

6 Enrolled Employees Humana		Aetna		National General		Starmark		All Savers - UHC		United Healthcare		
	1		Actild		National General		Starman					
	Old Plan - Age Banded								New Plan - Transparent		New Quote - Age Banded	
Employee 3	\$940.91		\$543.05		\$777.29		\$870.69		\$527.07		\$924.39	
Employee & Spouse 1	\$1,881.82		\$1,346.82		\$1,865.48		\$2,176.72		\$1,073.83		\$1,848.78	
Employee & Child(ren) 0	. ,		\$1,076.45		\$1,476.84		\$1,150.55		\$974.41		\$1,848.78	
Family 2	\$2,822.72		\$1,846.40		\$2,487.29		\$2,456.58		\$1,570.89		\$2,773.17	
,					. ,							
TOTAL:	OTAL: \$10,349.99		\$6,668.77		\$9,171.93		\$9,701.95		\$5,796.82		\$10,168.29	
ANNUAL TOTAL: \$124,199.88		199.88	\$80,025.24		\$110,063.16		\$116,423.40		\$69,561.84		\$122,019.48	
		out of		Out of		Out of		Out of		Out of		Out of
PLAN DESIGN	In Network	Network	In Network	Network	In Network	Network	In Network	Network	In Network	Network	In Network	Network
Deductible												
Single	\$4,500	\$18,000	\$5,000	\$10,000	\$3,500	\$7,000	. ,	\$10,000	\$3,500	\$7,000	\$4,000	\$8,000
Family	\$9,000	\$36,000	\$10,000	\$30,000	\$7,000	\$14,000	\$9,000	\$20,000	\$7,000	\$14,000	\$8,000	\$16,000
Out of Pocket Max												
Single	\$8,550	\$34,200	\$7,500	\$25,000	\$7,900	\$23,700	\$8,550	\$20,000	\$7,900	\$15,800	\$8,500	\$17,000
Family	\$17,100	\$68,400	\$15,000	\$75,000	\$15,800	\$47,400	\$17,100	\$40,000	\$15,800	\$31,600	\$17,000	\$34,000
Coinsurance	20%	50%	20%	50%	20%	50%		50%		50%	20%	50%
Preventive Care	No Charge	50% AD	No Charge	50% AD	No Charge	50% AD	No Charge	50% AD	No Charge	50% AD	No Charge	50% AD
Office Visits												
Primary Care	\$50	50% AD	\$40	50% AD		50% AD		50% AD		50% AD		50% AD
Specialist	\$100	50% AD	\$80	50% AD	\$60	50% AD	\$50	50% AD	\$75	50% AD	\$80	50% AD
Prescription Deductible												
Single	\$250	\$750	No Ded	No Ded	No Ded	No Ded	No Ded	No Ded			No Ded	No Ded
Family	\$500	\$1,500	No Ded	No Ded	No Ded	No Ded		No Ded	No Ded	No Ded	No Ded	No Ded
Tier 1	\$10	\$10 then 30%	\$10	50%	\$20	\$20		\$10	\$15	\$15	\$10	\$10
Tier 2	\$45	\$45 then 30%	\$50	50%	\$50	\$50		\$35		\$35	\$40	\$40
Tier 3	\$90	\$90 then 30%	\$80	50%	\$75	\$75		\$55		\$75	\$125	\$125
Tier 4	25%	55%	\$500	Not Covered	N/A	N/A	\$200	\$200	\$250	\$250	\$300	\$300
Network	Humana		Aetna		Cigna LocalPlus		Cigna PPO		Choice Plus		Choice Plus	

HGRxPreferred replaced this Age-Banded plan with a transparent, medically underwritten plan that saved \$54,638 annually, or 44%.