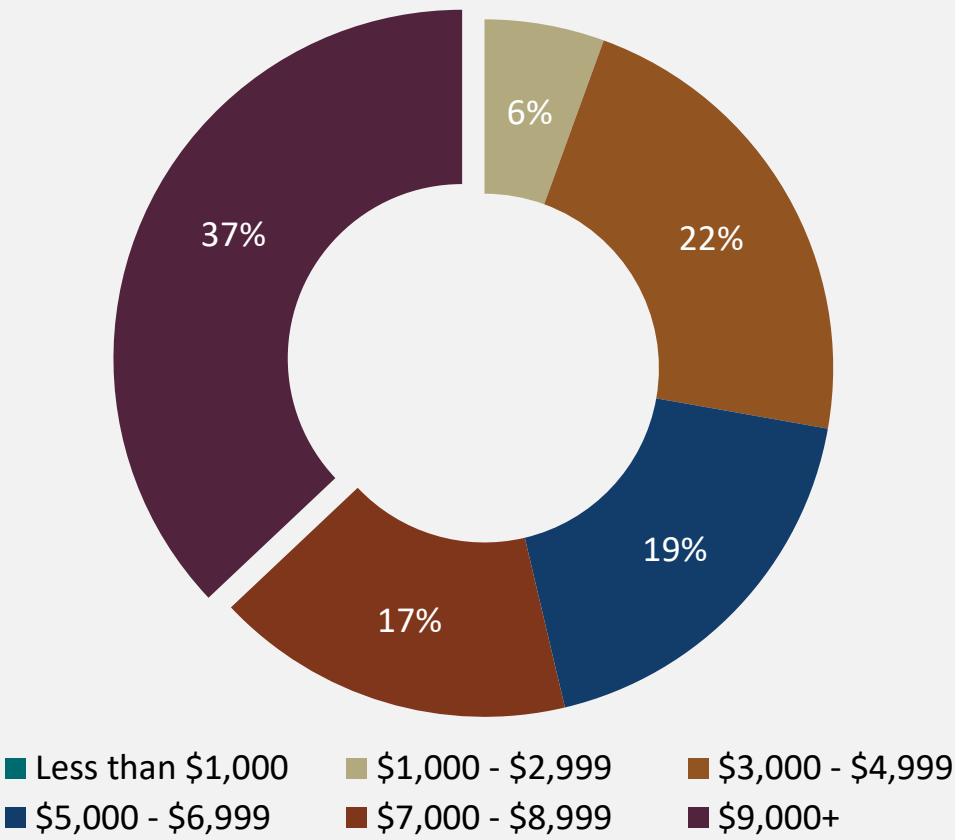
\$2,000 Single Deductible

Single MOOP  
Less than 50 employees



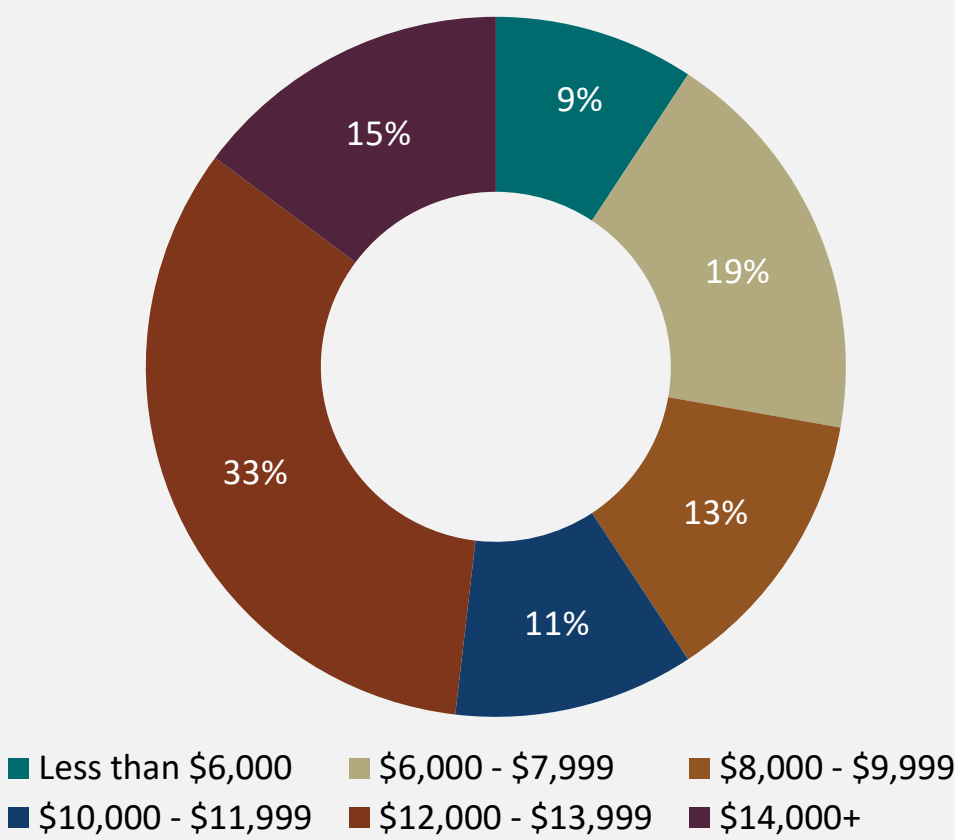
\$4,000 Single MOOP

Family Deductible  
Less than 50 employees



\$4,000 Family Deductible

Family MOOP  
Less than 50 employees



\$4,000 Family MOOP

Company Benchmarking  
Primary Care Office Visit

Medical  
HDHP

Size Classification:

Less than 50 employees

\$28

Average Copay Amount:

Industry Type:

Services

\$29

Average Copay Amount:

Copay \$30

Specialty Care Office Visit

HDHP

Size Classification:

Less than 50 employees

\$64

Average Copay Amount

Industry Type:

Services

\$59

Average Copay Amount:

Copay \$60

Urgent Care

HDHP

Size Classification:

Less than 50 employees

\$148

Average Copay Amount

Industry Type:

Services

\$153

Average Copay Amount:

Copay \$100

Emergency Room

HDHP

Size Classification:

Less than 50 employees

\$297

Average Copay Amount:

Industry Type:

Services

\$291

Average Copay Amount:

Copay \$250

Size Classification:

Less than 50 employees

\$13

Average Copay Amount:

Industry Type:

Services

\$12

Average Copay Amount:

Copay \$10

Prescription Drug - Tier 2

HDHP

Size Classification:

Less than 50 employees

\$42

Average Copay Amount

Industry Type:

Services

\$35

Average Copay Amount:

Copay \$35

Prescription Drug - Tier 3

HDHP

Size Classification:

Less than 50 employees

\$78

Average Copay Amount

Industry Type:

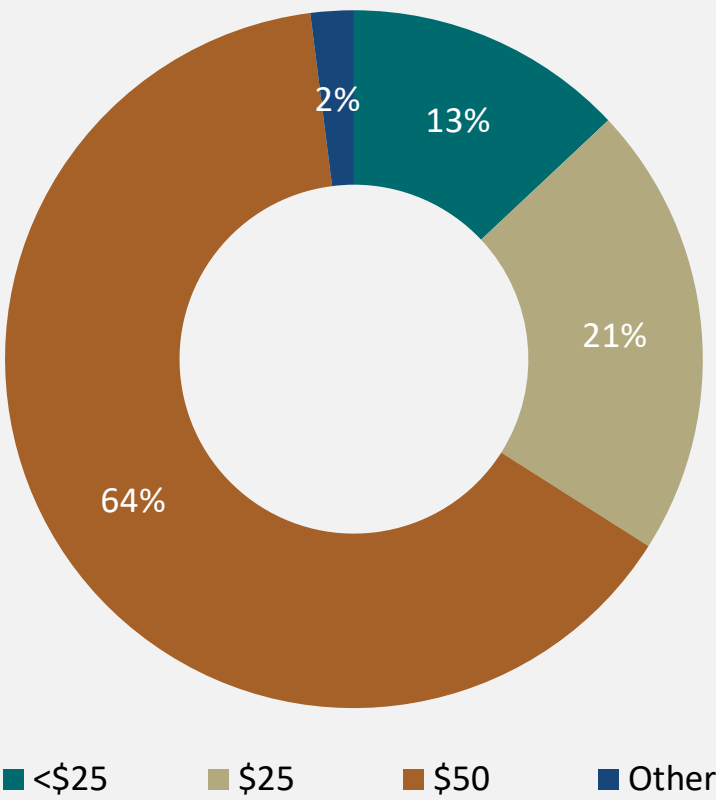
Services

\$62

Average Copay Amount:

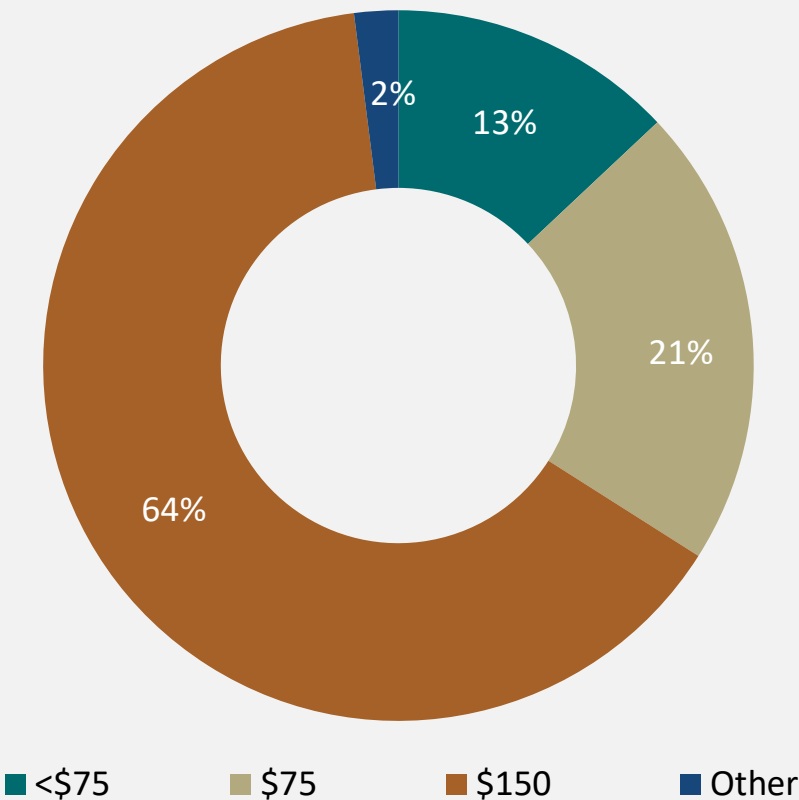
Copay \$60

Single Deductible:



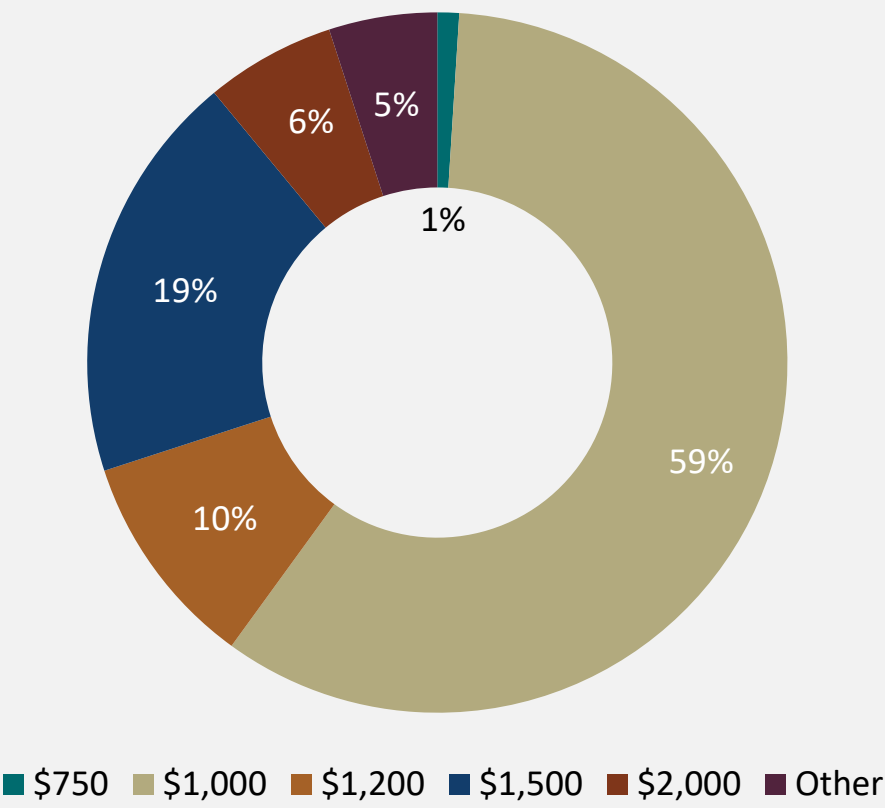
\$50 Single Deductible

Family Deductible:



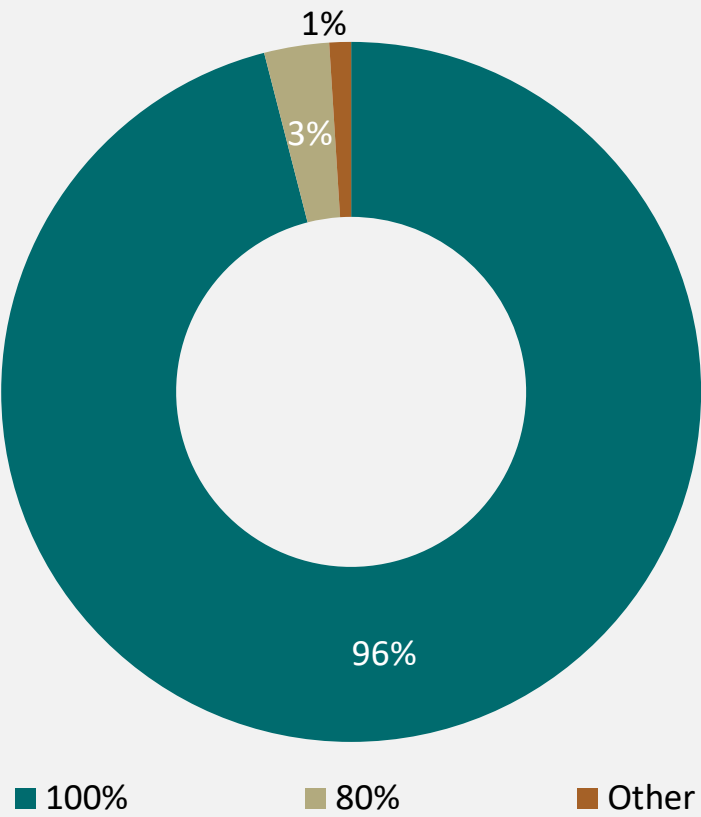
\$150 Family Deductible

Annual Plan Maximum:



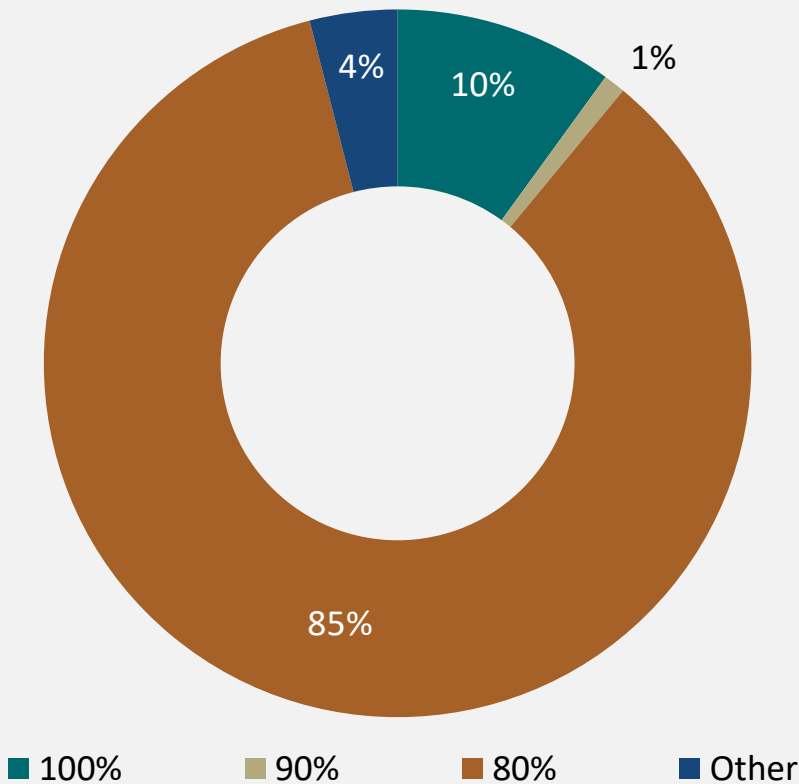
\$2,000 Annual Maximum

Diagnostic & Preventive Coinsurance:



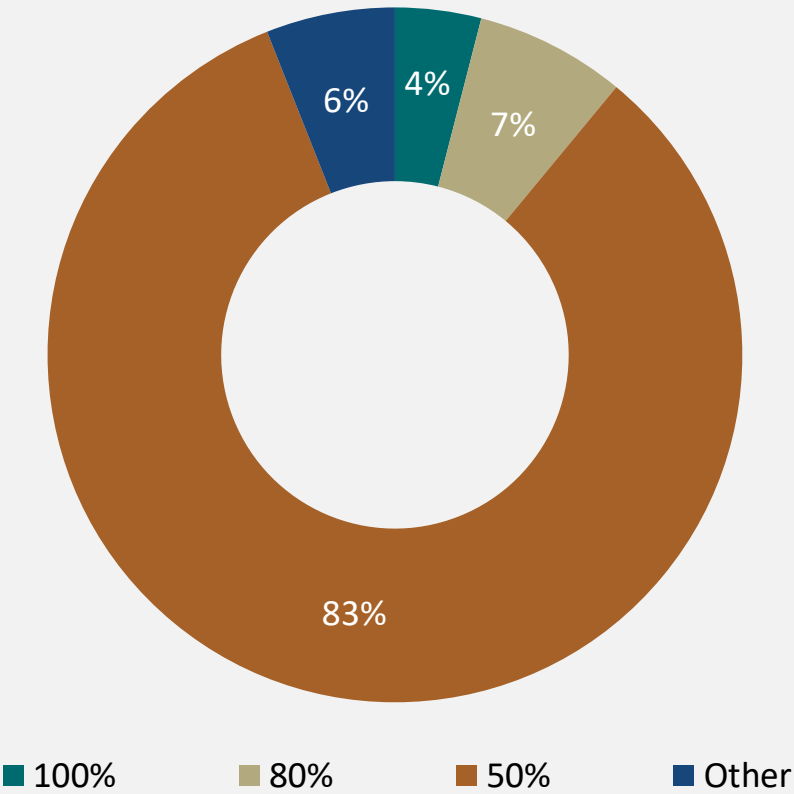
100% Coinsurance for Diagnostic & Preventive

Basic Coinsurance:



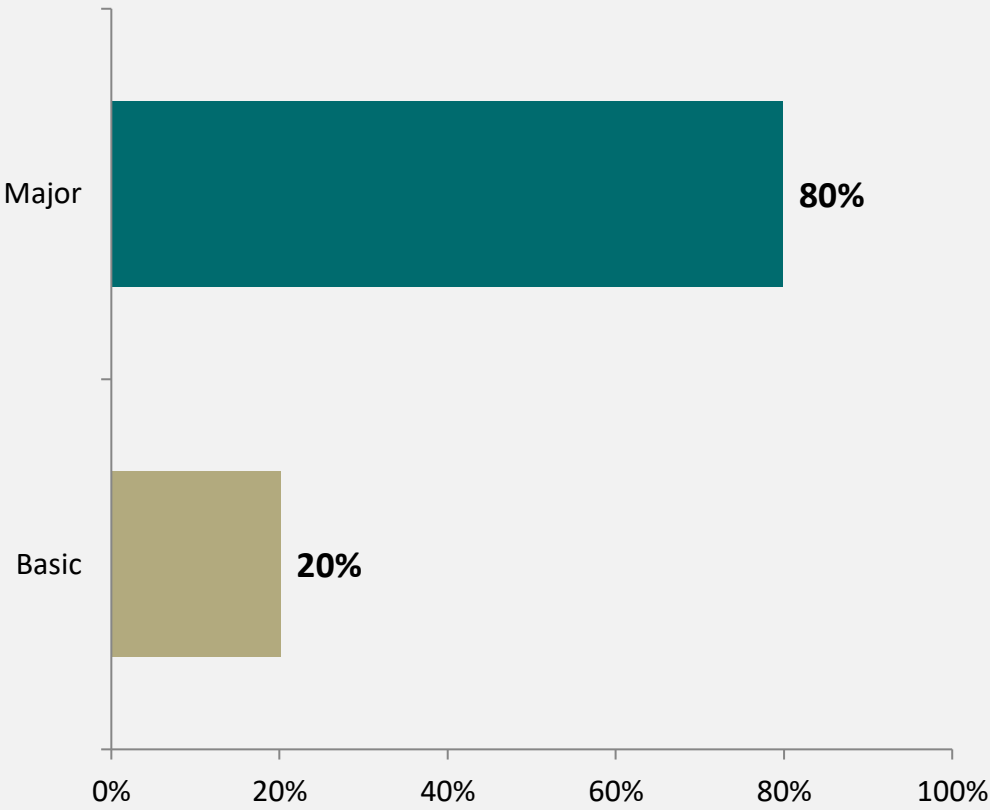
80% Coinsurance for Basic Services

Major Coinsurance:



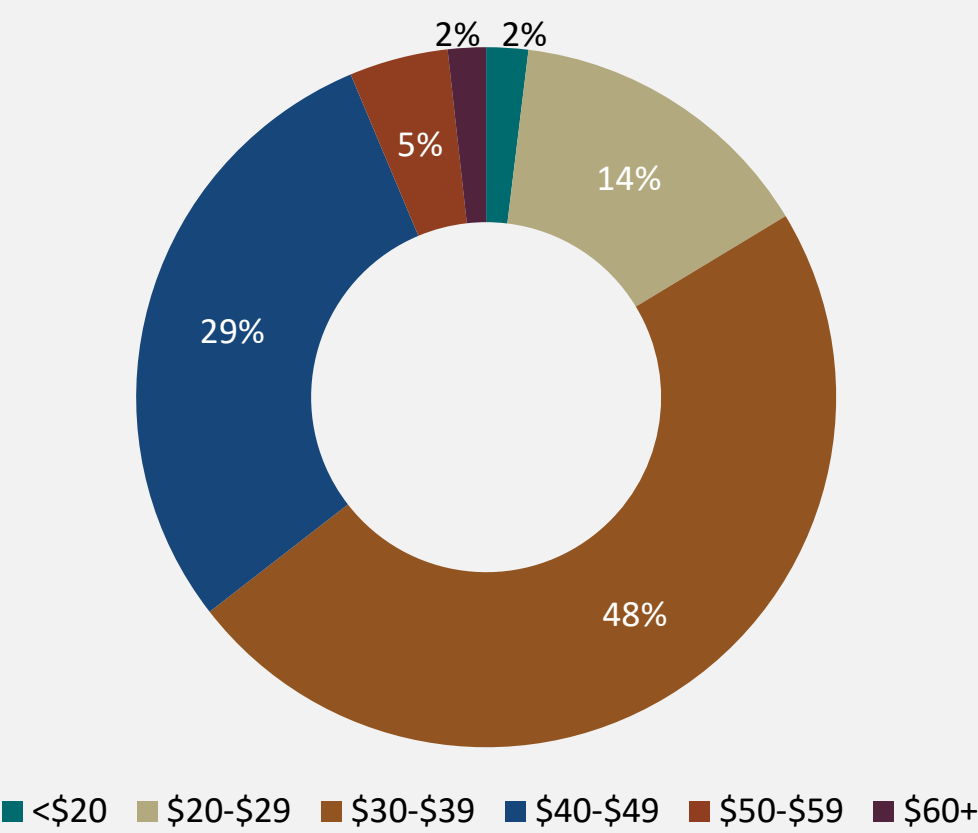
50% Coinsurance for Major Services

Endo/Perio Services Categorization:



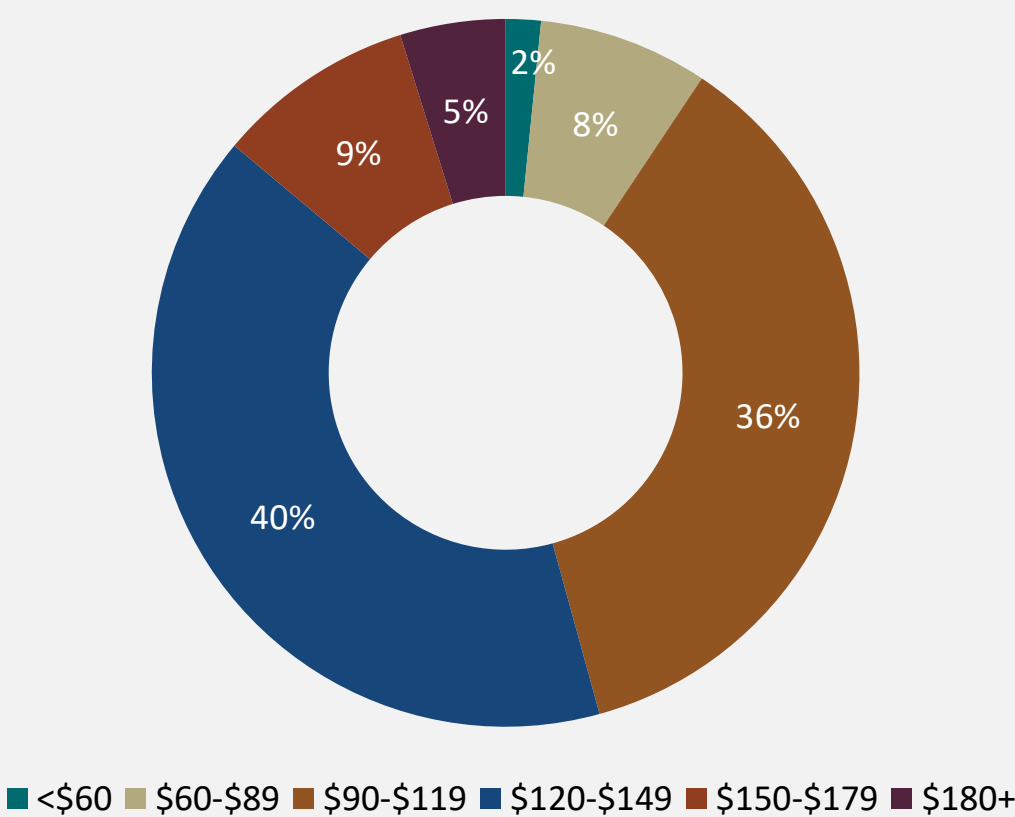
Endo & Perio is Major Services

Monthly Single Premium:



\$42 Single Monthly Premium

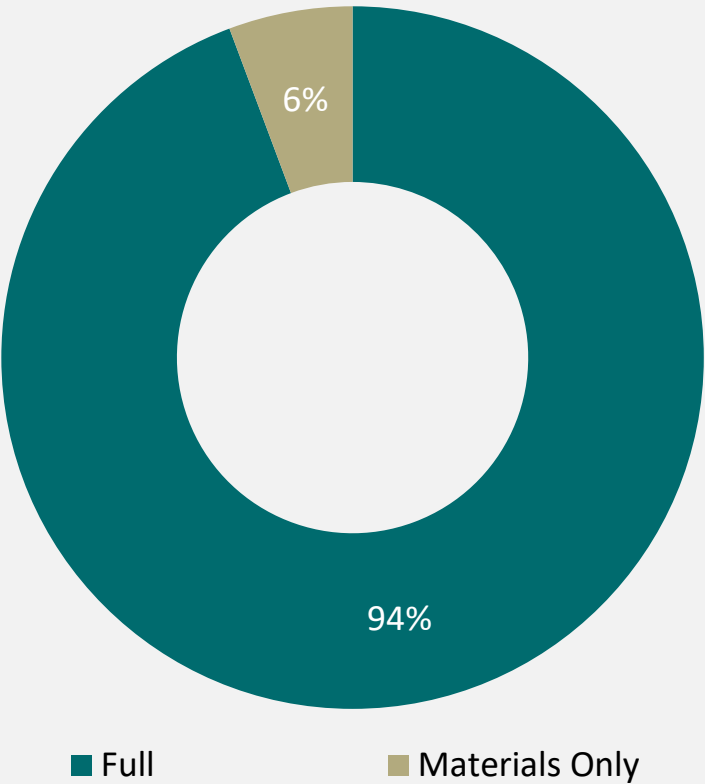
Monthly Family Premium:



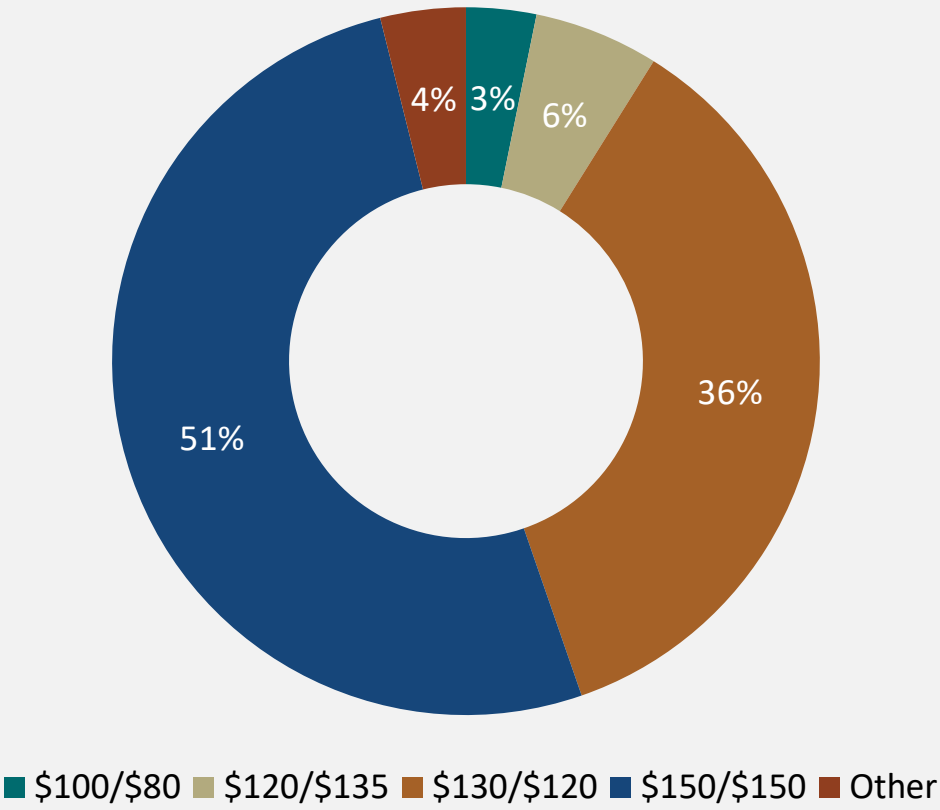
\$129 Family Monthly Premium



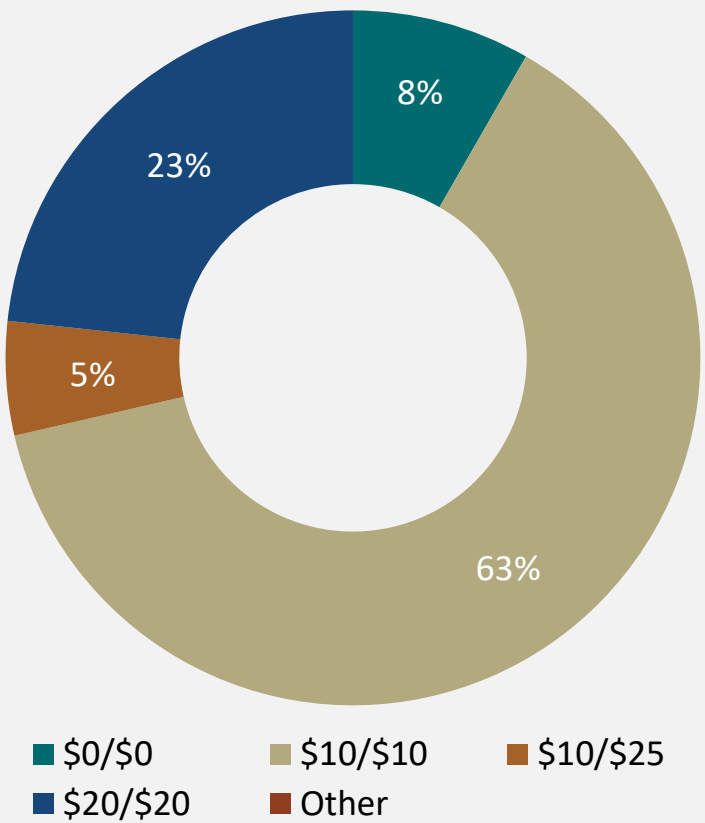
Plan Type:



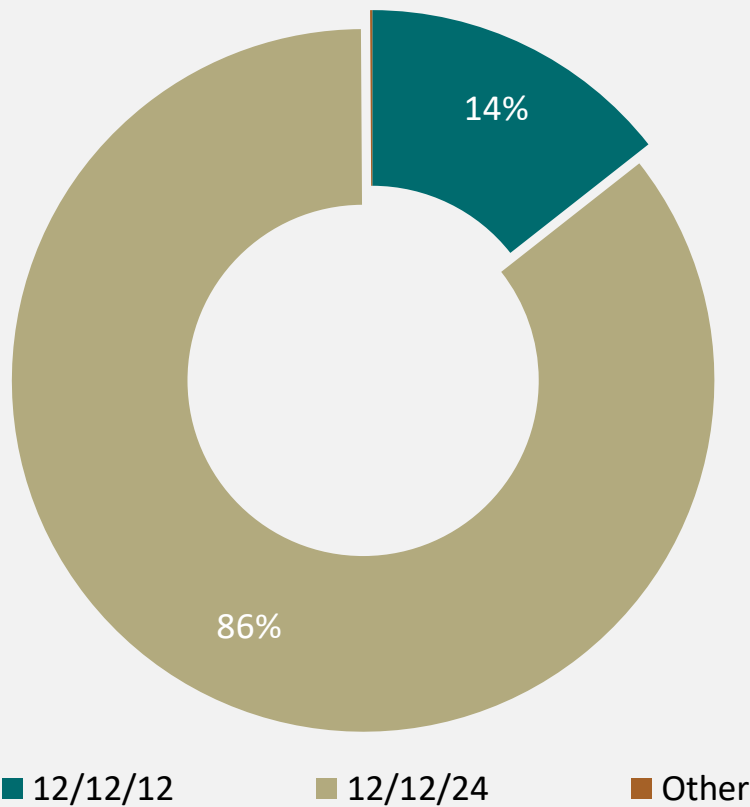
Allowances (Frames/Contacts):



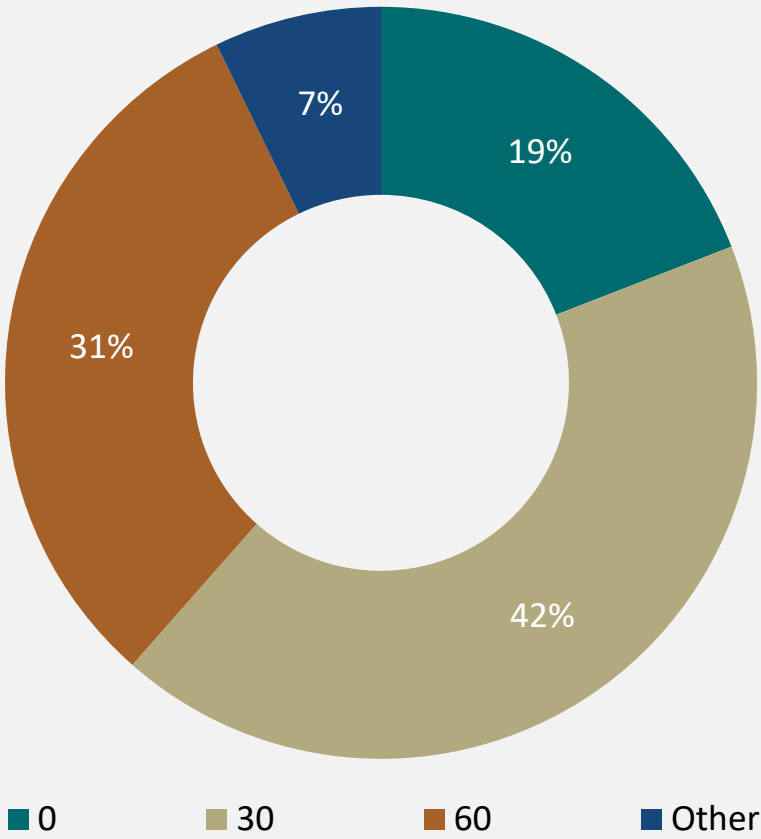
Copay (Office Visit/Materials):



Frequency:



Eligibility Wait Period:

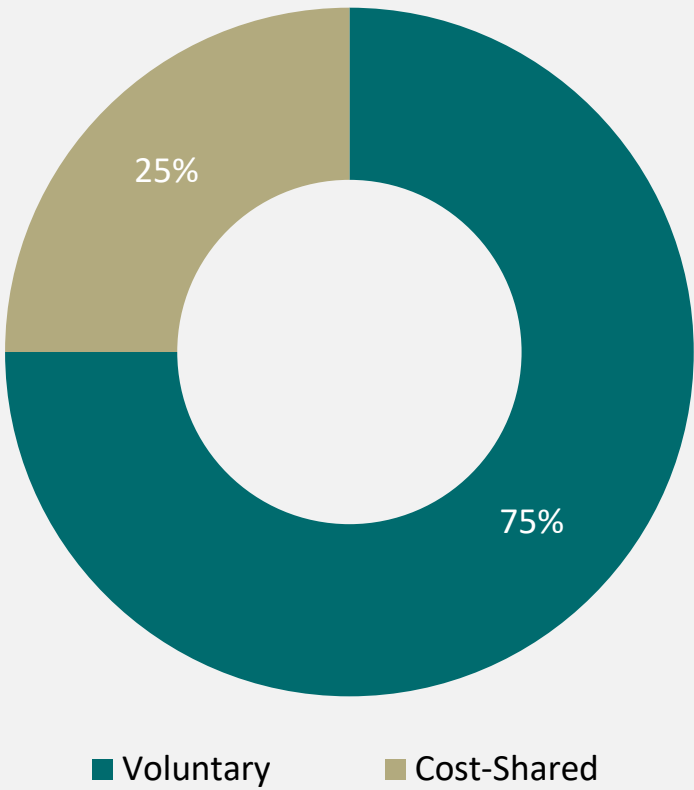


Average Single Premium:

Average Single Premium:

\$6.85

Cost-Sharing Arrangement:

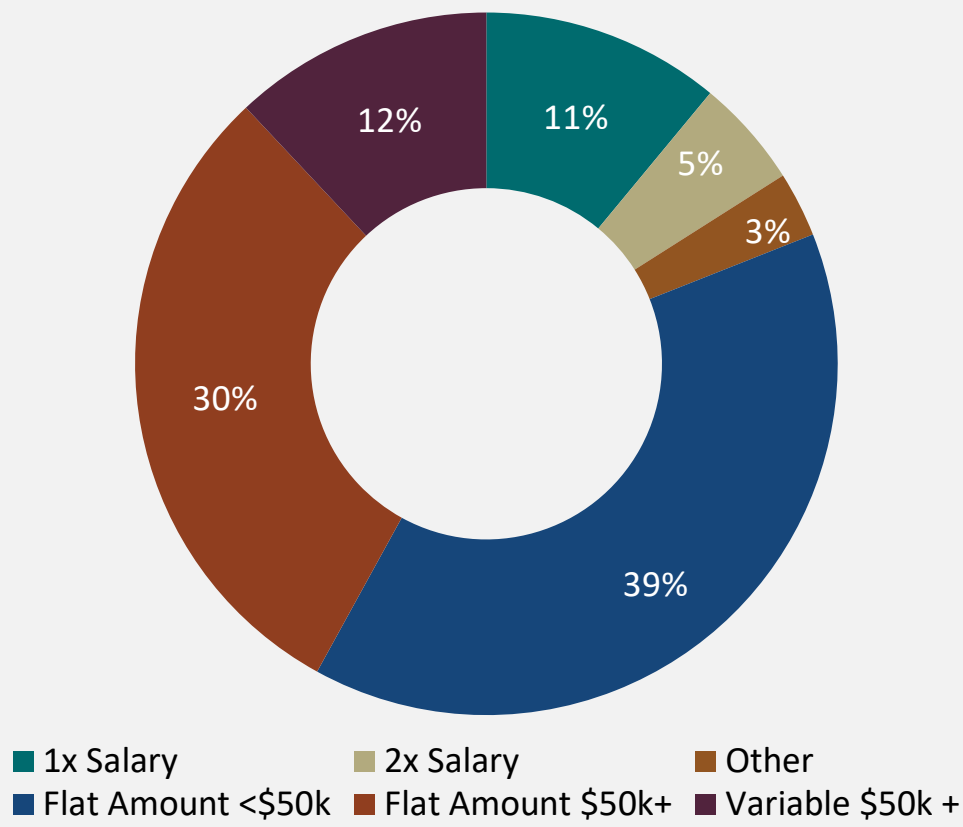


Employer Contribution (if cost-shared):

