Compensation & Benefits Committee Agenda
May 19, 2021 at 4:00 PM

Compensation & Benefits Committee
Elida Kamine, Chair
Peg Conway
Rich Bardach

Staff Liason
Scot Lahrmer, Village Manager
Kathleen Harcourt, Finance

MINUTES

1. Minutes of February 25, 2021

TOPICS OF DISCUSSION

1. Renewal of medical through the Center for Local Government Benefit Pool (CLGBP) - Emily Lehn, Horan

ADJOURNMENT

Amberley Village Council
Compensation and Benefits Committee – Meeting Minutes
February 25, 2021

Attendees: Elida Kamine (Chair), Peg Conway (Member), Rich Bardach (Member), Mayor Tom Muething, Village Manager Scot Lahrmer, Sgt. Tim Schmdtgoessling, Sgt Brandon Gehring, Officer Chris Fritsch, Officer Mark Roeseler, Officer Brian Vaughn, Tony Chesney, Kathy Harcourt, Wes Brown

The meeting was called to order by the Chair. The minutes from the previous meeting on November 2, 2020 were approved.

The committee discussed employee compensation for 2021. The Manager presented information about Village earnings tax history and current finances and comparison raises from peer communities. He also presented on 2020 challenges and the employees' tireless efforts for a successful year. Among the successes were identifying utilization of CARES money that has allowed Amberley to be reimbursed by the county for certain employee expenses, meaning that the Village has a small revenue source for one-time bonuses for employees. The Manager recommended a one-time bonus for employees and a 2% COLA increase as budgeted.

The staff – Office Chris Fritsch and Sgt. Brandon Gehring - made a thoughtful staff presentation requesting a 4.5% raise and certain benefit enhancements including increasing to 2 personal days (24 hours instead of 16), providing that personal days do not have to come from an employee's sick bank, and reverting sick time payout for employees hired after 2013 to the pre-2013 levels (720 hour cap instead of 240). The emphasis was on ensuring that our benefits are competitive as hiring becomes even more of a challenge especially in law enforcement.

After some discussion on benefits and concerns from the Mayor and councilmembers about long-term financial impacts, the committee decided to table this discussion and focus on compensation. Councilmember Kamine asked that we take up a comprehensive benefits review later this year.

The Chief noted that 3% raises would keep us in the top 5 departments in the county for most of our Police pay bands.

A 1% increase amounts to $35,837 additional this year with some of that money being able to come this year only from the reimbursed amounts from the CARES money. The Manager also noted that there was enough for bonuses over $1000. The COLA increases do not include Council, Treasurer, Solicitor, Manager or Chief positions.

Councilmember Conway made a motion after some discussion among Councilmembers and the Mayor for a 2.5% COLA increase and $1250 one-time bonus for all of our employees (not including Council, Treasurer, Solicitor, Manager or Chief). There are 34 full time employees who would qualify and a handful of part time

employees. This would amount to approximately $17,918 additional from budgeted amount this year in COLA, $42,500 in one-time bonuses for full-time employees and a few thousand additional dollars for part time employees. This is a total new unbudgeted amount of around $65,000 for 2021 most of which is covered by the reimbursed CARES money.

Councilmember Kamine seconded the motion and the committee voted unanimously to approve.

There being no further business, the meeting was adjourned.

Respectfully submitted,
Elida Kamine, Chair

Village of Amberley

Medical Proposal - Financial Summary

August 1, 2021 Renewal

Plan Costs

Plan Name:	Platinum A HSA (NE)	Platinum B HSA
Current Enrollment		
Single	4	8
EE + Spouse	0	4
EE + Child(ren)	2	7
Family	1	5
Current Rates		
Single	$696.59	$663.39
EE + Spouse	$1,450.21	$1,381.09
EE + Child(ren)	$1,298.30	$1,236.42
Family	$2,115.01	$2,014.19
Renewal Rates		
Single	$696.59	$663.39
EE + Spouse	$1,450.21	$1,381.09
EE + Child(ren)	$1,298.30	$1,236.42
Family	$2,115.01	$2,014.19
Costs by Plan		
Current Annual Cost	$89,976	$354,688
Renewal Annual Cost	$89,976	$354,688
Dollar Increase	$0	$0
Percent Increase	0.00%	0.00%

