

**REPORT FROM THE SPECIAL COMMITTEE TO INVESTIGATE
GROUP HEALTH INSURANCE OPTIONS TO THE
LOUISIANA STATE BAR ASSOCIATION, THROUGH THE
HOUSE OF DELEGATES AND BOARD OF GOVERNORS**

Mission: The Committee was tasked to investigate group health insurance options that the LSBA could provide to its members, examine other state bar associations that provide group health insurance options to its members, consult with health insurance providers and other industry professionals to develop possible group health insurance options that the LSBA could provide to its members, and make recommendations about how the LSBA could implement group health insurance policies for its members.

Discussion: The Committee began with an appreciation that the current health insurance marketplace is extremely limited due to regulatory and medical cost issues. Those issues played a part in the demise of the previous LSBA-sponsored association group health plan.

The Committee met (in person and by Zoom) twelve times in pursuit of this mission. The Committee solicited and received very substantial assistance from Gilsbar. Gilsbar has extensive experience in association group medical insurance as well as a long historical relationship with the LSBA. The Committee additionally interviewed representatives of a large national insurance broker (USI Southwest) and a third party administrator (Healthsmart). The Committee also solicited and received substantial assistance from Gallagher Benefit Services.

At the Committee's request Gilsbar undertook a survey to explore some marketplace alternatives. Gilsbar contacted Department of Insurance offices in every state, in addition to insurance associations, clients and partners around the country, to consider possible product and funding alternatives. Gilsbar was able to identify and initiate contact with 71 carriers offering health insurance. Only two were interested enough to discuss the possibility of creating a plan, but neither was able to envision a financially viable scenario for the LSBA. There were no bids or proposals made.

The Committee found no practical options for creating a fully-insured association-based health insurance plan. Due to changes in the insurance marketplace following the passage of the Affordable Care Act, such plans are no longer being created. Currently, two state bars endorse their state's Blue Cross plan; however, these are simply selling commercially available plans. In addition, North Carolina has a self funded MEWA¹ plan that preexisted the ACA and has the benefit of a substantial residual claim surplus.

Gilsbar explained potential options including level funded and self-funded² (with and without reference-based pricing) plans, none of which were felt to be a good option for the LSBA due to funding requirements and uncertain long-term viability. Despite negative recommendation from Gilsbar the Committee explored the possibility of creating a captive insurance carrier to underwrite LSBA members. Following exploratory meetings with representatives of USI Southwest and Healthsmart, the Committee concluded that the financial commitment, regulatory requirements and substantial risk made such an enterprise likely prohibitive without substantial initial funding from the LSBA.

As an alternative, the Committee investigated the potential for bar members to obtain lower health insurance premiums through a PEO (Professional Employer Organization) endorsement by the LSBA. Committee members were referred to Melody Terrall at Gallagher Insurance. After some discussion Gallagher representatives met with the Committee several times to explain and propose an alternative method for small law firms to obtain lower health insurance costs through a PEO. An explanation of a PEO provided by Gallagher is attached.

Committee members were, for the most part, previously unaware of such entities. Gilsbar represented that a PEO actually employs the employees of numerous small employers

¹ MEWA stands for Multiple Employer Welfare Arrangement. MEWA's are the basis for group health coverage offered through association health plans. As a MEWA, multiple employers can come together within an association to offer a health benefits plan. The MEWA functions as a single health plan for multiple employers belonging to the association.

² A "level funded" plan is an insurance arrangement in which an employer pays a health carrier a set monthly payment to cover the estimated cost for expected claims, administrative costs, and stop-loss insurance premiums. A "self funded" plan is one in which the employer assumes the financial risk of providing health care benefits to its employees.

under one larger employer who handles all payroll, tax and regulatory obligations for a fee and then leases them back to the same small employer. The PEO also offers employee benefits they select and control to these employees, charging each small employer for the management costs and premiums for any insurance purchased. Like a larger employer, Gallagher's PEO was represented to get lower rates based on the health and experience of the whole group. Some PEO's have self funded plans. Most offer commercially available employee coverages for their employees. PEO's have been available in Louisiana for years. Gallagher expressed interest in managing a PEO for the LSBA. It was represented that such an affiliation could potentially produce savings on health insurance of up to 17%, depending on a number of factors. There are no guarantees, but it was explained that a larger pool of insured individuals would likely result in lower rates. Hard information as to pricing or savings could not be provided in advance, although Gallagher did provide some examples of savings (attached). Obtaining health insurance through the PEO would require that member firms first join the PEO and purchase certain mandatory employer features in order to be eligible to purchase health insurance or other insurance products covering employees of the PEO. Payroll and workers compensation insurance were discussed as required minimum features needed to participate, but there are other optional services (in addition to health/dental/vision insurance) available, such as management of 401(k)s. It is possible that the fees for those additional services could be offset by savings on health insurance.

Negative considerations associated with an association-endorsed PEO include the PEO administrative expenses, broker commissions, potential complications associated with transferring employees to another employer with different employer administrative functions, substantial uncertainty as to firm-specific pricing or savings, and the restrictions on employer membership. Eligibility to purchase health insurance through a PEO requires that the firm have at least two non-related employees. Solo practitioners without two employees in their firm (the sub-category of LSBA membership thought to be most in need of affordable health insurance

alternatives) would not be eligible to participate.

It was represented that an endorsed PEO alternative might be most financially attractive to LSBA member firms with 5-25 employees. A member firm with fewer than five employees would require 100% participation by the employees in the health insurance plan. If more than five employees, only 50% of the firm's employees would be required to participate in the plan.

A poll of the LSBA Solo and Small Firm Section email list members was conducted in July, 2022, and indicated that about 25% of respondents had two or more attorneys at their firms; and about 35% had one or more W-2 employees (see attached poll results and numbers that would qualify for PEO membership). The poll was sent to 200+ Solo and Small Firm Section members, which represents an extremely small percentage of actual solo and small firm lawyers in Louisiana, who are the majority of practitioners in the state. Approximately half of respondents indicated they were unsatisfied with their current health insurance coverage. Only about 15% said they would not be interested in an LSBA-sponsored health insurance plan. Many respondents indicated they would be interested in additional services such as payroll, workers' compensation, and human resources assistance. About 75% indicated they would be interested in providing medical benefits to their employees and themselves. An overwhelming majority indicated they would be interested in providing vision, dental, life and disability insurance to their employees.

Obtaining the required LSBA endorsement or sponsorship to function would require a substantial initial marketing/sales effort in order to obtain sufficient initial enrollment to access the PEO. It was represented, but not guaranteed, that an endorsed group could obtain pricing discounts not available to firms joining a PEO directly, sufficient to offset brokerage costs/commissions and create net benefit from reduced- cost insurance premiums. An initial group of 50-90 member firms would need to enroll to achieve a cost effective economy of scale. Gilsbar states that it offers access to the full range of insurance products in the marketplace, facilitating

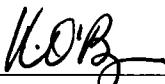
LSBA members' access with online enrollment and the availability of licensed agents whenever questions arise. However, Gilsbar's online enrollment portal only provides access to the ACA marketplace, which is also available directly and does not offer any savings. Gilsbar did not consider an endorsed PEO as responsive to the Committee's mission, and did not recommend a PEO affiliation, but can add it to the options available to LSBA members, if requested.

It was noted that a PEO is not technically an insurance sale, it is fundamentally a staffing model where the PEO takes over the responsibilities of the employer, which includes normal insurance, for a fee.

Recommendation: Although the Committee was unable to identify an effective vehicle to implement cost-saving group health insurance that would benefit solo practitioners without two unrelated employees in their firm, the PEO option may present the only potential option in the current market for savings for eligible subscribing firms who elect to purchase PEO administrative services. It is recommended that the LSBA provide some informational description of the PEO model to communicate that option to the membership as a whole, rather than the small number of attorneys who belong to the Solo and Small Firm Section.

January 4, 2023.

Special Committee to Investigate
Group Health Insurance Options

By: 

Kevin O'Bryon, Chairman

EXHIBIT 1- PEO DESCRIPTION



Gallagher

Insurance | Risk Management | Consulting



Professional Employer Organization (PEO) solution

Simplifying HR so you can focus on business growth

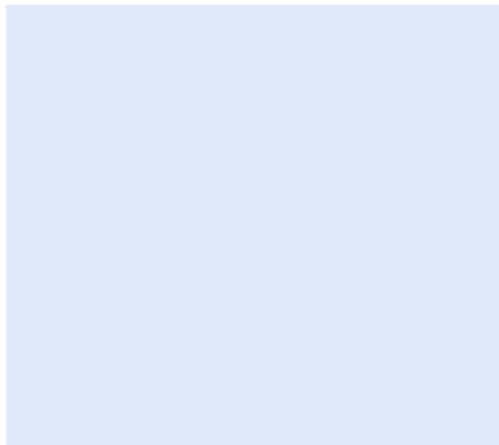
Gallagher can provide a simplified approach to managing your talent and organizational needs. You can have a cohesive solution that includes the Human Resources (HR) services of a PEO, with the addition of Gallagher to assist with your benefit and talent priorities. We know your plate is full. Our specialists evaluate if a PEO solution is the right fit for your organization to implement HR services such as payroll, employee benefits, employment regulations, compliance and talent management challenges.

This comprehensive relationship provides superior benefit advantages while maintaining optimal business resiliency. You will also have a dedicated service team and technology to simplify administration and help identify organizational blind spots.

Together we can find solutions that make it easier to:

- 1 Pay your team.
- 2 Build your team.
- 3 Manage your team.
- 4 Retain your team.

We're ready to help you face your future with confidence.



Gallagher has developed a suite of consulting services and solutions to help address the concerns and meet the challenges you are facing today, and a cohesive strategy that makes your workplace work better.

- Medical
- Dental
- Vision
- Disability
- Voluntary benefits
- HR support and outsourcing
- Executive benefits
- Talent management and acquisition
- Risk and compliance
- Compensation
- Payroll, HR and taxes
- Employee engagement
- Benefit analysis reports
- PEO analysis

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EXHIBIT 2- SURVEY SUMMARY

Would qualify based on # of attorney and employees AND is interested	38
Would not qualify based on # of people	35
Would qualify but not interested	9
Would qualify if 1099s were W2s	8

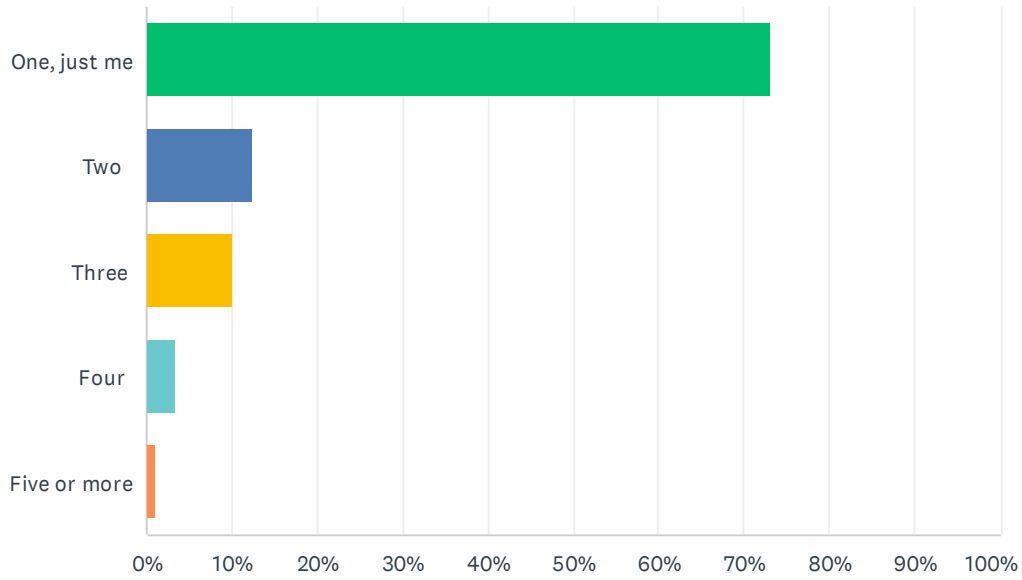
And interested 28

And interested 7

EXHIBIT 3- SURVEY RESULTS

Q1 How many lawyers are in your firm?