Average Employer Contribution:

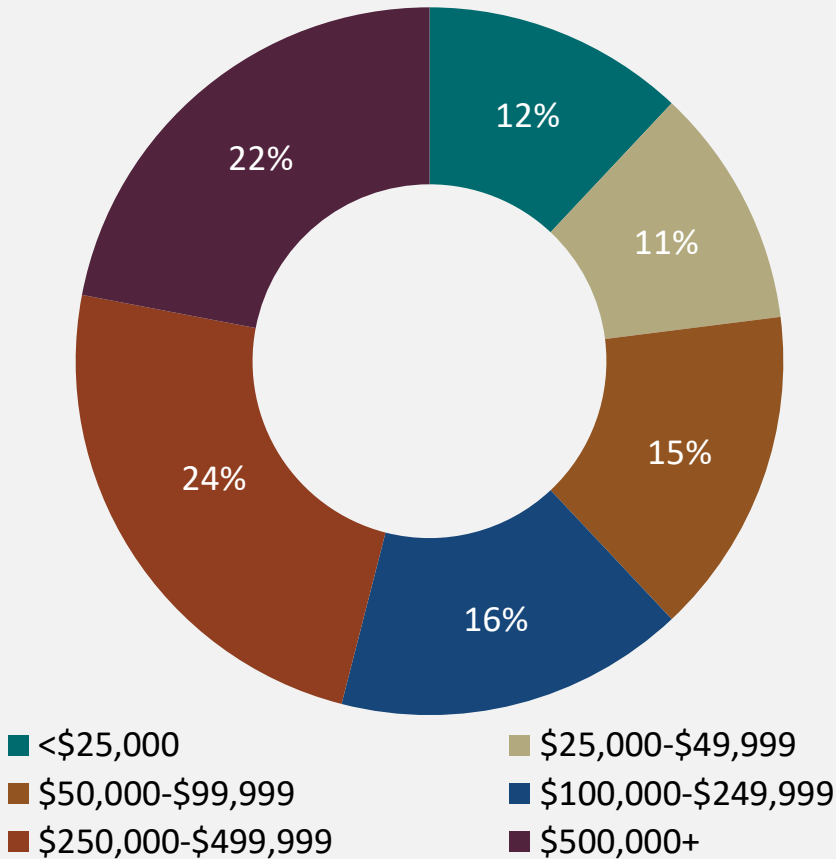
68%

Employee Benefit Schedule:  
Services/Trades



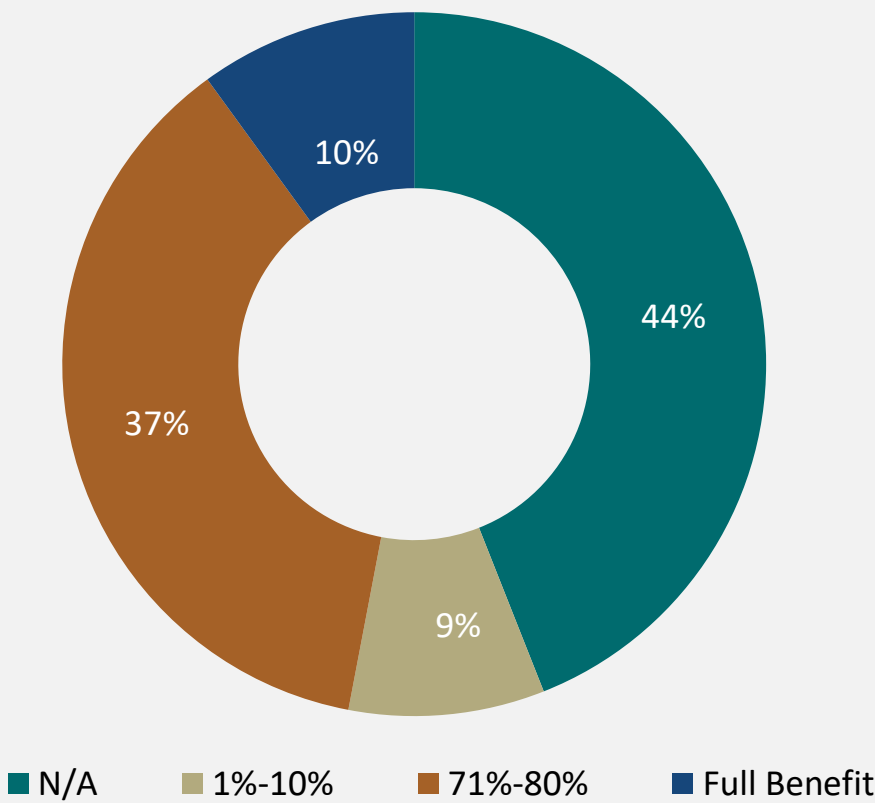
Employer Paid Flat \$25,000

Maximum Issue Limit:  
Services/Trades

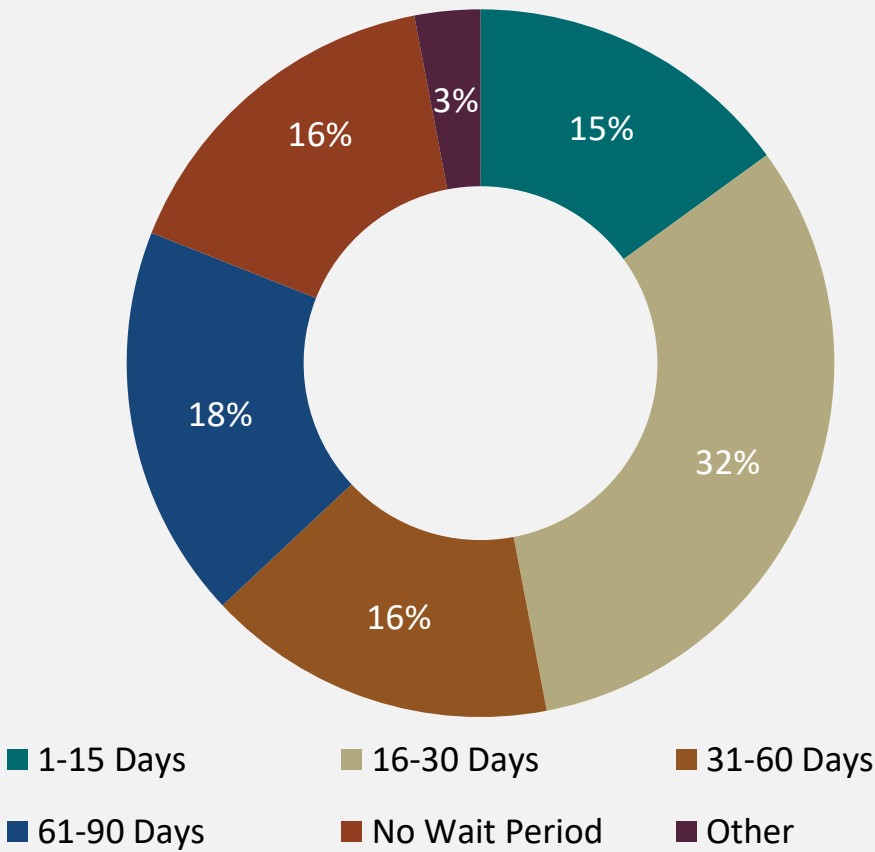


Voluntary Life Not Currently Offered

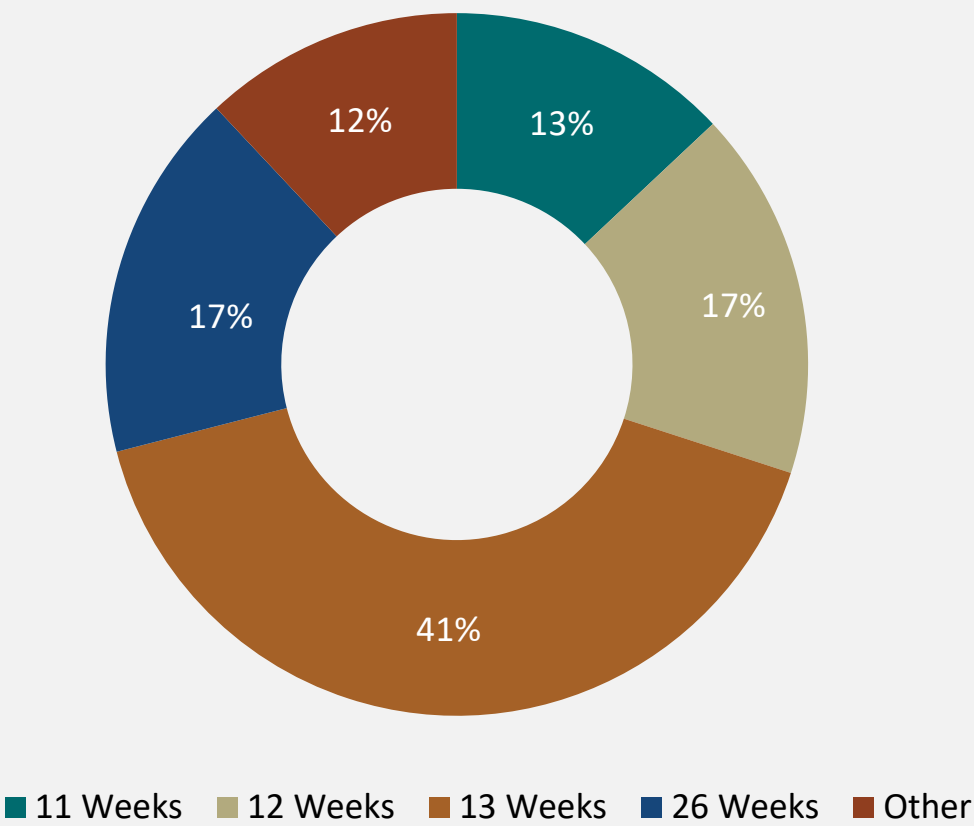
Accelerated Benefit Option  
Services/Trades



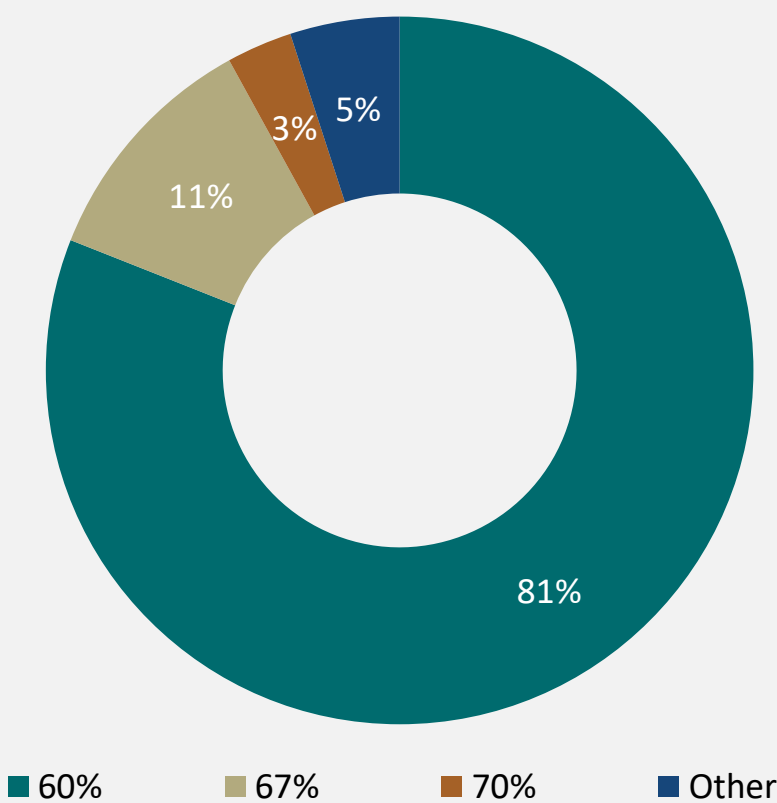
Eligibility Wait Period  
Services/Trades