Total Cost	
Current Annual Cost	$444,664
Renewal Annual Cost	$444,664
Dollar Increase	**$0**
Percent Increase	**0.00%**

Notes:

1. Current Enrollment based on reporting through March 2021.
2. HSA contributions are not included in above costs.

Village of Amberley

Medical Proposal - Plan Benefits Summary

August 1, 2021 Renewal

Current Plan Benefits

Plan Name:	Platinum A HSA (NE)	Platinum B HSA
Benefit Summary		
Plan Type	HDHP	HDHP
Deductible Type	Non-Embedded	Non-Embedded
Deductible	$2,000/$4,000	$2,000/$4,000
Coinsurance	100/0	80/20
MOOP	$3,400/$6,800	$3,400/$6,800
Inpatient Hospital	Ded. 100/0	Ded. 80/20
Outpatient Surgery	Ded. 100/0	Ded. 80/20
PCP/Specialist	Ded. 100/0	Ded. 80/20
Preventive Services	Covered in Full	Covered in Full
Emergency Room	Ded. 100/0	Ded. 80/20
Urgent Care	Ded. 100/0	Ded. 80/20
Rx (Retail)	Ded. $10/$30/$60	Ded. $10/$30/$60

Renewal Plan Benefits

Plan Name:	Platinum A HSA (NE)	Platinum B HSA
Benefit Summary		
Plan Type	HDHP	HDHP
Deductible Type	Non-Embedded	Non-Embedded
Deductible	$2,000/$4,000	$2,000/$4,000
Coinsurance	100/0	80/20
MOOP	$3,400/$6,800	$3,400/$6,800
Inpatient Hospital	Ded. 100/0	Ded. 80/20
Outpatient Surgery	Ded. 100/0	Ded. 80/20
PCP/Specialist	Ded. 100/0	Ded. 80/20
Preventive Services	Covered in Full	Covered in Full
Emergency Room	Ded. 100/0	Ded. 80/20
Urgent Care	Ded. 100/0	Ded. 80/20
Rx (Retail)	Ded. $10/$30/$60	Ded. $10/$30/$60

Notes:

Village of Amberley

Monthly Contributions (based on Wellness Rates)

August 1, 2021 Renewal

Current Contributions						
Platinum A HSA (NE)						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	4	$696.59	$132.67	19%	$563.92	81%
EE + Spouse	0	$1,450.21	$276.28	19%	$1,173.93	81%
EE + Child(ren)	2	$1,298.30	$247.34	19%	$1,050.96	81%
Family	1	$2,115.01	$402.95	19%	$1,712.06	81%
Platinum B HSA						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	8	$663.39	$99.51	15%	$563.88	85%
EE + Spouse	4	$1,381.09	$207.17	15%	$1,173.92	85%
EE + Child(ren)	7	$1,236.42	$185.47	15%	$1,050.95	85%
Family	5	$2,014.19	$302.13	15%	$1,712.06	85%

Renewal Contribution Scenario #1 - Maintain Current % Split						
Platinum A HSA (NE)						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	4	$696.59	$132.67	19%	$563.92	81%
EE + Spouse	0	$1,450.21	$276.28	19%	$1,173.93	81%
EE + Child(ren)	2	$1,298.30	$247.34	19%	$1,050.96	81%
Family	1	$2,115.01	$402.95	19%	$1,712.06	81%
Platinum B HSA						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	8	$663.39	$99.51	15%	$563.88	85%
EE + Spouse	4	$1,381.09	$207.17	15%	$1,173.92	85%
EE + Child(ren)	7	$1,236.42	$185.47	15%	$1,050.95	85%
Family	5	$2,014.19	$302.13	15%	$1,712.06	85%

