Carrier			2019 Plan Year Dual Option		2020 Renewal Option Current Plans					
Plan Name			**OAP Base**	**OAP Choice**	**OAP Base**	**OAP Choice**	***OAP HDHP***			
Plan Platform			Open Access		Open Access					
Schedule of Benefits							***H.S.A Eligible***			
Office Visits										
Primary			$25 Copay	$15 Copay	$25 Copay	$15 Copay	**Deductible then 20%**			
Specialty			$50 Copay	$40 Copay	$50 Copay	$40 Copay	**Deductible then 20%**			
PCP Necessary			No	No	No	No	**No**			
Referral Necessary			No	No	No	No	**No**			
Diagnostic Services										
Basic Lab/X-ray			Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 20%	**Deductible then 20%**			
MRI/CT/PET			Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 20%	**Deductible then 20%**			
After Hours Services										
Emergency Room			Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 20%	**Deductible then 20%**			
Urgent Care			$50 Copay	$40 Copay	$50 Copay	$40 Copay	**Deductible then 20%**			
Deductible										
Individual			$3,500	$1,000	$3,500	**$1,500**	**$4,500**			
Family			$7,000	$3,000	$7,000	$3,000	**$9,000**			
Out of Pocket										
Individual			$6,500	$3,300	$6,500	**$5,000**	**$6,500**			
Family			$13,000	$6,600	$13,000	**$10,000**	**$13,000**			
Coinsurance										
Inpatient Hospital			Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 20%	**Deductible then 20%**			
Per Visit Copay Amount			None	None	None	None	**None**			
Outpatient Services			Deductible then 30%	Deductible then 20%	Deductible then 30%	Deductible then 20%	**Deductible then 20%**			
Per Procedure Copay Amount			None	None	None	None	**None**			
Pharmacy Services										
Tier 1			$10	$10	$10	$10	**$10**			
Tier 2			$40	$30	$40	$30	**$30**			
Tier 3			$60	$50	$60	$50	**$60**			
Tier 4			none	none	none	none	**none**			
Tier 5			none	none	none	none	**none**			
Drug Deductible			none	none	none	none	***Medical Plan than Rx copay***	**Enrollment Example**		
	Base	Buy up	**Current**	**Current**	**Option**	**Option**	**Option**	Base	**Choice**	**HDHP**
Employee Only	7	23	$454.58	$535.18	$513.71	$546.54	$460.36	3	20	7
Employee / Spouse	1	10	$877.28	$1,032.91	$1,077.69	$1,147.72	$966.78	1	8	2
Employee / Child(ren)	3	3	$731.87	$861.64	$975.07	$1,038.41	$874.70	1	4	1
Employee / Family	0	12	$1,172.78	$1,380.78	$1,539.54	$1,639.59	$1,381.10	1	8	3
Monthly Totals			**$6,254.95**	**$41,792.47**	**$5,133.43**	**$37,382.92**	**$10,174.08**			
Monthly Total Both Plans			**$48,047.42**		**$52,690.43**					
Compared to Current				***Compared to Current***	**9.66%**					
					Project Surplus $25,312	***Surplus thru August***				
					Net Renewal after surplus	***4.42%***				

David Vecchio and Holly Hanson
Benefits Broker

719-545-4840
719-545-4849 (Fax)