

BENEFITS		Current Plan Union Plan \$1500 HSA	Renewal Plan - Option 1 Anthem Anthem Gold Pathway X Enhanced HMO 1500/25% (\$0 Preferred Virtual Care +\$0 Select Drugs) Standard NH - 9G8H Non-Smoking	Renewal Plan - Option 2 Anthem Anthem Silver Pathway X Enhanced 4500/20% HSA NH - 9G7J Non-Smoking
Network Deductible (Single/Family)		\$1500/\$3000	\$1500/\$3000	\$4500/\$9000
Out of Network Deductible (Single/Family)		N/A	N/A	N/A
Calendar Year or Plan Year Deductible		Calendar Year	Calendar Year	Calendar Year
Coinsurance After Deductible In Network		20%	25%	20%
Coinsurance After Deductible Out of Network		N/A	N/A	N/A
Max Out of Pocket In Network (Single/Family)		\$8700/\$17400	\$8700/\$17400	\$6250/\$12500
Max Out of Pocket Out of Network (Single/Family)		N/A	N/A	N/A
Preventive Care		Subject to Deductible, then Coinsurance	Covered in Full	Covered in Full
Primary Care (PCP)/Specialist (SCP)		Subject to Deductible, then Coinsurance	PCP \$30/SPC \$60	PCP/SPC Subject to Deductible, then Coinsurance
Chiropractor Visit		Subject to Deductible, then Coinsurance	\$30 (12 visits per year)	Subject to Deductible, then Coinsurance (12 visits per year)
Outpatient Mental Health		Subject to Deductible, then Coinsurance	\$30	Subject to Deductible, then Coinsurance
Rehab Services PT,OT, ST (Office Based)		Subject to Deductible, then Coinsurance	\$30	Subject to Deductible, then Coinsurance
Rehab Services PT,OT, ST (Hospital Based)		Subject to Deductible, then Coinsurance	Subject to Deductible then Coinsurance	Subject to Deductible, then Coinsurance
Rehab Therapies Limitations		Subject to Deductible, then Coinsurance	20 Visits Per Modality Per Year	20 Visits Per Modality Per Year
Lab tests at approved Freestanding Facilities		Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance
Lab tests - Outpatient Hospital		Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance
X-Rays		Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance
MRI, CAT,PET Scans		Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance
Telemedicine		Subject to Deductible, then Coinsurance	PCP \$30/SPC \$60	Subject to Deductible, then Coinsurance
Urgent Care		Subject to Deductible, then Coinsurance	\$45	Subject to Deductible, then Coinsurance
Emergency Room		Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance
Surgery in Select Outpatient Surgical Centers		Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance
Surgery in Hospital Day Care		Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance
Inpatient Hospital Care		Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance	Subject to Deductible, then Coinsurance
Prescription Drug Coverage - Retail		\$10/\$30/\$50/20% up to \$1500	\$15/\$30/\$60/\$250	Subject to Deductible, then Coinsurance
Prescription Drug Coverage - Mail Order		\$30/\$90/\$150/20% up to \$1500	\$37.50/\$75/\$180/\$250	Subject to Deductible, then Coinsurance
Rx Deductible Single/Rx Deductible Family		Medical Deductible Applies	N/A	Medical Deductible Applies (All Tiers)
Per Rx Max Retail/Per Rx Max Mail Order		N/A	N/A	N/A
Annual Rx Out of Pocket Max		Combined with Medical Out of Pocket Max	Combined with Medical Out of Pocket Max	Combined with Medical Out of Pocket Max
Census Type	Census Count	Current Rates	Renewal Rates	
Single	13	\$608.03	\$482.64	\$386.01
Employee/Spouse	4	\$1,349.55	\$1,110.08	\$887.82
Parent/Child(ren)	0	\$1,228.37	\$965.28	\$772.02
Family	6	\$1,848.59	\$1,467.23	\$1,173.47
Total Subscribers				
	23			