Cost Breakdown	Total Costs	Employee Costs	Employer Costs
Current	$444,664	$70,344	$374,320
Renewal	$444,664	$70,344	$374,320
Dollar Increase	**$0**	**$0**	**$0**

Renewal Contribution Scenario #2 - Maintain Current Employer $ Contribution						
Platinum A HSA (NE)						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	4	$696.59	$132.67	19%	$563.92	81%
EE + Spouse	0	$1,450.21	$276.28	19%	$1,173.93	81%
EE + Child(ren)	2	$1,298.30	$247.34	19%	$1,050.96	81%
Family	1	$2,115.01	$402.95	19%	$1,712.06	81%
Platinum B HSA						
	Enrollment	Total Rate	EE Rate	EE % of Total	ER Rate	ER % of Total
Single	8	$663.39	$99.51	15%	$563.88	85%
EE + Spouse	4	$1,381.09	$207.17	15%	$1,173.92	85%
EE + Child(ren)	7	$1,236.42	$185.47	15%	$1,050.95	85%
Family	5	$2,014.19	$302.13	15%	$1,712.06	85%

Cost Breakdown	Total Costs	Employee Costs	Employer Costs
Current	$444,664	$70,344	$374,320
Renewal	$444,664	$70,344	$374,320
Dollar Increase	**$0**	**$0**	**$0**

**Cost breakdown assumes all employees are Wellness compliant*

***Costs do not include HSA/HRA contributions*

CLGBP

Bronze Plan Option

August 1, 2021 Renewal

Benefit Summary and Rates

Benefit Summary	
Plan Type	PPO
Deductible Type	Embedded
Deductible	$5,000/$10,000
Coinsurance	100/0%
Medical OOPM	$5,000/$10,000
RX OOPM (2020-21)	$2,900/$5,800
Inpatient Hospital	Ded, 100/0
Outpatient Surgery	Ded, 100/0
PCP/Specialist	$45 Copay
Preventive Services	Covered in Full
Emergency Room	$200 Copay
Urgent Care	$100 Copay
Rx (Retail)	80/20

Bronze Plan Rates	
Age Band:	Per Member Rate:
Under 25	$171.81
25-29	$343.61
30-34	$387.74
35-39	$405.66
40-44	$434.21
45-49	$511.91
50-54	$639.10
55-59	$797.70
60-64	$982.99

Notes:

1. Spouses cannot enroll in the Bronze Plan.

2. Participants must use Network Providers to receive the benefits. No coverage will be provided for Out-of-Network care (aside from Emergency Room).

3. Rates were originally developed in accordance with the Ohio Exchange offerings tiered age rate structure.

4. Benefits are available to any person who receives a W-2 from an Employer fully participating in the Jefferson Health Plan and who otherwise meets the definition of an employee under the Affordable Care Act.

