

2019

Benefits	1	2
Plan Type	HSA618	PPO
Deductible	\$2,700	\$3,500
Out of Net Ded	\$5,400	N/A
Ded Definition	Embedded	Fulfillment
Ded Carryover	No	Yes
Family Deductible	\$5,400	2x
Coinsurance	100%/80%	80%/60%
In Net Co-ins Max	N/A	N/A
TrOOP (Family)	\$2,700 (2x)	\$6000(2x)
Out Net Co-ins Max	Unlimited	\$10,000
Wellness	PPACA	PPACA
PCP Copay	Ded+Coins	\$40
SCP Copay	Ded+Coins	Ded+Coins
Drug Coverage	Ded+Coins	\$20/50/70
Value Formulary	No	No
Mail Order Rx	Yes	1x (100 days)
Inpatient Copay	Ded+Coins	Ded+Coins
ER Copay	Ded+Coins	Ded+Coins
Grandfathered	Yes	No
SAE	No	Yes
TMJ/Hearing Aid	None	None
HRA	No	No

2019 Rates	2019 H.S.A	2019 3500 PPO
EE	265 \$ 590.84	253 \$609.84
ES	26 \$ 1,146.39	29 \$1,183.27
EC	59 \$ 822.15	71 \$848.59
ESC	65 \$ 1,388.77	38 \$1,433.51
Monthly	415 \$325,155.64	391 \$303,327.62
Annual	\$3,901,867.68	\$3,639,931.44

2020 Plan Proposal

Benefits	2	1
Plan Type	4000-100HSA	PPO
Deductible	\$4,000	\$4,000
Out of Net Ded	\$8,000	N/A
Ded Definition	Embedded	Fulfillment
Ded Carryover	No	Yes
Family Deductible	\$8,000	2x
Coinsurance	100%/80%	70%/50%
In Net Co-ins Max	N/A	N/A
TrOOP (Family)	\$4,000 (2x)	\$7500(2x)
Out Net Co-ins Max	Unlimited	\$18,000
Wellness	PPACA	PPACA
PCP Copay	Ded+Coins	\$50
SCP Copay	Ded+Coins	Ded+Coins
Drug Coverage	Ded+Coins	\$20/50/70/250
Value Formulary	No	No
Mail Order Rx	Yes	1x (100 days)
Inpatient Copay	Ded+Coins	Ded+Coins
ER Copay	Ded+Coins	Ded+Coins
Grandfathered	Yes	No
SAE	No	Yes
TMJ/Hearing Aid	None	None
HRA	No	No

2020 Rates	2020 H.S.A	2020 4000 PPO
EE	265 \$ 639.27	253 \$677.54
Spouse	26 \$ 1,240.36	29 \$1,314.63
Child	59 \$ 889.54	71 \$942.80
Family	65 \$ 1,502.61	38 \$1,592.65
Monthly	415 \$351,808.42	391 \$337,001.39
Annual	\$4,221,701.04	\$4,044,016.68