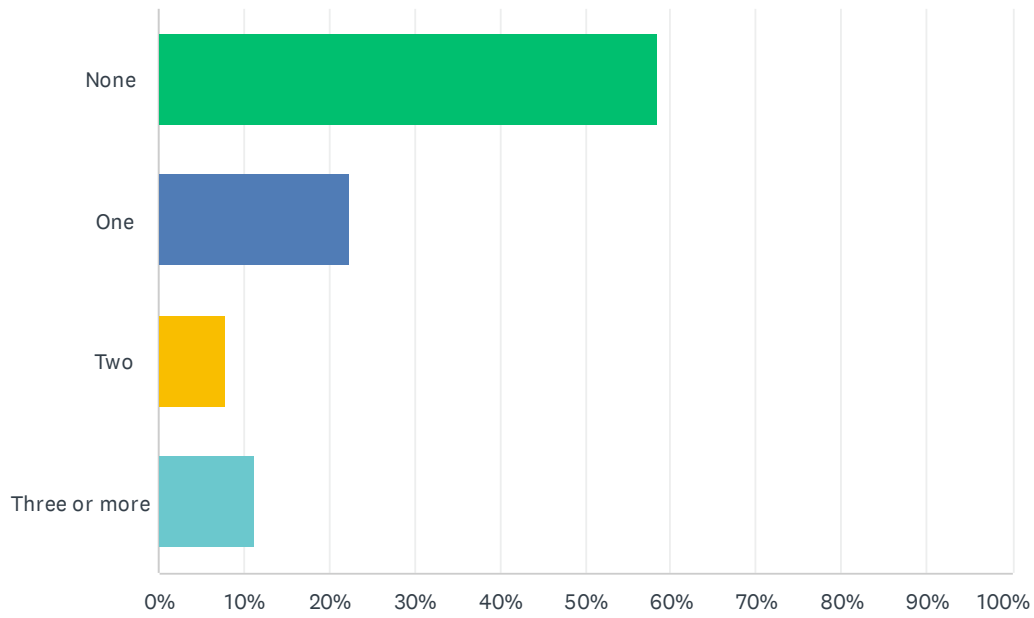
Answered: 89 Skipped: 1



ANSWER CHOICES	RESPONSES	
One, just me	73.03%	65
Two	12.36%	11
Three	10.11%	9
Four	3.37%	3
Five or more	1.12%	1
TOTAL		89

Q2 How many full-time W-2 employees do you have?

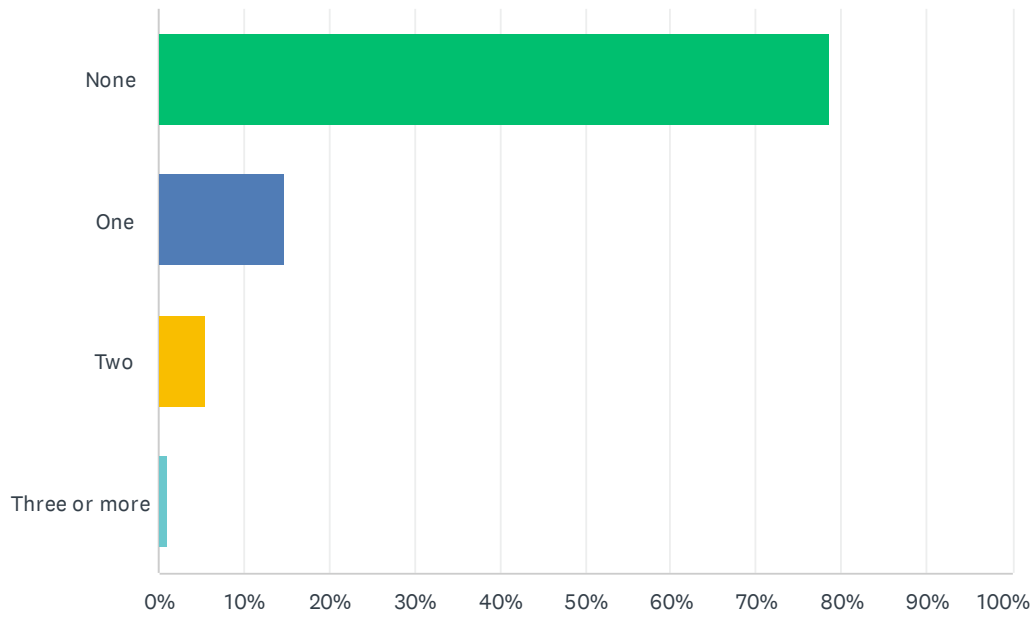
Answered: 89 Skipped: 1



ANSWER CHOICES	RESPONSES
None	58.43% 52
One	22.47% 20
Two	7.87% 7
Three or more	11.24% 10
TOTAL	89

Q3 How many part-time W-2 employees do you have?

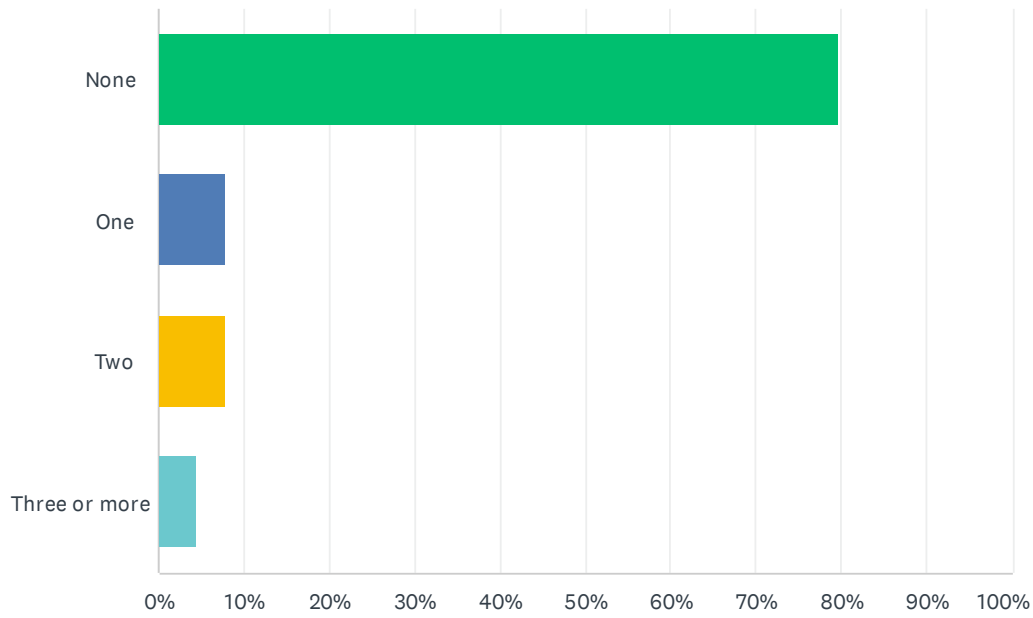
Answered: 89 Skipped: 1



ANSWER CHOICES	RESPONSES	
None	78.65%	70
One	14.61%	13
Two	5.62%	5
Three or more	1.12%	1
TOTAL		89

Q4 How many 1099 contract employees do you have?

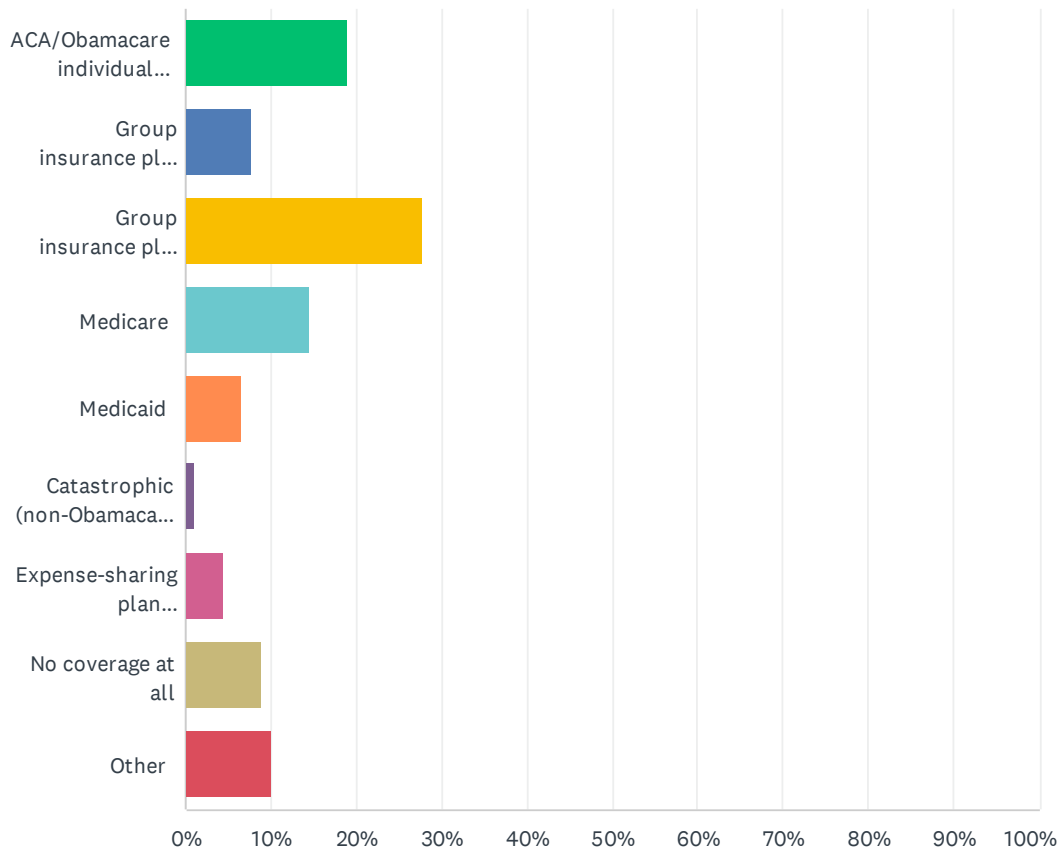
Answered: 89 Skipped: 1



ANSWER CHOICES	RESPONSES	
None	79.78%	71
One	7.87%	7
Two	7.87%	7
Three or more	4.49%	4
TOTAL		89

Q5 What is your current healthcare coverage, if any?

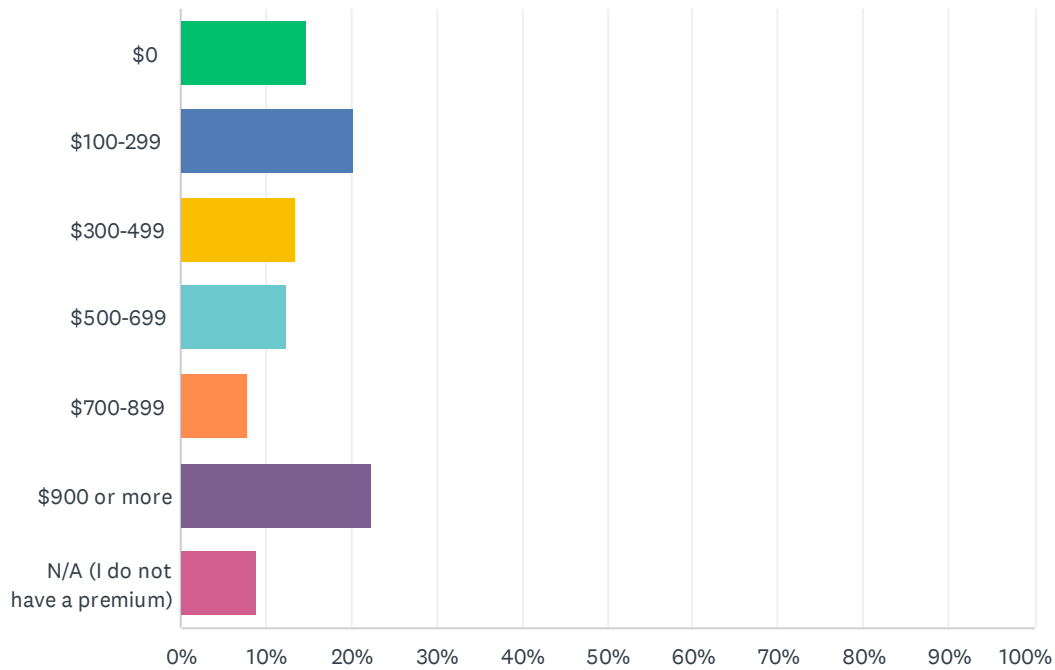
Answered: 90 Skipped: 0



ANSWER CHOICES	RESPONSES	
ACA/Obamacare individual marketplace plan	18.89%	17
Group insurance plan through my firm	7.78%	7
Group insurance plan through my partner or spouse's employer	27.78%	25
Medicare	14.44%	13
Medicaid	6.67%	6
Catastrophic (non-Obamacare) plan	1.11%	1
Expense-sharing plan (Medi-share or similar)	4.44%	4
No coverage at all	8.89%	8
Other	10.00%	9
TOTAL		90

Q6 What is your current monthly insurance premium (if any)?