CLGBP Plans

August 1, 2021 Renewal

% Increase	0.00%

CURRENT BENEFITS	Platinum A HSA (NE)	Platinum A HRA (NE)	Platinum A HSA (E)	Platinum A HRA (E)	Platinum B HSA	Platinum B HRA	Platinum C HSA	Gold A HSA	Gold A HRA	Tanzanite B
Plan Type	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	PPO
Deductible Type	Non-Embedded	Non-Embedded	Embedded	Embedded	Non-Embedded	Non-Embedded	Embedded	Non-Embedded	Non-Embedded	Embedded
Deductible	$2,000/$4,000	$2,000/$4,000	$2,800/$4,000	$2,800/$4,000	$2,000/$4,000	$2,000/$4,000	$5,000/$10,000	$2,500/$5,000	$2,500/$5,000	$2,000/$4,000
Coinsurance	100/0	100/0	100/0	100/0	80/20	80/20	100/0	100/0	100/0	80/20
MOOP	$3,400/$6,800	$3,400/$6,800	$2,800/$4,000	$2,800/$4,000	$3,400/$6,800	$3,400/$6,800	$5,000/$10,000	$3,400/$6,800	$3,400/$6,800	$3,000/$6,000
Inpatient Hospital	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20
Outpatient Surgery	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20
PCP/Specialist	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	$30/$50 copay
Preventive Services	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Emergency Room	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	$200 copay
Urgent Care	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	$50 copay
Rx (Retail)	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. 100/0	Ded. 100/0	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. 100/0	Ded. $10/$30/$60	Ded. $10/$30/$60	$15/$40/$80
CURRENT RATES										
Wellness										
EE	$696.59	$696.59	$685.72	$685.72	$663.39	$663.39	$519.03	$637.01	$637.01	$709.70
EE+SP	$1,450.21	$1,450.21	$1,516.10	$1,516.10	$1,381.09	$1,381.09	$1,080.58	$1,326.15	$1,326.15	$1,477.51
EE+CH	$1,298.30	$1,298.30	$1,357.28	$1,357.28	$1,236.42	$1,236.42	$967.38	$1,187.23	$1,187.23	$1,322.74
FAM	$2,115.01	$2,115.01	$2,211.09	$2,211.09	$2,014.19	$2,014.19	$1,575.93	$1,934.06	$1,934.06	$2,154.82
NON-Wellness										
EE	$721.59	$721.59	$710.72	$710.72	$688.39	$688.39	$544.03	$662.01	$662.01	$734.70
EE+SP (1 compliant)	$1,475.21	$1,475.21	$1,541.10	$1,541.10	$1,406.09	$1,406.09	$1,105.58	$1,351.15	$1,351.15	$1,502.51
EE+SP (neither compliant)	$1,500.21	$1,500.21	$1,566.10	$1,566.10	$1,431.09	$1,431.09	$1,130.58	$1,376.15	$1,376.15	$1,527.51
EE+CH	$1,323.30	$1,323.30	$1,382.28	$1,382.28	$1,261.42	$1,261.42	$992.38	$1,212.23	$1,212.23	$1,347.74
FAM (1 compliant)	$2,140.01	$2,140.01	$2,236.09	$2,236.09	$2,039.19	$2,039.19	$1,600.93	$1,959.06	$1,959.06	$2,179.82
FAM (neither compliant)	$2,165.01	$2,165.01	$2,261.09	$2,261.09	$2,064.19	$2,064.19	$1,625.93	$1,984.06	$1,984.06	$2,204.82
CURRENT ENROLLMENT (Total CLGBP)	**162**	**40**	**121**	**1**	**24**	**8**	**71**	**234**	**1**	**9**

