

Plan Group Comparison - 1/1/22 - 12/31/22

This is a brief, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of contract provisions. Refer to the contract/certificate for exact benefit details. While every effort has been made to ensure the accuracy of the rates, final rates are subject to change and are based on final enrollment and underwriting approval.

* = Additional details available

| Medical Plan Group | Current | | | | |
|--|---|--------------------------|---------------------|---------------------|--|
| Medical Flan Croup | \$ 736,117 ⁶⁵ | | | | |
| Medical Plan Design | Humana \$1500/80%/\$5000 HPN | | | | |
| | Single | | Family | | |
| Deductible | \$ Non-Err | 1,500 bedded | \$ Non-Eml | 3,000 pedded | |
| Employee Coinsurance | | 20 % | | 20 % | |
| Out-of-Pocket Max | \$ | 5,000 | \$ 1 | 0,000 | |
| Employer Funding | \$ - | 0 | \$ - | 0 | |
| Net Out-of-Pocket Max | \$ | 5,000 | \$ 1 | 0,000 | |
| Employee Annual Premium | \$ + | 1,816 | \$ + | 5,485 | |
| Employee Max Annual Cost | \$ | 6,816 | \$ 1 | 5,485 | |
| Medical Copays Primary Care Specialty Care Urgent Care Emergency | Copay \$ 40 \$ 65 \$ 100 \$ 500 | | | | |
| In-Patient Hospital | \$ | | | | |
| Out-Patient Hospital | \$ | | | | |
| Rx | Not Included | | | | |
| Tiers Enrollment | 70 | Prem | ER | EE | |
| Employee Only | 30 | \$ 605 ⁴¹ | 75 % S | | |
| Employee + Spouse | 10 | \$ 1,271 ³⁶ | 75 % \$ | 6 317 ⁸⁴ | |
| Employee + Children | 5 | \$ 1,041 ²⁹ | 75 % \$ | 6 260 ³² | |
| Family | 25 | \$ 1,828 ³⁴ | 75 % | 6 457 ⁰⁹ | |
| Annual Insurance Premium | \$ 981,490 ²⁰ | | | | |
| Employer Premium Contribution | \$ | \$ 736,117 ⁶⁵ | | | |
| Budgeted HRA + HSA | \$ + 0 ⁰⁰ + 0 ⁰⁰ | | $+ 0^{00} + 0^{00}$ | | |
| | \$ 736,117.65 | | | | |

| 20 % 20 % 20 % \$ 5,000 \$ 10,000 \$ 5,000 \$ \$ \$ - 0 \$ - 0 \$ - 0 \$ - | |
|--|-------------|
| \$1500/80%/\$5000 \$1500/80%/\$500 HPN Single Family Single Family Single \$1,500 \$3,000 \$1,500 Non-Embedded Non-Embedded Non-Embedded 20 % 20 % 20 % \$5,000 \$10,000 \$5,000 \$\$ - 0 \$- 0 \$ - | Far |
| \$ 1,500 \$ 3,000 \$ 1,500 \$ Non-Embedded Non-Embedded Non-Embedded Non-Embedded 20 % 20 % 20 % 20 % \$ 5,000 \$ 10,000 \$ 5,000 \$ \$ - 0 \$ - 0 \$ - 0 \$ - | |
| Non-Embedded Non-Embedded< | Emb |
| \$ 5,000 \$ 10,000 \$ 5,000 \$ \$ + 2,089 \$ + 6,308 \$ + 2,361 \$ + \$ ▲7,089 \$ ▲16,308 \$ ▲7,361 \$ + | 1 1 1 |
| Copay Copay \$ 40 \$ 40 \$ 65 \$ 65 \$ 100 \$ 100 \$ 500 \$ 500 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | |
| 70 Prem ER EE 70 Prem ER | |
| 30 \$ 696 ²² 75 % \$ 174 ⁰⁶ 30 \$ 696 ²² 72 | % \$ |
| 10 \$ 1,462 ⁰⁶ 75 % \$ 365 ⁵² 10 \$ 1,462 ⁰⁶ 72 | % \$ |
| 5 \$ 1,197 ⁴⁸ 75 % \$ 299 ³⁷ 5 \$ 1,197 ⁴⁸ 72 | % \$ |
| 25 \$ 2,102 ⁵⁹ 75 % \$ 525 ⁶⁵ 25 \$ 2,102 ⁵⁹ 72 | % \$ |
| \$ 1,128,713 ⁷³ ▲ +15.0% \$ 1,128,713 ⁷³ ▲ | |
| \$ 846,535 ³⁰ \$ | ε |
| \$ + 0 ⁰⁰ + 0 ⁰⁰ \$ | |
| \$ 846,535.30 +15.0% \$ 809,729 | + |

| Renewal At Budget \$ 809,729 ⁴² +10.0% | | | | | | | |
|---|---|--|--|--|--|--|--|
| Humana \$1500/80%/\$5000 HPN | | | | | | | |
| S | ingle | Family | | | | | |
| \$ Non-Em \$ \$ \$ \$ \$ \$ \$ | 1,500 bedded 20 % 5,000 0 5,000 2,361 ▲7,361 | \$ Non-Er \$ \$ \$ \$ \$ | 3,000 nbedded 20 % 10,000 0 10,000 7,131 17,131 | | | | |
| Copay \$ 40 \$ 65 \$ 100 \$ 500 \$ \$ Not Incl | uded | | | | | | |
| 70 | Prem | ER | EE | | | | |
| 30 10 | \$ 696 ²² \$ 1,462 ⁰⁶ | 72 % | \$ 196 ⁷⁶ \$ 413 ¹⁹ | | | | |
| 5 | \$ 1,197 ⁴⁸ | 72 % | \$ 338 ⁴² | | | | |
| 25 | \$ 2,102 ⁵⁹ | 72 % | \$ 594 ²¹ | | | | |
| \$ 1,128,713 ⁷³ ▲ +15.0% | | | | | | | |
| \$ \$ \$ | 809 | 9,729.4 | 809,729 ⁴² + 0 ⁰⁰ + 0 ⁰⁰ 12 +10.0% | | | | |
| \$ 809,729.42 +10.0% | | | | | | | |