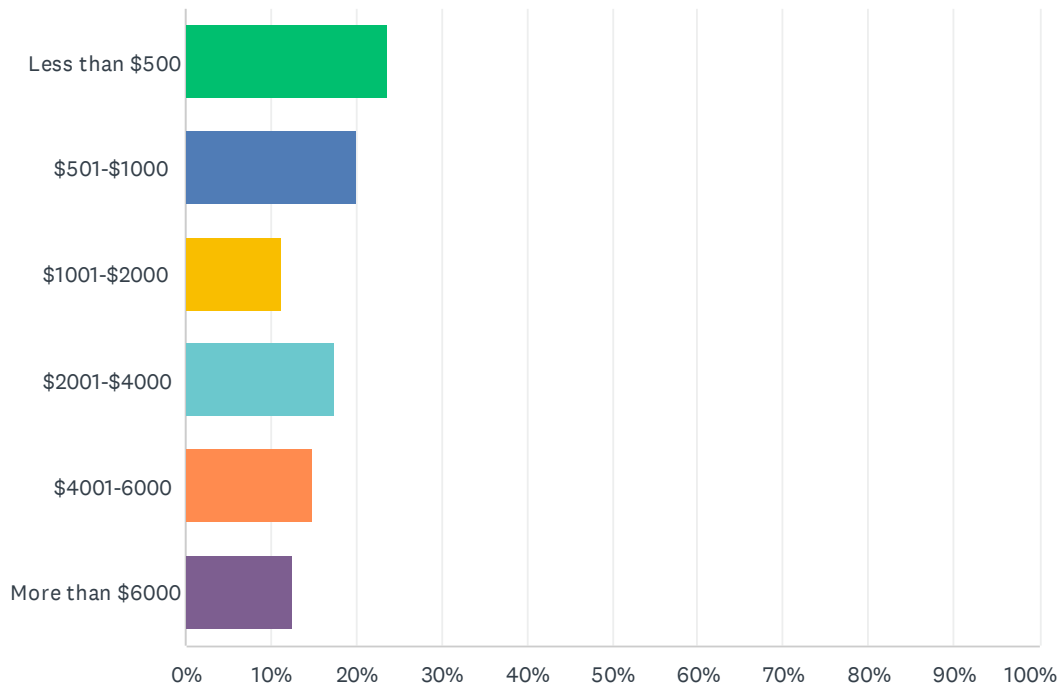
Answered: 89 Skipped: 1



ANSWER CHOICES	RESPONSES	
\$0	14.61%	13
\$100-299	20.22%	18
\$300-499	13.48%	12
\$500-699	12.36%	11
\$700-899	7.87%	7
\$900 or more	22.47%	20
N/A (I do not have a premium)	8.99%	8
TOTAL		89

Q7 What is your current health insurance deductible?

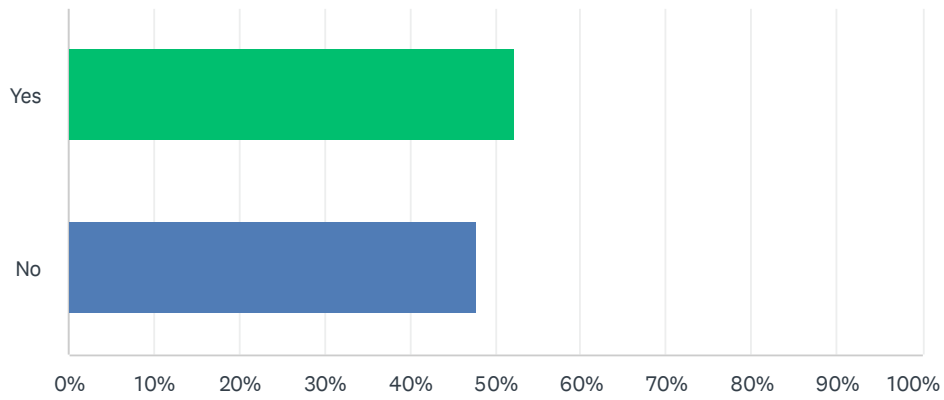
Answered: 80 Skipped: 10



ANSWER CHOICES	RESPONSES
Less than \$500	23.75% 19
\$501-\$1000	20.00% 16
\$1001-\$2000	11.25% 9
\$2001-\$4000	17.50% 14
\$4001-\$6000	15.00% 12
More than \$6000	12.50% 10
TOTAL	80

Q8 Are you satisfied with your current health care coverage?

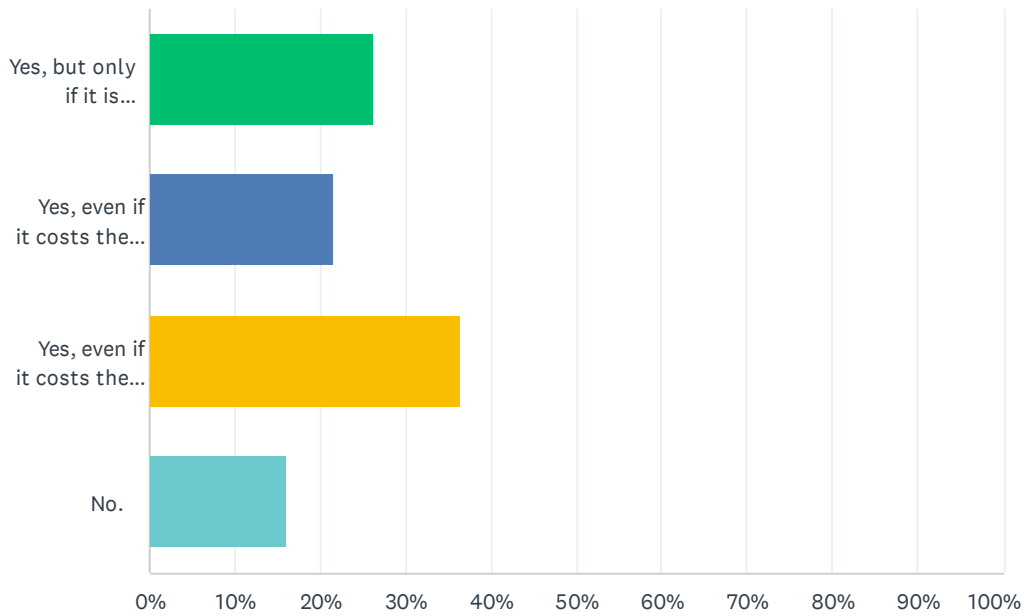
Answered: 88 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	52.27%	46
No	47.73%	42
TOTAL		88

Q9 Would you be interested in an LSBA-sponsored health insurance plan?

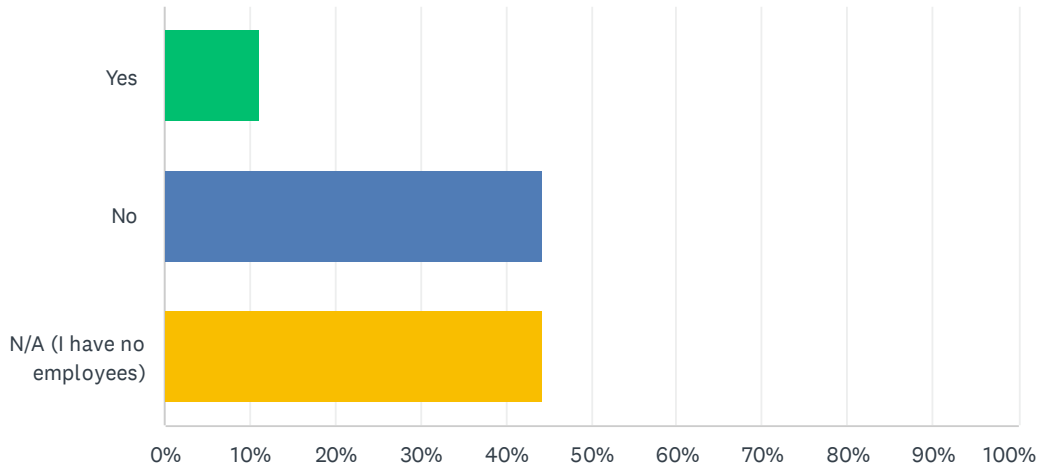
Answered: 88 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes, but only if it is significantly less expensive than my current plan.	26.14%	23
Yes, even if it costs the same as my current plan.	21.59%	19
Yes, even if it costs the same as or more than my current plan, but only if it offers more/better options.	36.36%	32
No.	15.91%	14
TOTAL		88

Q10 Does your firm currently offer health insurance to your employees, if any?

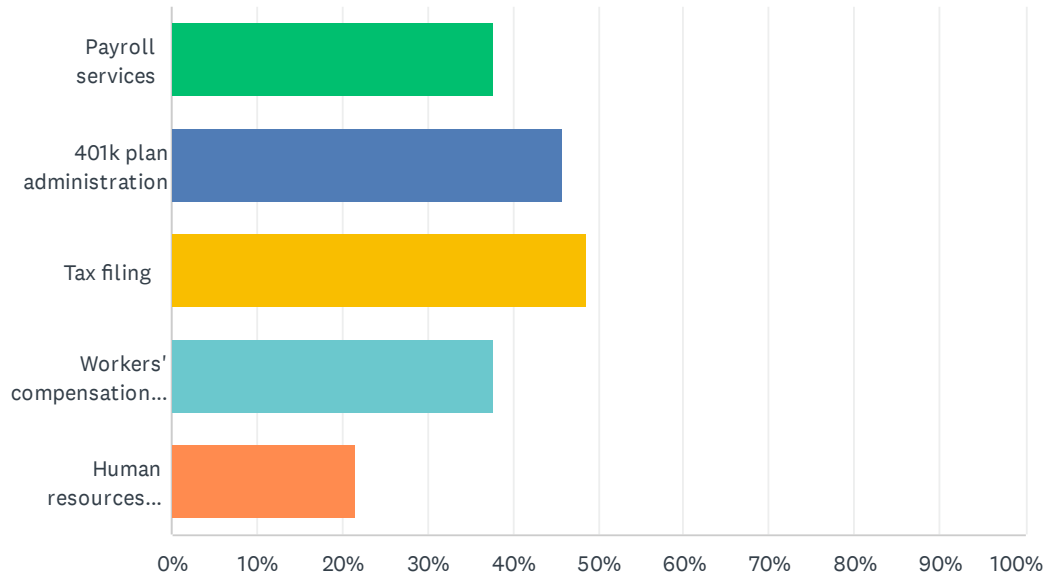
Answered: 90 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	11.11%	10
No	44.44%	40
N/A (I have no employees)	44.44%	40
TOTAL		90

Q11 Do you have any interest in the following additional services for your firm? Check all that apply.

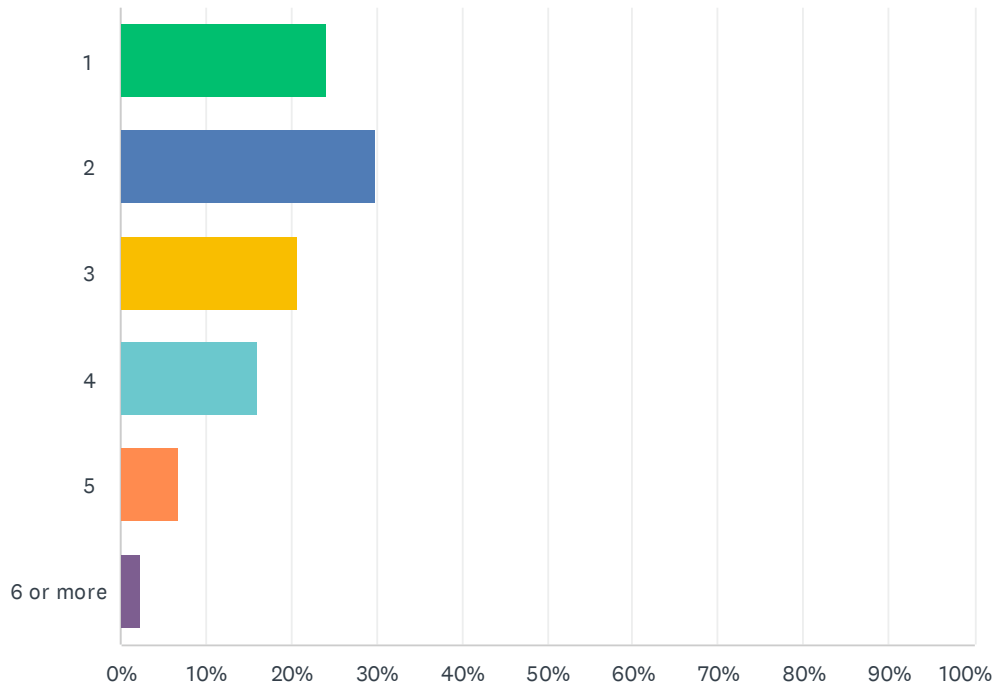
Answered: 37 Skipped: 53



ANSWER CHOICES	RESPONSES
Payroll services	37.84% 14
401k plan administration	45.95% 17
Tax filing	48.65% 18
Workers' compensation insurance	37.84% 14
Human resources support	21.62% 8
Total Respondents: 37	

Q12 If you were going to purchase health insurance through an LSBA-sponsored plan, how many people (including yourself, employees, spouses, family members) would you be purchasing insurance for?

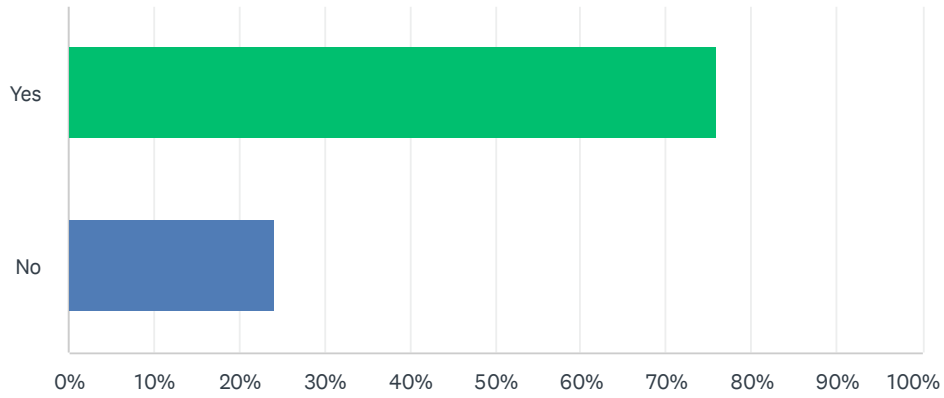
Answered: 87 Skipped: 3



ANSWER CHOICES	RESPONSES	
1	24.14%	21
2	29.89%	26
3	20.69%	18
4	16.09%	14
5	6.90%	6
6 or more	2.30%	2
TOTAL		87

Q13 Would you be interested in offering medical benefits to your employee(s) and yourself?