RENEWAL BENEFITS	Platinum A HSA (NE)	Platinum A HRA (NE)	Platinum A HSA (E)	Platinum A HRA (E)	Platinum B HSA	Platinum B HRA	Platinum C HSA	Gold A HSA	Gold A HRA	Tanzanite B
Plan Type	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	PPO
Deductible Type	Non-Embedded	Non-Embedded	Embedded	Embedded	Non-Embedded	Non-Embedded	Embedded	Non-Embedded	Non-Embedded	Embedded
Deductible	$2,000/$4,000	$2,000/$4,000	$2,800/$4,000	$2,800/$4,000	$2,000/$4,000	$2,000/$4,000	$5,000/$10,000	$2,500/$5,000	$2,500/$5,000	$2,000/$4,000
Coinsurance	100/0	100/0	100/0	100/0	80/20	80/20	100/0	100/0	100/0	80/20
MOOP	$3,400/$6,800	$3,400/$6,800	$2,800/$4,000	$2,800/$4,000	$3,400/$6,800	$3,400/$6,800	$5,000/$10,000	$3,400/$6,800	$3,400/$6,800	$3,000/$6,000
Inpatient Hospital	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20
Outpatient Surgery	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20
PCP/Specialist	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	$30/$50 copay
Preventive Services	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Emergency Room	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	$200 copay
Urgent Care	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 100/0	$50 copay
Rx (Retail)	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. 100/0	Ded. 100/0	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. 100/0	Ded. $10/$30/$60	Ded. $10/$30/$60	$15/$40/$80
RENEWAL RATES										
Wellness										
EE	$696.59	$696.59	$685.72	$685.72	$663.39	$663.39	$519.03	$637.01	$637.01	$709.70
EE+SP	$1,450.21	$1,450.21	$1,516.10	$1,516.10	$1,381.09	$1,381.09	$1,080.58	$1,326.15	$1,326.15	$1,477.51
EE+CH	$1,298.30	$1,298.30	$1,357.28	$1,357.28	$1,236.42	$1,236.42	$967.38	$1,187.23	$1,187.23	$1,322.74
FAM	$2,115.01	$2,115.01	$2,211.09	$2,211.09	$2,014.19	$2,014.19	$1,575.93	$1,934.06	$1,934.06	$2,154.82
NON-Wellness										
EE	$746.59	$746.59	$735.72	$735.72	$713.39	$713.39	$569.03	$687.01	$687.01	$759.70
EE+SP (1 compliant)	$1,500.21	$1,500.21	$1,566.10	$1,566.10	$1,431.09	$1,431.09	$1,130.58	$1,376.15	$1,376.15	$1,527.51
EE+SP (neither compliant)	$1,550.21	$1,550.21	$1,616.10	$1,616.10	$1,481.09	$1,481.09	$1,180.58	$1,426.15	$1,426.15	$1,577.51
EE+CH	$1,348.30	$1,348.30	$1,407.28	$1,407.28	$1,286.42	$1,286.42	$1,017.38	$1,237.23	$1,237.23	$1,372.74
FAM (1 compliant)	$2,165.01	$2,165.01	$2,261.09	$2,261.09	$2,064.19	$2,064.19	$1,625.93	$1,984.06	$1,984.06	$2,204.82
FAM (neither compliant)	$2,215.01	$2,215.01	$2,311.09	$2,311.09	$2,114.19	$2,114.19	$1,675.93	$2,034.06	$2,034.06	$2,254.82

CLGBP Plans

August 1, 2021 Renewal

CURRENT BENEFITS	Gold B HSA	Gold B HRA	Silver A HSA	Silver A HRA	Silver B HSA	Silver B HRA	Tanzanite A
Plan Type	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	PPO
Deductible Type	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded	Embedded
Deductible	$2,500/$5,000	$2,500/$5,000	$3,000/$6,000	$3,000/$6,000	$3,000/$6,000	$3,000/$6,000	$1,000/$3,000
Coinsurance	80/20	80/20	100/0	100/0	80/20	80/20	80/20
MOOP	$3,400/$6,800	$3,400/$6,800	$3,400/$6,800	$3,400/$6,800	$3,400/$6,800	$3,400/$6,800	$2,000/$6,000
Inpatient Hospital	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 80/20
Outpatient Surgery	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 80/20
PCP/Specialist	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	$20 copay
Preventive Services	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Emergency Room	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	$100 copay
Urgent Care	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	$35 copay
Rx (Retail)	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. $10/$30/$60	$15/$35/$50
CURRENT RATES							
Wellness							
EE	$626.16	$626.16	$615.42	$615.42	$603.74	$603.74	$764.77
EE+SP	$1,303.56	$1,303.56	$1,281.23	$1,281.23	$1,256.93	$1,256.93	$1,592.16
EE+CH	$1,167.03	$1,167.03	$1,147.02	$1,147.02	$1,125.25	$1,125.25	$1,425.39
FAM	$1,901.14	$1,901.14	$1,868.58	$1,868.58	$1,833.11	$1,833.11	$2,322.03
NON-Wellness							
EE	$651.16	$651.16	$640.42	$640.42	$628.74	$628.74	$789.77
EE+SP (1 compliant)	$1,328.56	$1,328.56	$1,306.23	$1,306.23	$1,281.93	$1,281.93	$1,617.16
EE+SP (neither compliant)	$1,353.56	$1,353.56	$1,331.23	$1,331.23	$1,306.93	$1,306.93	$1,642.16
EE+CH	$1,192.03	$1,192.03	$1,172.02	$1,172.02	$1,150.25	$1,150.25	$1,450.39
FAM (1 compliant)	$1,926.14	$1,926.14	$1,893.58	$1,893.58	$1,858.11	$1,858.11	$2,347.03
FAM (neither compliant)	$1,951.14	$1,951.14	$1,918.58	$1,918.58	$1,883.11	$1,883.11	$2,372.03