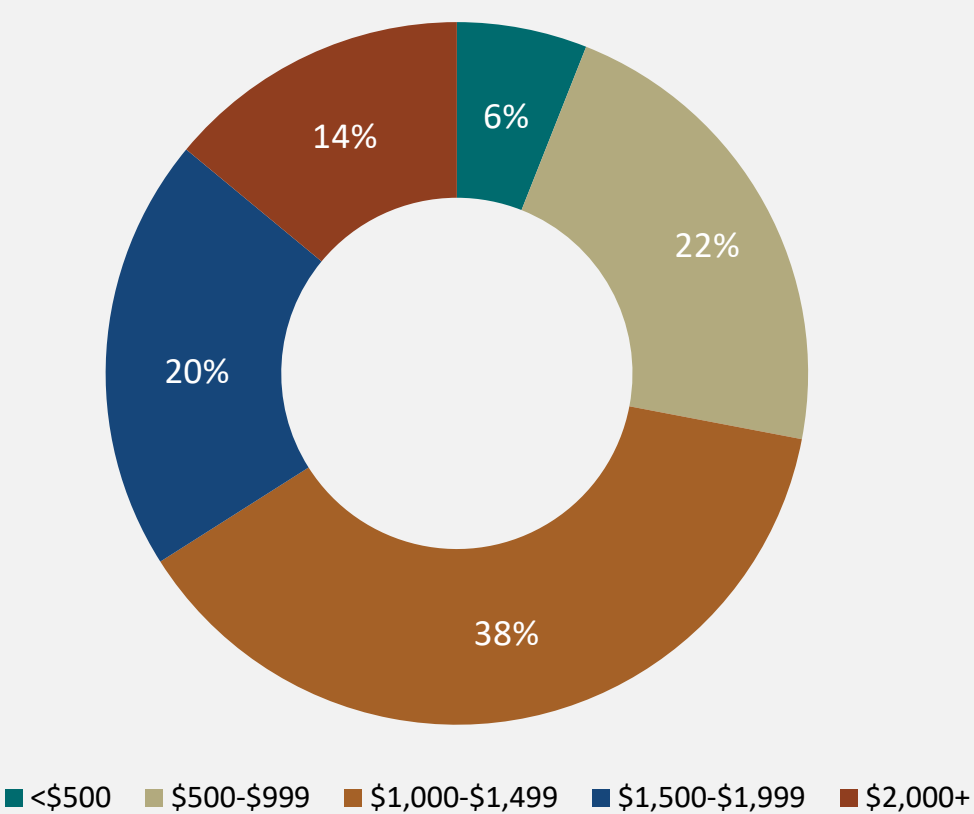
Benefit Period:  
Services/Trades



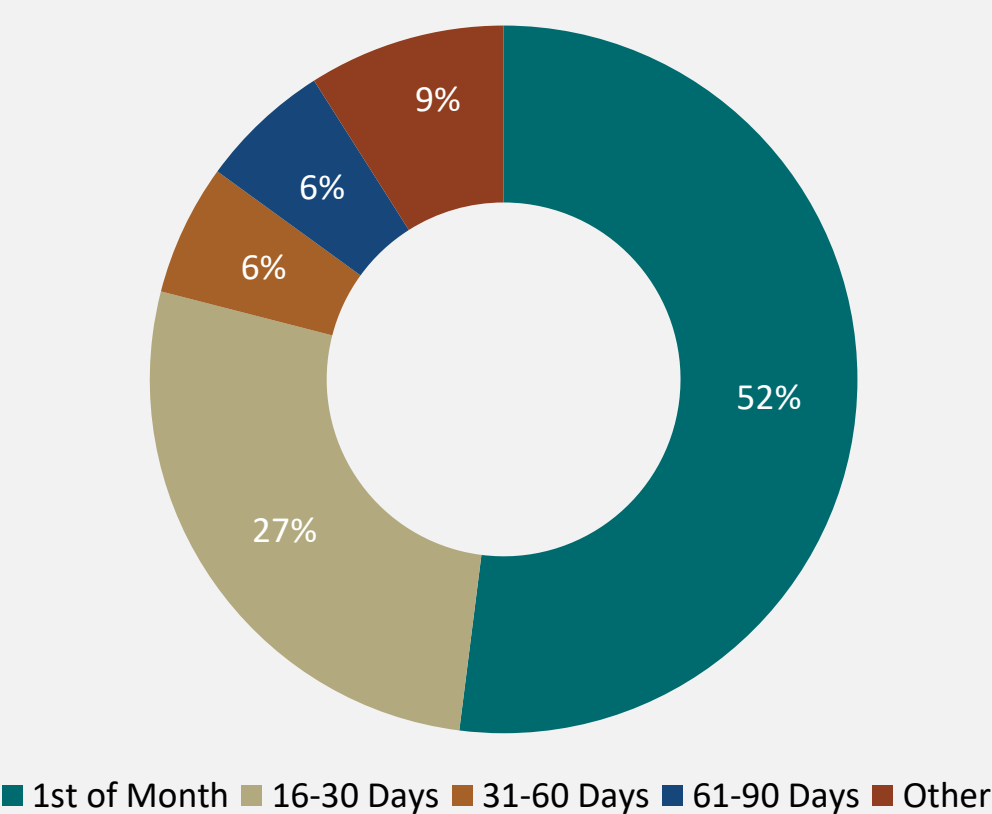
Benefit Percentage:  
Services/Trades



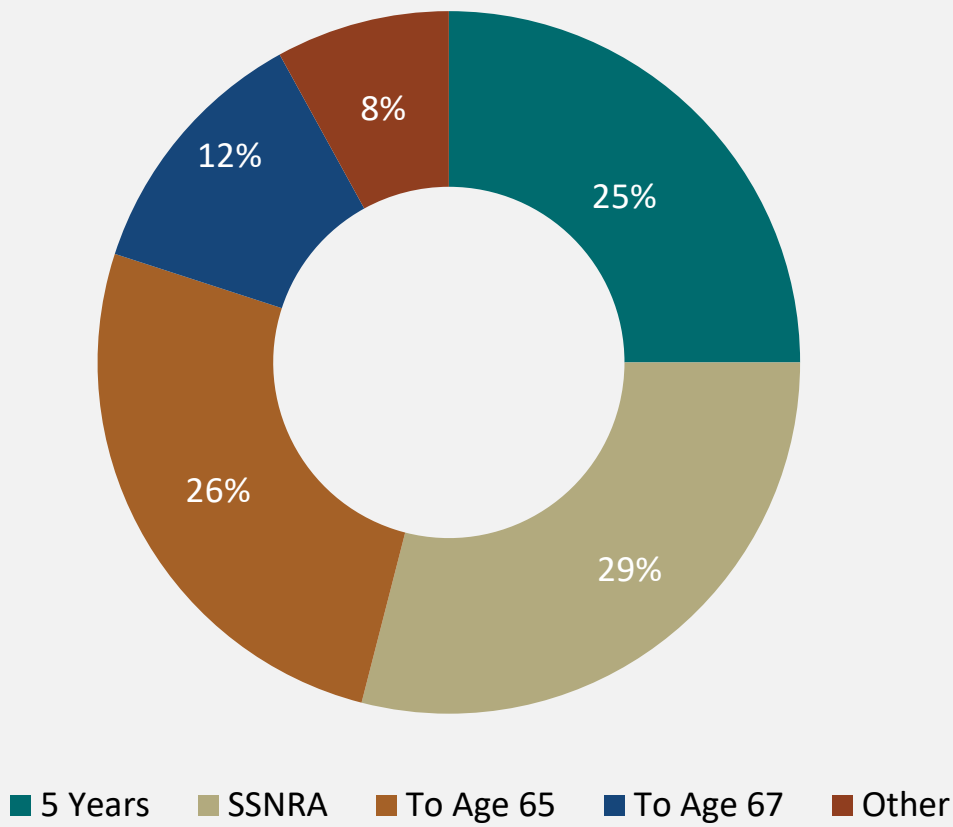
Benefit Maximum  
Services/Trades



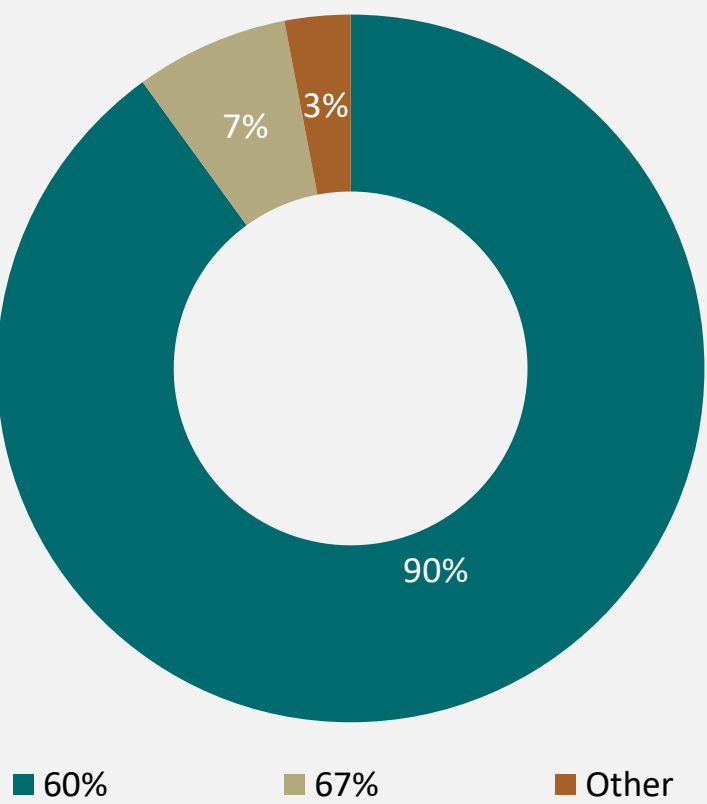