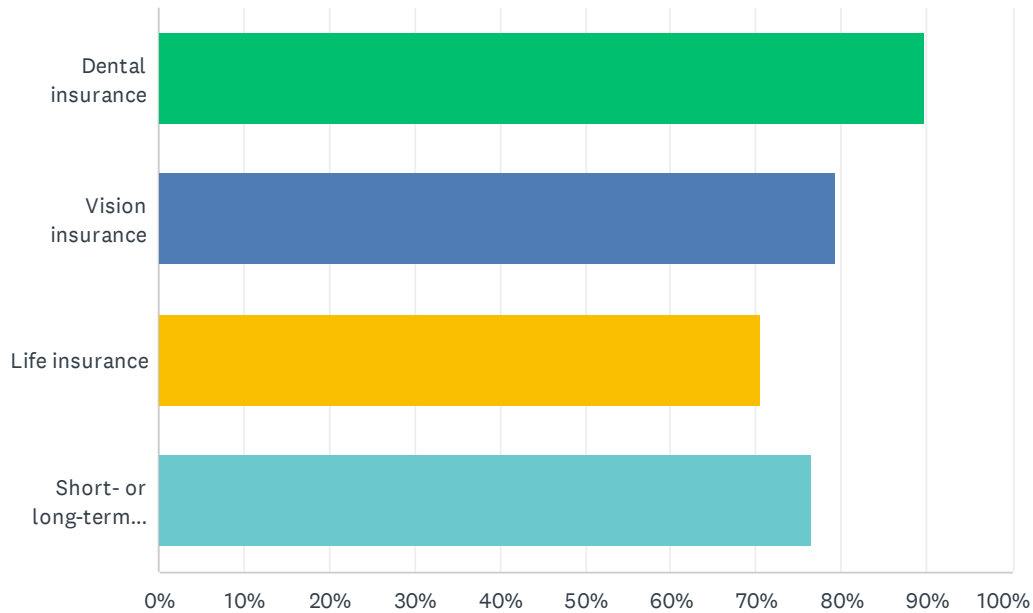
Answered: 83 Skipped: 7



ANSWER CHOICES	RESPONSES	
Yes	75.90%	63
No	24.10%	20
Total Respondents: 83		

Q14 Would you be interested in offering any of the following ancillary benefits to your employees, either employee- or employer-paid (check all that apply)?

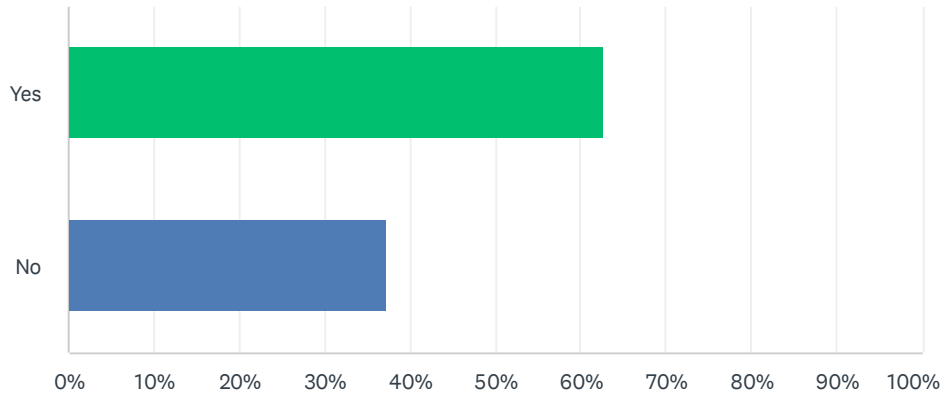
Answered: 68 Skipped: 22



ANSWER CHOICES	RESPONSES	
Dental insurance	89.71%	61
Vision insurance	79.41%	54
Life insurance	70.59%	48
Short- or long-term disability insurance	76.47%	52
Total Respondents: 68		

Q15 Would you be willing to join a call or videoconference to learn more about these topics?

Answered: 86 Skipped: 4



ANSWER CHOICES	RESPONSES	
Yes	62.79%	54
No	37.21%	32
TOTAL		86

EXHIBIT 4- PEO DATA



Summary of Benefit Costs

Company Name:

Primary Market: LA - New Orleans
Current Carrier: BCBS of LA
Number of Current Plans: 1
Proposed Effective Date: 10/01/22

*The annualized analysis is based on a 12 month look in time using the proposed effective date.

Humana - Option 1			Point In Time Analysis				Annualized Analysis ¹			
Current Plan(s)	ADP Plan(s)	Subs	Current Plan Prem	ADP Plan Prem	Difference	% Diff	Prospect 12 Mo Plan Prem	ADP Plan Prem	Difference	% Diff
BCBS Group Care Copay 70/50 \$1000A	HUM-NPOS 1500-20-LA	32	\$352,346	\$339,619	-\$12,727	-3.61%	\$361,155	\$350,940	-\$10,215	-2.83%
Total		32	\$352,346	\$339,619	-\$12,727	-3.61%	\$361,155	\$350,940	-\$10,215	-2.83%

UHC - Option 1			Point In Time Analysis				Annualized Analysis ¹			
Current Plan(s)	ADP Plan(s)	Subs	Current Plan Prem	ADP Plan Prem	Difference	% Diff	Prospect 12 Mo Plan Prem	ADP Plan Prem	Difference	% Diff
BCBS Group Care Copay 70/50 \$1000A	UHC-CP-BTUT-1000-80-NL-FL	32	\$352,346	\$329,903	-\$22,444	-6.37%	\$361,155	\$340,900	-\$20,256	-5.61%
Total		32	\$352,346	\$329,903	-\$22,444	-6.37%	\$361,155	\$340,900	-\$20,256	-5.61%

Humana - Option 2			Point In Time Analysis				Annualized Analysis ¹			
Current Plan(s)	ADP Plan(s)	Subs	Current Plan Prem	ADP Plan Prem	Difference	% Diff	Prospect 12 Mo Plan Prem	ADP Plan Prem	Difference	% Diff
BCBS Group Care Copay 70/50 \$1000A	HUM-NPOS Smp1 700IP-LA	32	\$352,346	\$309,584	-\$42,763	-12.14%	\$361,155	\$319,903	-\$41,252	-11.42%
Total		32	\$352,346	\$309,584	-\$42,763	-12.14%	\$361,155	\$319,903	-\$41,252	-11.42%

UHC - Option 2			Point In Time Analysis				Annualized Analysis ¹			
Current Plan(s)	ADP Plan(s)	Subs	Current Plan Prem	ADP Plan Prem	Difference	% Diff	Prospect 12 Mo Plan Prem	ADP Plan Prem	Difference	% Diff
BCBS Group Care Copay 70/50 \$1000A	UHC-ChEPO-BTUG-3000-NL-FL	32	\$352,346	\$284,092	-\$68,255	-19.37%	\$361,155	\$293,561	-\$67,594	-18.72%
Total		32	\$352,346	\$284,092	-\$68,255	-19.37%	\$361,155	\$293,561	-\$67,594	-18.72%

*This comparison is intended to highlight general plan designs and estimated costs. Actual enrollment, plan availability, network access and rating area may change the final cost. This comparison does not guarantee rates or coverage. *

¹Estimated renewals are used to calculate an annualized cost for both prospect and ADP TotalSource. These renewals are estimates and should be considered as such. Actual renewals will vary.

²If number is positive, the ADP Plan is richer than the incumbent, if negative, the ADP plan is leaner.





Summary of Benefit Costs

Company Name:

Primary Market: LA - New Orleans
 Current Carrier: BCBS of LA
 Number of Current Plans: 1
 Proposed Effective Date: 10/01/22

*The annualized analysis is based on a 12 month look in time using the proposed effective date.

Humana - Option 3		Point In Time Analysis				Annualized Analysis ¹				
Current Plan(s)	ADP Plan(s)	Subs	Current Plan Prem	ADP Plan Prem	Difference	% Diff	Prospect 12 Mo Plan Prem	ADP Plan Prem	Difference	% Diff
BCBS Group Care Copay 70/50 \$1000A	HUM-EHDHP 3000-Cpy-LA	32	\$352,346	\$264,635	-\$87,711	-24.89%	\$361,155	\$273,457	-\$87,698	-24.28%
Total		32	\$352,346	\$264,635	-\$87,711	-24.89%	\$361,155	\$273,457	-\$87,698	-24.28%

UHC - Option 3		Point In Time Analysis				Annualized Analysis ¹				
Current Plan(s)	ADP Plan(s)	Subs	Current Plan Prem	ADP Plan Prem	Difference	% Diff	Prospect 12 Mo Plan Prem	ADP Plan Prem	Difference	% Diff
BCBS Group Care Copay 70/50 \$1000A	UHC-ChEPOHSA-BTVG-2800-NTL-FL	32	\$352,346	\$219,458	-\$132,888	-37.72%	\$361,155	\$226,773	-\$134,382	-37.21%
Total		32	\$352,346	\$219,458	-\$132,888	-37.72%	\$361,155	\$226,773	-\$134,382	-37.21%

*This comparison is intended to highlight general plan designs and estimated costs. Actual enrollment, plan availability, network access and rating area may change the final cost. This comparison does not guarantee rates or coverage. *

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	BCBS of LA BCBS Group Care Copay 70/50 \$1000A				Humana - Option 1 HUM-NPOS 1500-20-LA	UHC - Option 1 UHC-CP-BTUT-1000-80-NTL-FL	Humana - Option 2 HUM-NPOS Smp1 700IP-LA	UHC - Option 2 UHC-CHEPO-BTUG-3000-NTL-FL	Humana - Option 3 HUM-EHDHP 3000-Cpy-LA										
Deductible	Single	Family			Single/Family	Single/Family	Single/Family	Single/Family	Single/Family										
In-Network	\$1,000	\$3,000			\$1,500/\$3,000	\$1,000/\$3,000	None	\$3,000/\$6,000	\$3,000/\$6,000										
Out-of-Network	\$2,000	\$6,000			\$4,500/\$9,000	\$2,000/\$6,000	\$5,000/\$10,000	Not Covered	\$6,000/\$12,000										
Member Coinsurance	In-Net/Out-of-Net 30%/50%				In-Net/Out-of-Net 20%/50%	In-Net/Out-of-Net 20%/40%	In-Net/Out-of-Net 0%/50%	In-Net/Out-of-Net 0%/	In-Net/Out-of-Net 0%/50%										
Coinsurance																			
OOP Maximum (Ded Included)	Single	Family																	
In-Network	\$8,000	\$16,000			\$5,000/\$10,000	\$3,500/\$7,000	\$6,000/\$12,000	\$6,000/\$12,000	\$5,500/\$11,000										
Out-of-Network	\$16,000	\$32,000			\$15,000/\$30,000	\$6,250/\$12,500	\$18,000/\$36,000	Not Covered	\$10,000/\$20,000										
Physician Office Visit	PCP/Spec				PCP/Spec	PCP/Spec	PCP/Spec	PCP/Spec	PCP/Spec										
In-Network Copay	\$40/\$55				\$35/\$50	\$25/\$50	\$25/\$65	\$25/\$50	Ded then \$30/\$60										
Virtual Visit					\$35 Copay	No Charge	\$25 Copay	No Charge	Ded then \$30										
Out-of-Network Coinsurance	Ded then 50%				Ded then 50%	Ded then 40%	Ded then 50%	Not Covered	Ded then 50%										
In-Patient Hospital	%	Copay			%	%	%	%	%										
In-Network Coinsurance/Copay	30%	\$0			20%	20%	0%	0%	0%										
Out-of-Network Coinsurance	Ded then 50%				Ded then 50%	Ded then 40%	Ded then 50%	Not Covered	Ded then 50%										
In-Patient Details	Ded then 30%				Ded then 20%	Ded then 20%	\$700 Copay per day-max of 3 days per admission	Ded then 0%	Ded then \$500										
Diagnostics, X-Ray, Lab																			
In-Network Coinsurance/Copay	Ded then 30%				Lab & X-ray: No Charge; Advanced Imaging: Ded then 20%	Lab: Designated Network-No Charge/In-Network-Ded then 50%; X-ray: No Charge; Advanced Imaging: Ded then 20%	Lab & X-ray: No Charge; Advanced Imaging: \$375 Copay	Lab: Designated Network-No Charge/In-Network-Ded then 50%; X-ray: No Charge; Advanced Imaging: Ded then 0%	Lab & X-ray: Ded then 0%; Advanced Imaging: Ded then \$300										
Out-of-Network Coinsurance	Ded then 50%				Ded then 50%	Ded then 40%	Ded then 50%	Not Covered	Ded then 50%										
Out-Patient Surgery-Facility																			
In-Network	Ded then 30% (Copay: 0%)				Ded then 20%	Ded then 20%	\$700 Copay	Ded then 0%	Ded then \$300										
Out-of-Network Coinsurance	Ded then 50%				Ded then 50%	Ded then 40%	Ded then 50%	Not Covered	Ded then 50%										
Urgent Care	\$55				\$100 Copay	\$75 Copay	\$100 Copay	\$75 Copay	Ded then \$75										
Emergency Room	30%				\$250 Copay	\$250 Copay	\$375 Copay	\$250 Copay	Ded then \$350										
Prescription Drugs	Tier 1	Tier 2	Tier 3	Tier 4															
	\$15	\$40	\$70	10%	\$10/\$40/\$70/25%/Pref Spec: 25%-\$100A max/Spec: 35%-\$100A max	\$10/\$35/\$60. Specialty Rx: \$10/\$150/\$500	\$10/\$40/\$70/25%/Pref Spec: 25%-\$100A max/Spec: 35%-\$100A max	\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500	Ded then \$10/\$40/\$70/25%										
Renewal Info	7/1/2023 - 10%				6/1/2023 - 10%	6/1/2023 - 10%	6/1/2023 - 10%	6/1/2023 - 10%	6/1/2023 - 10%										
Rating Area					LA - Statewide	LA-New Orleans, Baton Rouge	LA - Statewide	LA-New Orleans, Baton Rouge	LA - Statewide										
HDHP	Embedded	EE	16	\$573.48	EE	16	\$530.01	EE	16	\$508.87	EE	16	\$483.93	EE	16	\$438.21	EE	16	\$412.96
Gatekeeper	HMO Network	ES	4	\$1,146.96	ES	4	\$1,062.75	ES	4	\$1,088.99	ES	4	\$967.86	ES	4	\$937.77	ES	4	\$826.79
Ded Rx	Specialty Rx	EC	7	\$1,060.94	EC	7	\$1,010.03	EC	7	\$1,015.21	EC	7	\$919.28	EC	7	\$874.23	EC	7	\$787.89
Value Network	Triple Tier	EF	5	\$1,634.42	EF	5	\$1,700.05	EF	5	\$1,577.51	EF	5	\$1,549.87	EF	5	\$1,358.45	EF	5	\$1,324.64
ACA Compliant	Value Plan			% of Total Enrollment	100.00% of Total		100.00% of Total		100.00% of Total		100.00% of Total		100.00% of Total		100.00% of Total		100.00% of Total		
	Monthly			\$29,362.20	\$28,301.62		\$27,491.90		\$25,798.63		\$23,674.30		\$22,052.95		\$22,052.95		\$22,052.95		
	Difference				-\$1,060.58 -3.61%		-\$1,870.30 -6.37%		-\$3,563.57 -12.14%		-\$5,687.90 -19.37%		-\$7,309.25 -24.89%		-\$7,309.25 -24.89%		-\$7,309.25 -24.89%		
	PIT Analysis			\$352,346.40	\$339,619.44		\$329,902.80		\$309,583.56		\$284,091.60		\$264,635.40		\$264,635.40		\$264,635.40		
	Annualized			\$361,155.06	\$350,940.09		\$340,899.56		\$319,903.01		\$293,561.32		\$273,456.58		\$273,456.58		\$273,456.58		
	Difference				-\$10,214.97 -2.83%		-\$20,255.50 -5.61%		-\$41,252.05 -11.42%		-\$67,593.74 -18.72%		-\$87,698.48 -24.28%		-\$87,698.48 -24.28%		-\$87,698.48 -24.28%		