CURRENT ENROLLMENT (Total CLGBP)	N/A - Not Offered by any Organization	N/A - Not Offered by any Organization	N/A - Not Offered by any Organization	N/A - Not Offered by any Organization	N/A - Not Offered by any Organization	N/A - Not Offered by any Organization	N/A - Not Offered by any Organization

RENEWAL BENEFITS	Gold B HSA	Gold B HRA	Silver A HSA	Silver A HRA	Silver B HSA	Silver B HRA	Tanzanite A
Plan Type	HDHP	HDHP	HDHP	HDHP	HDHP	HDHP	PPO
Deductible Type	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded	Embedded
Deductible	$2,500/$5,000	$2,500/$5,000	$3,000/$6,000	$3,000/$6,000	$3,000/$6,000	$3,000/$6,000	$1,000/$3,000
Coinsurance	80/20	80/20	100/0	100/0	80/20	80/20	80/20
MOOP	$3,400/$6,800	$3,400/$6,800	$3,400/$6,800	$3,400/$6,800	$3,400/$6,800	$3,400/$6,800	$2,000/$6,000
Inpatient Hospital	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 80/20
Outpatient Surgery	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	Ded. 80/20
PCP/Specialist	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	$20 copay
Preventive Services	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Emergency Room	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	$100 copay
Urgent Care	Ded. 80/20	Ded. 80/20	Ded. 100/0	Ded. 100/0	Ded. 80/20	Ded. 80/20	$35 copay
Rx (Retail)	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. $10/$30/$60	Ded. $10/$30/$60	$15/$35/$50
RENEWAL RATES							
Wellness							
EE	$626.16	$626.16	$615.42	$615.42	$603.74	$603.74	$764.77
EE+SP	$1,303.56	$1,303.56	$1,281.23	$1,281.23	$1,256.93	$1,256.93	$1,592.16
EE+CH	$1,167.03	$1,167.03	$1,147.02	$1,147.02	$1,125.25	$1,125.25	$1,425.39
FAM	$1,901.14	$1,901.14	$1,868.58	$1,868.58	$1,833.11	$1,833.11	$2,322.03
NON-Wellness							
EE	$676.16	$676.16	$665.42	$665.42	$653.74	$653.74	$814.77
EE+SP (1 compliant)	$1,353.56	$1,353.56	$1,331.23	$1,331.23	$1,306.93	$1,306.93	$1,642.16
EE+SP (neither compliant)	$1,403.56	$1,403.56	$1,381.23	$1,381.23	$1,356.93	$1,356.93	$1,692.16
EE+CH	$1,217.03	$1,217.03	$1,197.02	$1,197.02	$1,175.25	$1,175.25	$1,475.39
FAM (1 compliant)	$1,951.14	$1,951.14	$1,918.58	$1,918.58	$1,883.11	$1,883.11	$2,372.03
FAM (neither compliant)	$2,001.14	$2,001.14	$1,968.58	$1,968.58	$1,933.11	$1,933.11	$2,422.03