Plan Summary Comparison

Major Medical Expense	2022 State Premier	State Standard	State Limited	BCBS+HRA 90%
Deductible - EE	$500	$1,000	$1,800	$250
Deductible - EC	$750	$1,500	$2,500	$500
Deductible - ES	$1,000	$2,000	$2,800	$500
Deductible - FF	$1,250	$2,500	$3,600	$500
Coinsurance %	90% / 10%	80% / 20%	70% / 30%	90% / 10% after deductible, up to HRA Max
Hospital Services	90% / 10%	80% / 20%	70% / 30%	90% / 10% after deductible, up to HRA Max
Outpatient Services	90% / 10%	80% / 20%	70% / 30%	90% / 10% after deductible, up to HRA Max
Emergency Room Copay	$150	$175	$200	90% / 10% after deductible, up to HRA Max
Doctor Office Copay	$25	$30	$35	90% / 10% after deductible, up to HRA Max
Specialist Copay	$45	$50	$55	90% / 10% after deductible, up to HRA Max
Rx Copays -(Gener/Prefer/Non-Prefer/Specialty)	$7/$40/$90/10% Coins	$14/$50/$100/10% Coins	$14/$60/$110/10% Coins	90% / 10% after deductible, up to HRA Max
Max Out of Pocket - EE	$3,600	$4,000	$6,800	$6,000
Max Out of Pocket - EC	$5,400	$6,000	$13,600	$12,000
Max Out of Pocket - ES	$7,200	$8,000	$13,600	$12,000
Max Out of Pocket - FF	$9,000	$10,000	$13,600	$12,000
Employer Annual HRA Contribution – EE	$0	$0	$0	$3,400
Employer Annual HRA Contribution – EC	$0	$0	$0	$7,600
Employer Annual HRA Contribution – ES	$0	$0	$0	$5,800
Employer Annual HRA Contribution – FF	$0	$0	$0	$4,000
Net Adjusted OOP Max - EE	$3,600	$4,000	$6,800	$2,600
Net Adjusted OOP Max - EC	$5,400	$6,000	$13,600	$4,400
Net Adjusted OOP Max - ES	$7,200	$8,000	$13,600	$6,200
Net Adjusted OOP Max - FF	$9,000	$10,000	$13,600	$8,000

Employee Rate Comparison

Premier Cost Comparison	Premier PPO Per Pay Cost	BCBS HRA Per Pay Cost	Employee Per Pay Difference	Employee Annual Difference
Employee (20)	$216.51	$11.00	$(205.51)	$(2,367.12)
EE + Children(1)	$650.55	$300.00	$(350.55)	$(4,206.60)
EE + Spouse (1)	$1,187.31	$650.00	$(537.31)	$(6,447.72)
Family (0)	$1,556.26	$950.00	$(606.26)	$(7,275.12)

Standard Cost Comparison	Standard PPO Per Pay Cost	BCBS HRA Per Pay Cost	Employee Per Pay Difference	Employee Annual Difference
Employee (5)	$163.72	$11.00	$(152.27)	$(1,733.64)
EE + Child(ren) (1)	$563.09	$300.00	$(263.09)	$(3,157.08)
EE + Spouse (0)	$1,055.27	$650.00	$(405.27)	$(4,863.24)
Family (0)	$1,395.06	$950.00	$(445.06)	$(5,340.72)

Limited Cost Comparison	Limited PPO Per Pay Cost	BCBS HRA Per Pay Cost	Employee Per Pay Difference	Employee Annual Difference
Employee (65)	$0.00	$11.00	$11.00	$132.00
EE + Child/ren(4)	$324.44	$300.00	$(24.44)	$(293.28)
EE + Spouse (2)	$721.95	$650.00	$(71.95)	$(863.40)
Family (4)	$1,000.72	$950.00	$(50.72)	$(608.64)

*2022 state plans were used for comparative purposes because 2023 is not yet available. Plan documents shall control in the event of a discrepancy. This summary is for illustration purposes only and is not intended to outline all details of the plans.