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		BCBS of LA		UHC - Option 3	
		BCBS Group Care Copay 70/50 \$1000A		UHC-CHEPOHSA-BTVG-2800-NTL-FL	
Deductible		Single	Family	Single/Family	
In-Network		\$1,000	\$3,000	\$2,800/\$5,600	
Out-of-Network		\$2,000	\$6,000	Not Covered	
Member Coinsurance		In-Net/Out-of-Net		In-Net/Out-of-Net	
Coinsurance		30%/50%		0%/	
OOP Maximum (Ded Included)		Single	Family		
In-Network		\$8,000	\$16,000	\$6,000/\$12,000	
Out-of-Network		\$16,000	\$32,000	Not Covered	
Physician Office Visit		PCP/Spec		PCP/Spec	
In-Network Copay		\$40/\$55		Ded then \$30/\$60	
Virtual Visit				Ded then \$10	
Out-of-Network Coinsurance		Ded then 50%		Not Covered	
In-Patient Hospital		%	Copay	%	Copay
In-Network Coinsurance/Copay		30%	\$0	0%	\$500
Out-of-Network Coinsurance		Ded then 50%		Not Covered	
In-Patient Details		Ded then 30%		Ded then \$500	
Diagnostics, X-Ray, Lab					
In-Network Coinsurance/Copay		Ded then 30%		Lab: Designated Network-Ded then 0%/In-Network-Ded then 50%; X-ray: Ded then 0%; Advanced Imaging: Ded then \$300	
Out-of-Network Coinsurance		Ded then 50%		Not Covered	
Out-Patient Surgery-Facility					
In-Network		Ded then 30% (Copay: 0%)		Ded then \$300	
Out-of-Network Coinsurance		Ded then 50%		Not Covered	
Urgent Care		\$55		Ded then \$75	
Emergency Room		30%		Ded then \$350	
Prescription Drugs		Tier 1	Tier 2	Tier 3	Tier 4
		\$15	\$40	\$70	10%
				Ded then \$10/\$35/\$60, Specialty Rx: Ded then \$10/\$150/\$500	
Renewal Info		7/1/2023 - 10%		6/1/2023 - 10%	
Rating Area				LA-New Orleans, Baton Rouge	
<input type="checkbox"/> HDHP	<input type="checkbox"/> Embedded	EE	16	\$573.48	EE 16 \$338.51
<input type="checkbox"/> Gatekeeper	<input type="checkbox"/> HMO Network	ES	4	\$1,146.96	ES 4 \$724.42
<input type="checkbox"/> Ded Rx	<input type="checkbox"/> Specialty Rx	EC	7	\$1,060.94	EC 7 \$675.34
<input type="checkbox"/> Value Network	<input type="checkbox"/> Triple Tier	EF	5	\$1,634.42	EF 5 \$1,049.39
<input checked="" type="checkbox"/> ACA Compliant	<input type="checkbox"/> Value Plan	% of Total Enrollment		100.00% of Total	
		Monthly	\$29,362.20		\$18,288.17
		Difference			-\$11,074.03 -37.72%
		PIT Analysis	\$352,346.40		\$219,458.04
		Annualized	\$361,155.06		\$226,773.31
		Difference			-\$134,381.75 -37.21%

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Plans and Rates at a Glance



Plan Benefit Description	HUM-HMO OA 20-LA		HUM-HMO OA 25-LA		HUM-HMO OA 500-20-LA		HUM-HMO OA 1000-20-LA		HUM-HMO OA 1500-20-LA	
	HMO/Embedded		HMO/Embedded		HMO/Embedded		HMO/Embedded		HMO/Embedded	
Plan Type	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible (doesn't apply to Copays)	None	Not Covered	None	Not Covered	\$500/\$1,000	Not Covered	\$1,000/\$2,000	Not Covered	\$1,500/\$3,000	Not Covered
Coinsurance	0%		0%		20%		20%		20%	
Max Out-of-Pocket (Incl. Ded)	\$3,500/\$7,000	Not Covered	\$4,000/\$8,000	Not Covered	\$5,000/\$10,000	Not Covered	\$5,000/\$10,000	Not Covered	\$5,000/\$10,000	Not Covered
Office Visit/Specialist Copay	\$20/\$35	Not Covered	\$25/\$40	Not Covered	\$25/\$65	Not Covered	\$20/\$65	Not Covered	\$30/\$55	Not Covered
Inpatient Hospital/Copay	\$250 Copay	Not Covered	\$500 Copay	Not Covered	Ded then 20%	Not Covered	Ded then 20%	Not Covered	Ded then 20%	Not Covered
Emergency Room	\$150 Copay		\$250 Copay		\$350 Copay		\$350 Copay		\$250 Copay	
Urgent Care	\$75 Copay		\$75 Copay		\$75 Copay		\$75 Copay		\$100 Copay	
Prescriptions	\$10/\$40/\$70/25%/Pref Spec; 25%-\$100A max/Spec: 35%-\$100A max		\$10/\$40/\$70/25%/Pref Spec; 25%-\$100A max/Spec: 35%-\$100A max		\$10/\$35/\$55/25%/Pref Spec; 25%-\$100A max/Spec: 35%-\$100A max		\$10/\$35/\$55/25%/Pref Spec; 25%-\$100A max/Spec: 35%-\$100A max		\$10/\$35/\$55/25%/Pref Spec; 25%-\$100A max/Spec: 35%-\$100A max	
Premium Rates										
Employee Only	\$513.17		\$473.88		\$463.38		\$446.87		\$406.86	
Employee + Spouse	\$1,022.61		\$945.09		\$931.25		\$895.55		\$813.73	
Employee + Child(ren)	\$972.41		\$897.79		\$883.57		\$849.60		\$772.48	
Family	\$1,638.96		\$1,513.57		\$1,486.42		\$1,430.72		\$1,303.06	

Plan Benefit Description	HUM-HMO OA CNPY 5000-50-LA		HUM-NPOS 500-20-LA		HUM-NPOS 750-20-LA		HUM-NPOS 1000-20-LA		HUM-NPOS 1500-20-LA	
	HMO/Embedded		POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded	
Plan Type	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible (doesn't apply to Copays)	\$5,000/\$10,000	Not Covered	\$500/\$1,000	\$1,500/\$3,000	\$750/\$1,500	\$2,250/\$4,500	\$1,000/\$2,000	\$3,000/\$6,000	\$1,500/\$3,000	\$4,500/\$9,000
Coinsurance	50%		20%	50%	20%	50%	20%	50%	20%	50%
Max Out-of-Pocket (Incl. Ded)	\$7,900/\$15,800	Not Covered	\$3,000/\$6,000	\$9,000/\$18,000	\$4,000/\$8,000	\$12,000/\$24,000	\$4,000/\$8,000	\$12,000/\$24,000	\$5,000/\$10,000	\$15,000/\$30,000
Office Visit/Specialist Copay	\$20/\$70	Not Covered	\$20/\$35	Ded then 50%	\$20/\$35	Ded then 50%	\$25/\$40	Ded then 50%	\$35/\$50	Ded then 50%
Inpatient Hospital/Copay	Ded then 50%	Not Covered	Ded then 20%	Ded then 50%	Ded then 20%	Ded then 50%	Ded then 20%	Ded then 50%	Ded then 20%	Ded then 50%
Emergency Room	Ded then 50%		\$250 Copay		\$250 Copay		\$250 Copay		\$250 Copay	
Urgent Care	\$100 Copay		\$100 Copay		\$100 Copay		\$100 Copay		\$100 Copay	
Prescriptions	\$5/\$20/\$50/\$100/Sp:Â \$100		\$10/\$40/\$70/25%/Pref Spec; 25%-\$100A max/Spec: 35%-\$100A max		\$10/\$40/\$70/25%/Pref Spec; 25%-\$100A max/Spec: 35%-\$100A max		\$10/\$40/\$70/25%/Pref Spec; 25%-\$100A max/Spec: 35%-\$100A max		\$10/\$40/\$70/25%/Pref Spec; 25%-\$100A max/Spec: 35%-\$100A max	
Premium Rates										
Employee Only	\$337.85		\$591.31		\$563.52		\$552.68		\$530.01	
Employee + Spouse	\$675.72		\$1,183.54		\$1,124.31		\$1,105.35		\$1,062.75	
Employee + Child(ren)	\$641.48		\$1,123.86		\$1,068.60		\$1,050.54		\$1,010.03	
Family	\$1,082.05		\$1,893.30		\$1,799.26		\$1,767.65		\$1,700.05	

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Plans and Rates at a Glance



Plan Benefit Description	HUM-NPOS 2000-LA		HUM-NPOS 3000-LA		HUM-NPOS Smpl 700IP-LA		HUM-NPOS Smpl 1500IP-LA		HUM-NPOS 4000-OnHand-LA	
	POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded	
Plan Type	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible (doesn't apply to Copays)	\$2,000/\$4,000	\$6,000/\$12,000	\$3,000/\$6,000	\$9,000/\$18,000	None	\$5,000/\$10,000	None	\$5,000/\$10,000	\$4,000/\$8,000	\$16,000/\$32,000
Coinsurance	0%	30%	0%	30%	0%	50%	0%	50%	0%	50%
Max Out-of-Pocket (Ind. Ded)	\$3,000/\$6,000	\$9,000/\$18,000	\$5,000/\$10,000	\$15,000/\$30,000	\$6,000/\$12,000	\$18,000/\$36,000	\$6,500/\$13,000	\$19,500/\$39,000	\$4,000/\$8,000	\$21,000/\$42,000
Office Visit/Specialist Copay	\$25/\$40	Ded then 30%	\$35/\$50	Ded then 30%	\$25/\$65	Ded then 50%	\$30/\$100	Ded then 50%	Ded then 0%	Ded then 50%
Inpatient Hospital/Copay	Ded then 0%	Ded then 30%	Ded then 0%	Ded then 30%	\$700 Copay per day-max of 3 days per admission	Ded then 50%	\$1,500 Copay per day-max of 3 days per admission	Ded then 50%	Ded then 0%	Ded then 50%
Emergency Room	\$250 Copay		\$250 Copay		\$375 Copay		\$600 Copay		Ded then 0%	
Urgent Care	\$100 Copay		\$100 Copay		\$100 Copay		\$125 Copay		Ded then 0%	
Prescriptions	\$10/\$40/\$70/25%/Pref Spec: 25%-\$100A max/Spec: 35%-\$100A max		\$10/\$40/\$70/25%/Pref Spec: 25%-\$100A max/Spec: 35%-\$100A max		\$10/\$40/\$70/25%/Pref Spec: 25%-\$100A max/Spec: 35%-\$100A max		\$10/\$45/\$90/25%/Pref Spec: 25%-\$100A max/Spec: 35%-\$100A max		\$5/Ded then 0%	
Premium Rates										
Employee Only	\$537.85		\$503.14		\$483.93		\$464.68		\$403.47	
Employee + Spouse	\$1,078.44		\$1,006.28		\$967.86		\$931.20		\$809.66	
Employee + Child(ren)	\$1,023.37		\$956.32		\$919.28		\$884.47		\$768.68	
Family	\$1,725.50		\$1,612.05		\$1,549.87		\$1,491.20		\$1,294.17	