Eligibility Wait Period (New Employee)  
Services/Trades



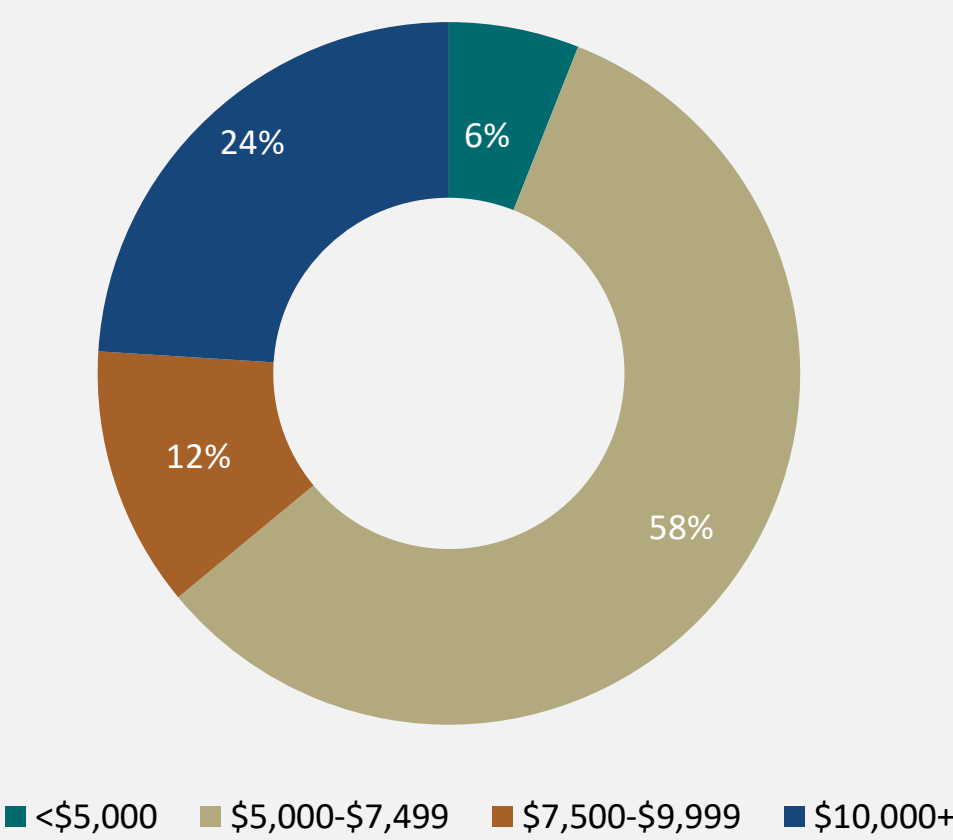
Benefit Duration:  
Services/Trades



Benefit Percentage:  
Services/Trades



Benefit Maximum  
Services/Trades



Elimination Period  
Services/Trades

