



Renewal and Alternatives Based on: 83 Employees, 1 Employee & Spouse, 10 Employee & Child, 2 Families

Insurance Carrier:	Lifestyles Health (firm)	Lifestyles Health (firm)	Lifestyles Health (firm)	Lifestyles Health (firm)
Plan Name	Healthy100 2500	Healthy100 3000	Healthy100 5000	HealthConsumer 5000
Network	First Health	First Health	First Health	First Health
	<u>In Network/Out of Network</u>	<u>In Network/Out of Network</u>	<u>In Network/Out of Network</u>	<u>In Network/Out of Network</u>
Office Visits (PCP & Specialist)	\$30/\$50 / Ded & Coin	\$30/\$50 / Ded & Coin	\$30/\$50 / Ded & Coin	Ded then \$30/\$50 / Ded & Coin
Preventive Care	100% / Ded & Coin	100% / Ded & Coin	100% / Ded & Coin	100% / Ded & Coin
Drug Card In Network:				
Generic-Preferred-Non Preferred	\$20 - \$50 - \$75	\$20 - \$50 - \$75	\$20 - \$50 - \$75	Ded & Coin
Mail Order (90 day supply)	2.5x	2.5x	2.5x	Ded & Coin
Specialty Rx	50%	50%	50%	Ded & Coin
	<i>\$500 Wellness Credit Available</i>	<i>\$500 Wellness Credit Available</i>	<i>\$500 Wellness Credit Available</i>	<i>\$500 Wellness Credit Available</i>
Single Deductible	\$2,500 / \$5,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Family Deductible	\$5,000 / \$10,000	\$6,000 / \$12,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Coinsurance %	100% / 50%	100% / 50%	100% / 50%	100% / 50%
Single Out of Pocket Max	\$0+Ded / \$2,500+Ded	\$0+Ded / \$2,500+Ded	\$0+Ded / \$2,500+Ded	\$0+Ded / \$2,500+Ded
Family Out of Pocket Max	\$0+Ded / \$5,000+Ded	\$0+Ded / \$5,000+Ded	\$0+Ded / \$5,000+Ded	\$0+Ded / \$5,000+Ded
Hospital Inpatient	Ded & 0% / Ded & 50%	Ded & 0% / Ded & 50%	Ded & 0% / Ded & 50%	Ded & 0% / Ded & 50%
Hospital Outpatient	Ded & 0% / Ded & 50%	Ded & 0% / Ded & 50%	Ded & 0% / Ded & 50%	Ded & 0% / Ded & 50%
Urgent Care	\$50, then 100% to \$300/visit	\$50, then 100% to \$300/visit	\$50, then 100% to \$300/visit	Ded & Coin
Emergency Room	\$150, then 100% to \$1000/visit	\$150, then 100% to \$1000/visit	\$150, then 100% to \$1000/visit	Ded & Coin
Outpatient Lab Benefit	100% if Preferred Provider	100% if Preferred Provider	100% if Preferred Provider	Ded & Coin
Telemedicine	\$0 Copay, Unlimited	\$0 Copay, Unlimited	\$0 Copay, Unlimited	\$0 Copay, Unlimited
	Refund Potential	Refund Potential	Refund Potential	Refund Potential
Employee Rate	\$550.63	\$529.54	\$454.24	\$423.52
Employee/Spouse Rate	\$1,109.76	\$1,071.33	\$917.59	\$844.33
Employee/Child Rate	\$913.47	\$939.76	\$804.90	\$740.64
Family Rate	\$1,644.76	\$1,587.80	\$1,359.95	\$1,251.37
Totals				

PPACA Fees not included in above rates, will be separate line item on monthly invoice: \$5.42 EE, \$10.84 ES, \$16.26 EC and \$21.68 Family