Plan Benefit Description	HUM-NPOS CNPY 6500-50-LA		HUM-NPOS 7900-OnHand-LA		HUM-HDHP 2000-10-LA		HUM-EHDHP 3000-LA		HUM-EHDHP 3000-Cpy-LA	
	POS/Embedded		POS/Embedded		HDHP (POS)		HDHP (POS)/Embedded		HDHP (POS)/Embedded	
Plan Type	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible (doesn't apply to Copays)	\$6,500/\$13,000	\$19,500/\$39,000	\$7,900/\$15,800	\$31,600/\$63,200	\$2,000/\$4,000	\$6,000/\$12,000	\$3,000/\$6,000	\$9,000/\$18,000	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance	50%	50%	0%	50%	10%	40%	0%	30%	0%	50%
Max Out-of-Pocket (Ind. Ded)	\$7,900/\$15,800	\$23,700/\$47,400	\$7,900/\$15,800	\$36,600/\$73,200	\$3,000/\$6,000	\$9,000/\$18,000	\$6,350/\$12,700	\$19,050/\$38,100	\$5,500/\$11,000	\$10,000/\$20,000
Office Visit/Specialist Copay	\$20/\$70	Ded then 50%	Ded then 0%	Ded then 50%	Ded then 10%	Ded then 40%	Ded then 0%	Ded then 30%	Ded then \$30/\$60	Ded then 50%
Inpatient Hospital/Copay	Ded then 50%	Ded then 50%	Ded then 0%	Ded then 50%	Ded then 10%	Ded then 40%	Ded then 0%	Ded then 30%	Ded then \$500	Ded then 50%
Emergency Room	Ded then 50%		Ded then 0%		Ded then 10%		Ded then 0%		Ded then \$350	
Urgent Care	\$100 Copay		Ded then 0%		Ded then 10%		Ded then 0%		Ded then \$75	
Prescriptions	\$5/\$25/\$70/\$100/Sp: \$100		\$5/Ded then 0%		Ded then \$10/\$40/\$70/25%		Ded then \$10/\$40/\$70/25%		Ded then \$10/\$40/\$70/25%	
Premium Rates										
Employee Only	\$395.55		\$280.45		\$460.10		\$428.02		\$412.96	
Employee + Spouse	\$793.79		\$562.79		\$917.45		\$856.96		\$826.79	
Employee + Child(ren)	\$753.60		\$534.31		\$871.63		\$816.63		\$787.89	
Family	\$1,268.80		\$899.58		\$1,466.46		\$1,372.97		\$1,324.64	

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Plans and Rates at a Glance

Plan Benefit Description	HUM-EHDHP 4000-10-LA		HUM-EHDHP 4000-Cpy-LA		HUM-EHDHP 5000-20-LA		HUM-EHDHP 6000-Cpy-LA		HUM-OOA PPO 1500-20-LA	
	HDHP (POS)/Embedded		HDHP (POS)/Embedded		HDHP (POS)/Embedded		HDHP (POS)/Embedded		PPO/Embedded	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Plan Type	HDHP (POS)/Embedded		HDHP (POS)/Embedded		HDHP (POS)/Embedded		HDHP (POS)/Embedded		PPO/Embedded	
Deductible (doesn't apply to Copays)	\$4,000/\$8,000	\$12,000/\$24,000	\$4,000/\$8,000	\$7,000/\$14,000	\$5,000/\$10,000	\$15,000/\$30,000	\$6,000/\$12,000	\$10,000/\$20,000	\$1,500/\$3,000	\$4,500/\$9,000
Coinsurance	10%	40%	0%	50%	20%	50%	0%	50%	20%	50%
Max Out-of-Pocket (Incl. Ded)	\$5,000/\$10,000	\$15,000/\$30,000	\$6,500/\$13,000	\$15,000/\$30,000	\$6,350/\$12,700	\$19,050/\$38,100	\$7,000/\$14,000	\$15,000/\$30,000	\$5,000/\$10,000	\$15,000/\$30,000
Office Visit/Specialist Copay	Ded then 10%	Ded then 40%	Ded then \$30/\$60	Ded then 50%	Ded then 20%	Ded then 50%	Ded then \$30/\$60	Ded then 50%	\$35/\$50	Ded then 50%
Inpatient Hospital/Copay	Ded then 10%	Ded then 40%	Ded then \$500	Ded then 50%	Ded then 20%	Ded then 50%	Ded then \$500	Ded then 50%	Ded then 20%	Ded then 50%
Emergency Room	Ded then 10%		Ded then \$350		Ded then 20%		Ded then \$350		\$250 Copay	
Urgent Care	Ded then 10%		Ded then \$75		Ded then 20%		Ded then \$75		\$100 Copay	
Prescriptions	Ded then \$10/\$40/\$70/25%		Ded then \$10/\$40/\$70/25%		Ded then \$10/\$40/\$70/25%		Ded then \$10/\$40/\$70/25%		\$10/\$40/\$70/25%/Pref Spec: 25%-\$100A max/Spec: 35%-\$100A max	
Premium Rates										
Employee Only	\$406.03		\$379.31		\$342.79		\$327.31		\$530.01	
Employee + Spouse	\$814.80		\$759.44		\$686.49		\$655.31		\$1,062.75	
Employee + Child(ren)	\$773.56		\$723.70		\$652.57		\$624.48		\$1,010.03	
Family	\$1,302.40		\$1,216.73		\$1,099.84		\$1,049.92		\$1,700.05	

Plan Benefit Description	HUM-Indem 1000-20-LA		HUM-NV-NPOS 1000-20	
	Indemnity/Embedded		POS/Embedded	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Plan Type	Indemnity/Embedded		POS/Embedded	
Deductible (doesn't apply to Copays)	\$1,000/\$2,000	None	\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance	20%	20%	20%	50%
Max Out-of-Pocket (Incl. Ded)	\$5,000/\$10,000	None	\$3,000/\$6,000	\$6,000/\$12,000
Office Visit/Specialist Copay	Ded then 20%		\$30/\$45	Ded then 50%
Inpatient Hospital/Copay	Ded then 20%		Ded then 20%	Ded then 50%
Emergency Room	Ded then 20%		\$250 Copay	
Urgent Care	Ded then 20%		\$100 Copay	
Prescriptions	\$10/\$35/\$55/25%/Pref Spec: 25%/Spec: 35%		\$10/\$45/\$90/25%/Pref Spec: 25%/Spec: 35%	
Premium Rates				
Employee Only	\$717.51		\$597.75	
Employee + Spouse	\$1,433.22		\$1,193.65	
Employee + Child(ren)	\$1,360.65		\$1,016	
Family	\$2,303.12		\$1,672.97	

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Plan Benefit Description	UHC-CHEPO-CQEO-25-1000IP-NTL-FL		UHC-CHEPO-BTUZ-500-80-NTL-FL		UHC-CHEPO-CQEP-30-1250IP-NTL-FL		UHC-CHEPO-BT2K-2000-NTL-FL		UHC-CHEPO-BTUG-3000-NTL-FL	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Plan Type	EPO/Embedded		EPO/Embedded		EPO/Embedded		EPO/Embedded		EPO/Embedded	
Deductible (doesn't apply to Copays)	None	Not Covered	\$500/\$1,000	Not Covered	None	Not Covered	\$2,000/\$4,000	Not Covered	\$3,000/\$6,000	Not Covered
Coinsurance	0%		20%		0%		0%		0%	
Max Out-of-Pocket (Incl. Ded)	\$5,000/\$10,000	Not Covered	\$3,000/\$6,000	Not Covered	\$7,150/\$14,300	Not Covered	\$4,000/\$8,000	Not Covered	\$6,000/\$12,000	Not Covered
Office Visit/Specialist Copay	\$25/\$60	Not Covered	\$25/\$50	Not Covered	\$30/\$70	Not Covered	\$25/\$50	Not Covered	\$25/\$50	Not Covered
Inpatient Hospital/Copay	\$1,000 Copay per day-max of 5 days	Not Covered	Ded then 20%	Not Covered	\$1,250 Copay per day-max of 3 days	Not Covered	Ded then 0%	Not Covered	Ded then 0%	Not Covered
Emergency Room	\$500 Copay		\$350 Copay		\$400 Copay		\$250 Copay		\$250 Copay	
Urgent Care	\$75 Copay		\$100 Copay		\$50 Copay		\$75 Copay		\$75 Copay	
Prescriptions	\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500	
Premium Rates										
Employee Only	\$583.17		\$539.78		\$522.65		\$488.31		\$438.21	
Employee + Spouse	\$1,247.98		\$1,155.14		\$1,118.47		\$1,044.98		\$937.77	
Employee + Child(ren)	\$1,163.42		\$1,076.87		\$1,042.69		\$974.18		\$874.23	
Family	\$1,807.82		\$1,673.34		\$1,620.22		\$1,513.76		\$1,358.45	

Plan Benefit Description	UHC-CHEPO-BTVM-2500-80-NTL-FL		UHC-CHEPO-BTVJ-4000-80-NTL-FL		UHC-CHEPO-BTVN-6600-NTL-FL		UHC-CPPR-CQEG-1000-80-NTL-FL		UHC-CPPR-CQE7-2000-80-NTL-FL	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Plan Type	EPO/Embedded		EPO/Embedded		EPO/Embedded		POS/Embedded		POS/Embedded	
Deductible (doesn't apply to Copays)	\$2,500/\$5,000	Not Covered	\$4,000/\$8,000	Not Covered	\$6,600/\$13,200	Not Covered	\$1,000/\$2,000	\$4,000/\$8,000	\$2,000/\$4,000	\$6,000/\$12,000
Coinsurance	20%		20%		0%		20%	50%	20%	50%
Max Out-of-Pocket (Incl. Ded)	\$7,900/\$15,800	Not Covered	\$7,900/\$15,800	Not Covered	\$7,900/\$15,800	Not Covered	\$7,150/\$14,300	\$10,000/\$20,000	\$7,150/\$14,300	\$12,000/\$24,000
Office Visit/Specialist Copay	\$25/\$50	Not Covered	\$30/\$60	Not Covered	\$40/\$80	Not Covered	\$10/Ded then 20%	Ded then 50%	\$10/Ded then 20%	Ded then 50%
Inpatient Hospital/Copay	Ded then 20%	Not Covered	Ded then 20%	Not Covered	Ded then 0%	Not Covered	Ded then 20%	Ded then 50%	Ded then 20%	Ded then 50%
Emergency Room	\$250 Copay		\$350 Copay		\$350 Copay		Ded then 20%		Ded then 20%	
Urgent Care	\$75 Copay		\$75 Copay		\$75 Copay		\$75 Copay		\$75 Copay	
Prescriptions	\$20/\$50/\$80. Specialty Rx: \$20/\$150/\$500		\$20/\$50/\$80. Specialty Rx: \$20/\$150/\$500		\$20/\$50/\$80. Specialty Rx: \$20/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500	
Premium Rates										
Employee Only	\$393.23		\$367.71		\$350.15		\$461.92		\$389.22	
Employee + Spouse	\$841.51		\$786.90		\$749.32		\$988.50		\$832.94	
Employee + Child(ren)	\$784.49		\$733.58		\$698.54		\$921.52		\$776.50	
Family	\$1,219.01		\$1,139.90		\$1,085.46		\$1,431.95		\$1,206.59	

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Plan Benefit Description	UHC-CPPR-CQEB-3000-80-NTL-FL		UHC-CPPR-CQES-5000-80-NTL-FL		UHC-CPPR-CQES-6500-NTL-FL		UHC-CPPR-CQEX-7000-NTL-FL		UHC-ChPr-CQER-1000-80-NTL-FL	
	POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded		EPO/Embedded	
Plan Type	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible (doesn't apply to Copays)	\$3,000/\$6,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$6,500/\$13,000	\$10,000/\$20,000	\$7,000/\$14,000	\$10,000/\$20,000	\$1,000/\$2,000	Not Covered
Coinsurance	20%	50%	20%	50%	0%	50%	0%	50%	20%	Not Covered
Max Out-of-Pocket (Incl. Ded)	\$7,150/\$14,300	\$20,000/\$40,000	\$7,150/\$14,300	\$20,000/\$40,000	\$7,150/\$14,300	\$15,000/\$30,000	\$8,550/\$17,100	\$15,000/\$30,000	\$7,150/\$14,300	Not Covered
Office Visit/Specialist Copay	\$10/Ded then 20%	Ded then 50%	\$20/Ded then 20%	Ded then 50%	\$25/Ded then 0%	Ded then 50%	\$25/Ded then 0%	Ded then 50%	\$20/Ded then 20%	Not Covered
Inpatient Hospital/Copay	Ded then 20%	Ded then 50%	Ded then 20%	Ded then 50%	Ded then 0%	Ded then 50%	Ded then 0%	Ded then 50%	Ded then 20%	Not Covered
Emergency Room	Ded then 20%		Ded then 20%		Ded then 0%		Ded then 0%		Ded then 20%	
Urgent Care	\$75 Copay		\$75 Copay		\$100 Copay		\$100 Copay		\$75 Copay	
Prescriptions	\$20/\$50/\$80. Specialty Rx: \$20/\$150/\$500		\$20/\$50/\$80. Specialty Rx: \$20/\$150/\$500		\$20/\$50/\$80. Specialty Rx: \$20/\$150/\$500		\$20/\$50/\$80. Specialty Rx: \$20/\$150/\$500		\$10/\$50/\$150/\$300	
Premium Rates										
Employee Only	\$346.35		\$333.60		\$330.61		\$322.34		\$430.23	
Employee + Spouse	\$741.19		\$713.91		\$707.51		\$689.82		\$920.69	
Employee + Child(ren)	\$690.97		\$665.54		\$659.57		\$643.08		\$858.31	
Family	\$1,073.69		\$1,034.17		\$1,024.90		\$999.28		\$1,333.72	

Plan Benefit Description	UHC-ChPr-CQES-2000-80-NTL-FL		UHC-ChPr-CQET-3000-80-NTL-FL		UHC-ChPr-CQEU-5000-80-NTL-FL		UHC-ChPr-CQEV-6500-NTL-FL		UHC-ChPr-CQEW-7000-NTL-FL	
	EPO/Embedded		EPO/Embedded		EPO/Embedded		EPO/Embedded		EPO/Embedded	
Plan Type	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible (doesn't apply to Copays)	\$2,000/\$4,000	Not Covered	\$3,000/\$6,000	Not Covered	\$5,000/\$10,000	Not Covered	\$6,500/\$13,000	Not Covered	\$7,000/\$14,000	Not Covered
Coinsurance	20%	Not Covered	20%	Not Covered	20%	Not Covered	0%	Not Covered	0%	Not Covered
Max Out-of-Pocket (Incl. Ded)	\$7,150/\$14,300	Not Covered	\$7,150/\$14,300	Not Covered	\$7,150/\$14,300	Not Covered	\$7,150/\$14,300	Not Covered	\$8,550/\$17,100	Not Covered
Office Visit/Specialist Copay	\$20/Ded then 20%	Not Covered	\$20/Ded then 20%	Not Covered	\$30/Ded then 20%	Not Covered	\$35/Ded then 0%	Not Covered	\$35/Ded then 0%	Not Covered
Inpatient Hospital/Copay	Ded then 20%	Not Covered	Ded then 20%	Not Covered	Ded then 20%	Not Covered	Ded then 0%	Not Covered	Ded then 0%	Not Covered
Emergency Room	Ded then 20%		Ded then 20%		Ded then 20%		Ded then 0%		Ded then 0%	
Urgent Care	\$75 Copay		\$75 Copay		\$75 Copay		\$100 Copay		\$100 Copay	
Prescriptions	\$10/\$50/\$150/\$300		\$20/\$50/\$150/\$300		\$20/\$50/\$150/\$300		\$20/\$50/\$150/\$300		\$20/\$50/\$150/\$300	
Premium Rates										
Employee Only	\$362.53		\$322.59		\$310.71		\$307.93		\$300.23	
Employee + Spouse	\$775.80		\$690.34		\$664.93		\$658.97		\$642.50	
Employee + Child(ren)	\$723.24		\$643.57		\$619.87		\$614.32		\$598.96	
Family	\$1,123.83		\$1,000.03		\$963.21		\$954.59		\$930.71	

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Plan Benefit Description	UHC-ChEPOHSA-BTVG-2800-NTL-FL		UHC-ChHSA-CQEN-3500Cpy-NTL-FL		UHC-ChHSA-CGFA-4000Cpy-NTL-FL		UHC-ChEPOHSA-BTVH-5500-NTL-FL		UHC-ChEPOHSA-CGE9-6000-NTL-FL	
	HDHP (EPO)/Embedded		HDHP (EPO)/Embedded		HDHP (EPO)/Embedded		HDHP (EPO)/Embedded		HDHP (EPO)/Embedded	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Plan Type	HDHP (EPO)/Embedded		HDHP (EPO)/Embedded		HDHP (EPO)/Embedded		HDHP (EPO)/Embedded		HDHP (EPO)/Embedded	
Deductible (doesn't apply to Copays)	\$2,800/\$5,600	Not Covered	\$3,500/\$7,000	Not Covered	\$4,000/\$8,000	Not Covered	\$5,500/\$11,000	Not Covered	\$6,000/\$12,000	Not Covered
Coinsurance	0%		0%		0%		0%		0%	
Max Out-of-Pocket (Incl. Ded)	\$6,000/\$12,000	Not Covered	\$6,250/\$12,500	Not Covered	\$6,250/\$12,500	Not Covered	\$6,450/\$12,900	Not Covered	\$6,200/\$12,400	Not Covered
Office Visit/Specialist Copay	Ded then \$30/\$60	Not Covered	Ded then \$30/\$60	Not Covered	Ded then \$30/\$60	Not Covered	Ded then 0%	Not Covered	Ded then 0%	Not Covered
Inpatient Hospital/Copay	Ded then \$500	Not Covered	Ded then \$500 Copay per admission	Not Covered	Ded then \$500 Copay per admission	Not Covered	Ded then 0%	Not Covered	Ded then 0%	Not Covered
Emergency Room	Ded then \$350		Ded then \$350		Ded then \$350		Ded then 0%		Ded then 0%	
Urgent Care	Ded then \$75		Ded then \$75		Ded then \$75		Ded then 0%		Ded then 0%	
Prescriptions	Ded then \$10/\$35/\$60. Specialty Rx: Ded then \$10/\$150/\$500		Ded then \$10/\$35/\$60. Specialty Rx: Ded then \$10/\$150/\$500		Ded then \$10/\$35/\$60. Specialty Rx: Ded then \$10/\$150/\$500		Ded then \$10/\$35/\$60. Specialty Rx: Ded then \$10/\$150/\$500		Ded then \$10/\$35/\$60. Specialty Rx: Ded then \$10/\$150/\$500	
Premium Rates										
Employee Only	\$338.51		\$327.10		\$314.51		\$296.81		\$293.84	
Employee + Spouse	\$724.42		\$699.98		\$673.06		\$635.18		\$628.82	
Employee + Child(ren)	\$675.34		\$652.55		\$627.45		\$592.15		\$586.22	
Family	\$1,049.39		\$1,013.99		\$974.99		\$920.12		\$910.92	

Plan Benefit Description	UHC-CP-BTUH-300-80-NTL-FL		UHC-CP-CQEL-25-1000IP-NTL-FL		UHC-CP-BTUI-500-80-NTL-FL		UHC-CP-BTUW-1500-NTL-FL		UHC-CP-CQEM-30-1250IP-NTL-FL	
	POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Plan Type	POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded	
Deductible (doesn't apply to Copays)	\$300/\$900	\$1,000/\$3,000	None	\$1,000/\$3,000	\$500/\$1,500	\$1,000/\$3,000	\$1,500/\$4,500	\$3,000/\$9,000	None	\$10,000/\$20,000
Coinsurance	20%	40%	0%	50%	20%	40%	0%	20%	0%	50%
Max Out-of-Pocket (Incl. Ded)	\$3,000/\$6,000	\$6,000/\$12,000	\$5,000/\$10,000	\$6,000/\$12,000	\$3,500/\$7,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000	\$7,150/\$14,300	\$20,000/\$40,000
Office Visit/Specialist Copay	\$25/\$50	Ded then 40%	\$25/\$60	Ded then 50%	\$25/\$50	Ded then 40%	\$25/\$50	Ded then 20%	\$30/\$70	Ded then 50%
Inpatient Hospital/Copay	Ded then 20%	Ded then 40%	\$1,000 Copay per day-max of 5 days	Ded then 50%	Ded then 20%	Ded then 40%	Ded then 0%	Ded then 20%	\$1,250 Copay per day-max of 3 days	Ded then 50%
Emergency Room	\$250 Copay		\$500 Copay		\$250 Copay		\$250 Copay		\$400 Copay	
Urgent Care	\$75 Copay		\$75 Copay		\$75 Copay		\$75 Copay		\$50 Copay	
Prescriptions	\$10/\$35/\$60. Specialty Rx: \$10/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$10/\$35/\$60. Specialty Rx: \$10/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500	
Premium Rates										
Employee Only	\$605.80		\$601.20		\$567.17		\$567.17		\$538.82	
Employee + Spouse	\$1,296.41		\$1,286.57		\$1,213.75		\$1,213.75		\$1,153.07	
Employee + Child(ren)	\$1,208.57		\$1,199.39		\$1,131.51		\$1,131.51		\$1,074.94	
Family	\$1,877.98		\$1,863.73		\$1,758.23		\$1,758.23		\$1,670.33	

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Plan Benefit Description	UHC-CP-BTUT-1000-80-NTL-FL		UHC-CP-BTUX-2000-NTL-FL		UHC-CP-BTUU-1500-80-NTL-FL		UHC-CP-CGFJ-500-50-NTL-FL		UHC-CP-BTUV-2000-80-NTL-FL	
	POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded	
Plan Type	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible (doesn't apply to Copays)	\$1,000/\$3,000	\$2,000/\$6,000	\$2,000/\$6,000	\$4,000/\$12,000	\$1,500/\$4,500	\$3,000/\$9,000	\$500/\$1,500	\$2,000/\$6,000	\$2,000/\$6,000	\$4,000/\$8,000
Coinsurance	20%	40%	0%	20%	20%	40%	50%	50%	20%	40%
Max Out-of-Pocket (Incl. Ded)	\$3,500/\$7,000	\$6,250/\$12,500	\$4,000/\$12,000	\$6,250/\$12,500	\$4,500/\$9,000	\$6,250/\$12,500	\$5,500/\$11,000	\$10,000/\$20,000	\$4,000/\$8,000	\$6,250/\$12,500
Office Visit/Specialist Copay	\$25/\$50	Ded then 40%	\$25/\$50	Ded then 20%	\$25/\$50	Ded then 40%	\$25/\$75	Ded then 50%	\$25/\$50	Ded then 40%
Inpatient Hospital/Copay	Ded then 20%	Ded then 40%	Ded then 0%	Ded then 20%	Ded then 20%	Ded then 40%	Ded then 50%	Ded then 50%	Ded then 20%	Ded then 40%
Emergency Room	\$250 Copay		\$250 Copay		\$250 Copay		\$350 Copay		\$250 Copay	
Urgent Care	\$75 Copay		\$75 Copay		\$75 Copay		\$75 Copay		\$75 Copay	
Prescriptions	\$10/\$35/\$60. Specialty Rx: \$10/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$5/\$35/\$70. Specialty Rx: \$5/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500	
Premium Rates										
Employee Only	\$508.87		\$511.90		\$464.20		\$459.63		\$452.83	
Employee + Spouse	\$1,088.99		\$1,095.47		\$993.39		\$983.61		\$969.07	
Employee + Child(ren)	\$1,015.21		\$1,021.24		\$926.08		\$916.96		\$903.40	
Family	\$1,577.51		\$1,586.89		\$1,439.02		\$1,424.85		\$1,403.78	

Plan Benefit Description	UHC-CP-BTUD-3000-NTL-FL		UHC-CP-BTUE-2500-80-NTL-FL		UHC-CP-BTUB-3000-80-NTL-FL		UHC-CP-BTVK-4000-80-NTL-FL		UHC-CP-BTVL-6600-NTL-FL	
	POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded	
Plan Type	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible (doesn't apply to Copays)	\$3,000/\$6,000	\$5,000/\$10,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,000/\$6,000	\$5,500/\$11,000	\$4,000/\$8,000	\$6,000/\$12,000	\$6,600/\$13,200	\$8,000/\$16,000
Coinsurance	0%	20%	20%	40%	20%	40%	20%	40%	0%	30%
Max Out-of-Pocket (Incl. Ded)	\$6,000/\$12,000	\$6,250/\$12,500	\$6,250/\$12,500	\$6,250/\$12,500	\$5,000/\$10,000	\$6,250/\$12,500	\$7,900/\$15,800	\$12,000/\$24,000	\$7,900/\$15,800	\$10,000/\$20,000
Office Visit/Specialist Copay	\$25/\$50	Ded then 20%	\$25/\$50	Ded then 40%	\$25/\$50	Ded then 40%	\$30/\$60	Ded then 40%	\$40/\$80	Ded then 30%
Inpatient Hospital/Copay	Ded then 0%	Ded then 20%	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%	Ded then 0%	Ded then 30%
Emergency Room	\$250 Copay		\$250 Copay		\$350 Copay		\$350 Copay		\$350 Copay	
Urgent Care	\$75 Copay		\$75 Copay		\$75 Copay		\$75 Copay		\$75 Copay	
Prescriptions	\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$20/\$50/\$80. Specialty Rx: \$20/\$150/\$500		\$20/\$50/\$80. Specialty Rx: \$20/\$150/\$500		\$20/\$50/\$80. Specialty Rx: \$20/\$150/\$500	
Premium Rates										
Employee Only	\$451.69		\$426.64		\$404.33		\$379.02		\$362.81	
Employee + Spouse	\$966.61		\$913.01		\$865.28		\$811.11		\$776.41	
Employee + Child(ren)	\$901.12		\$851.14		\$806.65		\$756.14		\$723.80	
Family	\$1,400.23		\$1,322.57		\$1,253.44		\$1,174.97		\$1,124.70	

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Plan Benefit Description	UHC-CP-CQEK-7900-NTL-FL		UHCCPUHPD-BTWL-1000-80-NTL-FL		UHCCPUHPD-BTWN-1500-NTL-FL		UHCCPUHPD-BTWM-1500-90-NTL-FL		UHCCPUHPD-BTWO-2000-NTL-FL	
	POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible (doesn't apply to Copays)	\$7,900/\$15,800	\$8,000/\$16,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1,500/\$4,500	\$3,000/\$9,000	\$1,500/\$3,000	\$3,000/\$6,000	\$2,000/\$6,000	\$4,000/\$12,000
Coinsurance	0%	30%	20%	50%	0%	50%	10%	50%	0%	50%
Max Out-of-Pocket (Incl. Ded.)	\$8,700/\$17,400	\$10,000/\$20,000	\$4,500/\$9,000	\$10,000/\$20,000	\$4,500/\$9,000	\$6,000/\$12,000	\$4,500/\$9,000	\$10,000/\$20,000	\$4,500/\$9,000	\$8,000/\$16,000
Office Visit/Specialist Copay	\$50/\$100	Ded then 30%	OV: \$25; Specialist: \$25/\$50	Ded then 50%	OV: \$30; Specialist: \$30/\$60	Ded then 50%	OV: \$30; Specialist: \$30/\$60	Ded then 50%	OV: \$30; Specialist: \$30/\$60	Ded then 50%
Inpatient Hospital/Copay	Ded then 0%	Ded then 30%	Ded then 20%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded	Ded then 50%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded	Ded then 0%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded	Ded then 50%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded	Ded then 10%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded	Ded then 50%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded	Ded then 0%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded	Ded then 50%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded
Emergency Room	\$500 Copay		\$250 Copay		\$250 Copay		\$250 Copay		\$250 Copay	
Urgent Care	\$75 Copay		\$100 Copay		\$100 Copay		\$75 Copay		\$100 Copay	
Prescriptions	\$20/\$50/\$80. Specialty Rx: \$20/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500	
Premium Rates										
Employee Only	\$346.48		\$478.25		\$524.77		\$450.94		\$485.39	
Employee + Spouse	\$741.47		\$1,023.47		\$1,123.01		\$965.02		\$1,038.74	
Employee + Child(ren)	\$691.23		\$954.12		\$1,046.92		\$899.63		\$968.36	
Family	\$1,074.09		\$1,482.59		\$1,626.80		\$1,397.92		\$1,504.72	

Plan Benefit Description	UHCCPUHPD-BTWP-2000-80-NTL-FL		UHCCPUHPD-BTWQ-2500-80-NTL-FL		UHCCPUHPD-BTWI-3000-70-NTL-FL		UHCCPUHPD-BTWJ-4500-70-NTL-FL		UHCCPUHPD-BTWK-6600-NTL-FL	
	POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded		POS/Embedded	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible (doesn't apply to Copays)	\$2,000/\$4,000	\$4,000/\$8,000	\$2,500/\$5,000	\$5,000/\$10,000	\$3,000/\$6,000	\$6,000/\$12,000	\$4,500/\$9,000	\$8,000/\$16,000	\$6,600/\$13,200	\$8,000/\$16,000
Coinsurance	20%	50%	20%	50%	30%	50%	30%	50%	0%	50%
Max Out-of-Pocket (Incl. Ded.)	\$6,000/\$12,000	\$10,000/\$20,000	\$6,000/\$12,000	\$10,000/\$20,000	\$7,900/\$15,800	\$10,000/\$20,000	\$7,900/\$15,800	\$10,000/\$20,000	\$7,900/\$15,800	\$10,000/\$20,000
Office Visit/Specialist Copay	OV: \$40; Specialist: \$40/\$80	Ded then 50%	OV: \$30; Specialist: \$30/\$60	Ded then 50%	OV: \$40; Specialist: \$40/\$80	Ded then 50%	OV: \$40; Specialist: \$40/\$80	Ded then 50%	OV: \$45; Specialist: \$45/\$90	Ded then 50%
Inpatient Hospital/Copay	Ded then 20%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded	Ded then 50%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded	Ded then 20%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded	Ded then 50%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded	Ded then 30%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded	Ded then 50%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded	Ded then 30%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded	Ded then 50%-\$500 Inpatient stay per occurrence deductible applies prior to the Annual Ded	Ded then 0%	Ded then 50%
Emergency Room	\$250 Copay		\$250 Copay		\$250 Copay		\$250 Copay		\$350 Copay	
Urgent Care	\$100 Copay		\$75 Copay		\$100 Copay		\$100 Copay		\$75 Copay	
Prescriptions	\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$15/\$45/\$65. Specialty Rx: \$15/\$150/\$500		\$20/\$50/\$80. Specialty Rx: \$20/\$150/\$500		\$20/\$50/\$80. Specialty Rx: \$20/\$150/\$500		\$20/\$50/\$80. Specialty Rx: \$20/\$150/\$500	
Premium Rates										
Employee Only	\$413.93		\$410.15		\$378.61		\$360.58		\$342.92	
Employee + Spouse	\$885.82		\$877.73		\$810.22		\$771.63		\$733.84	
Employee + Child(ren)	\$825.80		\$818.26		\$755.32		\$719.34		\$684.12	
Family	\$1,283.20		\$1,271.48		\$1,173.68		\$1,117.78		\$1,063.04	

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Plan Benefit Description	UHCCPHSA-BTU4-2000-Cpy-NTL-FL		UHCCPHSA-BTVF-2800-NTL-FL		UHCCPHSA-BTVE-2800-90-NTL-FL		UHCCPHSA-BTVD-2800-Cpy-NTL-FL		UHCCPHSA-BTUP-3000-NTL-FL	
	HDHP (POS)		HDHP (POS)/Embedded		HDHP (POS)/Embedded		HDHP (POS)/Embedded		HDHP (POS)/Embedded	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible (doesn't apply to Copays)	\$2,000/\$4,000	\$5,000/\$10,000	\$2,800/\$5,600	\$5,000/\$10,000	\$2,800/\$5,600	\$5,000/\$10,000	\$2,800/\$5,600	\$5,000/\$10,000	\$3,000/\$6,000	\$5,000/\$10,000
Coinsurance	0%	50%	0%	50%	10%	50%	0%	50%	0%	50%
Max Out-of-Pocket (Incl. Ded)	\$3,000/\$6,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$4,000/\$8,000	\$10,000/\$20,000	\$6,000/\$12,000	\$10,000/\$20,000	\$6,400/\$12,800	\$10,000/\$20,000
Office Visit/Specialist Copay	Ded then \$30/\$60	Ded then 50%	Ded then 0%	Ded then 50%	Ded then 10%	Ded then 50%	Ded then \$30/\$60	Ded then 50%	Ded then 0%	Ded then 50%
Inpatient Hospital/Copay	Ded then \$500	Ded then 50%	Ded then 0%	Ded then 50%	Ded then 10%	Ded then 50%	Ded then \$500	Ded then 50%	Ded then 0%	Ded then 50%
Emergency Room	Ded then \$350		Ded then 0%		Ded then 10%		Ded then \$350		Ded then 0%	
Urgent Care	Ded then \$75		Ded then 0%		Ded then 10%		Ded then \$75		Ded then 0%	
Prescriptions	Ded then A \$10/\$35/\$60. Specialty Rx: Ded then A \$10/\$150/\$500		Ded then A \$10/\$35/\$60. Specialty Rx: Ded then A \$10/\$150/\$500		Ded then A \$10/\$35/\$60. Specialty Rx: Ded then A \$10/\$150/\$500		Ded then A \$10/\$35/\$60. Specialty Rx: Ded then A \$10/\$150/\$500		Ded then A \$10/\$35/\$60. Specialty Rx: Ded then A \$10/\$150/\$500	
Premium Rates										
Employee Only	\$420.90		\$420.31		\$396.92		\$352.39		\$409.53	
Employee + Spouse	\$900.73		\$899.45		\$849.40		\$754.12		\$876.40	
Employee + Child(ren)	\$839.70		\$838.51		\$791.85		\$703.02		\$817.01	
Family	\$1,304.80		\$1,302.95		\$1,230.44		\$1,092.41		\$1,269.55	

Plan Benefit Description	UHCCPHSA-BTUA-4000-NTL-FL		UHCCPHSA-BTUQ-4000-Cpy-NTL-FL		UHCCPHSA-BTUR-5000-Cpy-NTL-FL		UHCCPHSA-BTUL-5500-NTL-FL		UHCCPHSA-CGFB-5500-Cpy-NTL-FL	
	HDHP (POS)/Embedded		HDHP (POS)/Embedded		HDHP (POS)/Embedded		HDHP (POS)/Embedded		HDHP (POS)/Embedded	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible (doesn't apply to Copays)	\$4,000/\$8,000	\$5,000/\$10,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,500/\$11,000	\$15,000/\$30,000	\$5,500/\$11,000	\$7,000/\$14,000
Coinsurance	0%	50%	0%	50%	0%	50%	0%	30%	0%	50%
Max Out-of-Pocket (Incl. Ded)	\$6,400/\$12,800	\$10,000/\$20,000	\$6,250/\$12,500	\$10,000/\$20,000	\$6,500/\$13,000	\$10,000/\$20,000	\$6,450/\$12,900	\$20,000/\$40,000	\$6,500/\$13,000	\$10,000/\$20,000
Office Visit/Specialist Copay	Ded then 0%	Ded then 50%	Ded then \$30/\$60	Ded then 50%	Ded then \$30/\$60	Ded then 50%	Ded then 0%	Ded then 30%	Ded then \$30/\$60	Ded then 50%
Inpatient Hospital/Copay	Ded then 0%	Ded then 50%	Ded then \$500	Ded then 50%	Ded then \$500	Ded then 50%	Ded then 0%	Ded then 30%	Ded then \$500	Ded then 50%
Emergency Room	Ded then 0%		Ded then \$350		Ded then \$350		Ded then 0%		Ded then \$350	
Urgent Care	Ded then 0%		Ded then \$75		Ded then \$75		Ded then 0%		Ded then \$75	
Prescriptions	Ded then A \$10/\$35/\$60. Specialty Rx: Ded then A \$10/\$150/\$500		Ded then A \$10/\$35/\$60. Specialty Rx: Ded then A \$10/\$150/\$500		Ded then A \$10/\$35/\$60. Specialty Rx: Ded then A \$10/\$150/\$500		Ded then A \$10/\$35/\$60. Specialty Rx: Ded then A \$10/\$150/\$500		Ded then A \$10/\$35/\$60. Specialty Rx: Ded then A \$10/\$150/\$500	
Premium Rates										
Employee Only	\$361.75		\$327.62		\$307.96		\$310.18		\$303.34	
Employee + Spouse	\$774.15		\$701.10		\$659.03		\$663.79		\$649.15	
Employee + Child(ren)	\$721.70		\$653.59		\$614.39		\$618.82		\$605.17	
Family	\$1,121.43		\$1,015.61		\$954.68		\$961.56		\$940.36	

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Plan Benefit Description	UHCCPHSA-BTVI-6000-NTL-FL	
	In-Network	Out-Of-Network
Plan Type	HDHP (POS)/Embedded	
Deductible (doesn't apply to Copays)	\$6,000/\$12,000	\$15,000/\$30,000
Coinsurance	0%	30%
Max Out-of-Pocket (Incl. Ded)	\$6,200/\$12,500	\$20,000/\$40,000
Office Visit/Specialist Copay	Ded then 0%	Ded then 30%
Inpatient Hospital/Copay	Ded then 0%	Ded then 30%
Emergency Room	Ded then 0%	
Urgent Care	Ded then 0%	
Prescriptions	Ded then \$10/\$35/\$60. Specialty Rx: Ded then \$10/\$150/\$500	
Premium Rates		
Employee Only	\$307.07	
Employee + Spouse	\$657.14	
Employee + Child(ren)	\$612.62	
Family	\$951.94	

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