Medical/Rx Plan Design - No ASC Benefit Change

Option 2

PY 2026

	2025 Current			2026 Alternate - Option 2 - Increase PPO OOPs by $1,000/$2,000		
In-Network Benefits / Member Cost Share	**Platinum**	**Gold**	**Silver**	**Platinum**	**Gold**	**Silver**
HSA ER Contribution (Indiv / Family)	n/a	n/a	$750 / $1,500	n/a	n/a	$750 / $1,500
Calendar Year Deductible (Indiv / Family)	$500 / $1,000	$1,250 / $2,500	$1,750 / $3,500	$750 / $1,500	$1,500 / $3,000	$2,000 / $4,000
Coinsurance (Plan / Member)	90 / 10%	80 / 20%	80 / 20%	90 / 10%	80 / 20%	80 / 20%
Medical Maximum Out-of-Pocket	$2,000 / $4,000	$3,000 / $6,000	$4,000 / $8,000	$3,000 / $6,000	$4,000 / $8,000	$4,000 / $8,000
Aggregate or Embedded Accumulators	Embedded	Embedded	Aggregate	Embedded	Embedded	Aggregate
Benefit Overview						
Primary Care Office Visit	$15 Copay	$25 Copay	Deductible then 20%	$15 Copay	$25 Copay	Deductible then 20%
Specialist Office Visit	$30 Copay	$50 Copay	Deductible then 20%	$30 Copay	$50 Copay	Deductible then 20%
Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
On-site Clinic Office Visit (Non-Preventive)	No Charge	No Charge	$20 Copay	No Charge	No Charge	$20 Copay
Diagnostic Testing (Independent Lab)	No Charge	No Charge	Deductible then 20%	No Charge	No Charge	Deductible then 20%
Diagnostic Testing (All Other POS)	Deductible then 10%	Deductible then 20%	Deductible then 20%	Deductible then 10%	Deductible then 20%	Deductible then 20%
Imaging (CT/PET Scans, MRIs)	Deductible then 10%	Deductible then 20%	Deductible then 20%	Deductible then 10%	Deductible then 20%	Deductible then 20%
Emergency Room (First 3 visits)	$200 Copay	$300 Copay	Deductible then 20%	$300 Copay	$300 Copay	Deductible then 20%
Emergency Room (After 3 Visits)	$200 Copay	$300 Copay	Deductible then 20%	$300 Copay then 10%	$300 Copay then 20%	Deductible then 20%
Urgent Care Center	$50 Copay	$75 Copay	Deductible then 20%	$50 Copay	$75 Copay	Deductible then 20%
Ambulatory Surgery Center	Deductible then 10%	Deductible then 20%	Deductible then 20%	Deductible then 10%	Deductible then 20%	Deductible then 20%
Inpatient Facility Services	Deductible then 10%	Deductible then 20%	Deductible then 20%	Deductible then 10%	Deductible then 20%	Deductible then 20%
Outpatient Services	Deductible then 10%	Deductible then 20%	Deductible then 20%	Deductible then 10%	Deductible then 20%	Deductible then 20%
Rx Copays	$5 / $25 / $50	$10 / $35 / $55	Deductible then 20%	$5 / $30 / $60	$10 / $40 / $70	Deductible then 20%
Mail Order Rx Copays	$10 / $50 / $100	$20 / $70 / $110	Deductible then 20%	$10 / $60 / $120	$20 / $80 / $140	Deductible then 20%
Weight Loss Drug Copays	$75 Copay	$75 Copay	Deductible then 20%	$75 Copay	$75 Copay	Deductible then 20%
Specialty Rx	$75 Copay (No cost w/Archimedes)	$75 Copay (No cost w/Archimedes)	Deductible then 20% (No cost w/Archimedes)	$75 Copay (No cost w/Archimedes)	$75 Copay (No cost w/Archimedes)	Deductible then 20% (No cost w/Archimedes)
Claim Summary						
Claros Analytics Actuarial Value	93.4%	89.0%	82.4%	91.8%	87.6%	81.7%
Milliman Plan Diffrential[1]	1.000	0.921	0.819	1.000	0.907	0.812
Paid Claims / Repriced Claims[2]	$30,491,215	$13,025,039	$3,019,501	$29,968,881	$12,820,151	$2,993,850
Estimated Savings	-	-	-	$522,333	$204,888	$25,651
			Annualized Plan Design Savings:	**$1,505,746**		

Notes:

1. The Alternate Milliman Plan Differentials are based Claros Analytics' Actuarial Values' relative differential and applied to Milliman's current plan differentials.
2. Paid Claims are based on year to date June 2025 actual.
3. Potential $626,450 in estimated savings if outpatient imaging procedures were redirected to a OneImaging provider place of service.

Medical/Rx Plan Design - Modify ASC Benefit

Option 2

PY 2026

FINAL DECISIONS

	2025 Current			2026 Alternate - Option 2 - Increase PPO OOPs by $1,000/$2,000		
In-Network Benefits / Member Cost Share	**Platinum**	**Gold**	**Silver**	**Platinum**	**Gold**	**Silver**
HSA ER Contribution (Indiv / Family)	n/a	n/a	$750 / $1,500	n/a	n/a	$750 / $1,500
Calendar Year Deductible (Indiv / Family)	$500 / $1,000	$1,250 / $2,500	$1,750 / $3,500	$750 / $1,500	$1,500 / $3,000	$2,000 / $4,000
Coinsurance (Plan / Member)	90 / 10%	80 / 20%	80 / 20%	90 / 10%	80 / 20%	80 / 20%
Medical Maximum Out-of-Pocket	$2,000 / $4,000	$3,000 / $6,000	$4,000 / $8,000	$3,000 / $6,000	$4,000 / $8,000	$4,000 / $8,000
Aggregate or Embedded Accumulators	Embedded	Embedded	Aggregate	Embedded	Embedded	Aggregate
Benefit Overview						
Primary Care Office Visit	$15 Copay	$25 Copay	Deductible then 20%	$15 Copay	$25 Copay	Deductible then 20%
Specialist Office Visit	$30 Copay	$50 Copay	Deductible then 20%	$30 Copay	$50 Copay	Deductible then 20%
Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
On-site Clinic Office Visit (Non-Preventive)	No Charge	No Charge	$20 Copay	No Charge	No Charge	$20 Copay
Diagnostic Testing (Independent Lab)	No Charge	No Charge	Deductible then 20%	No Charge	No Charge	Deductible then 20%
Diagnostic Testing (All Other POS)	Deductible then 10%	Deductible then 20%	Deductible then 20%	Deductible then 10%	Deductible then 20%	Deductible then 20%
Imaging (CT/PET Scans, MRIs)	Deductible then 10%	Deductible then 20%	Deductible then 20%	Deductible then 10%	Deductible then 20%	Deductible then 20%
Emergency Room (First 3 visits)	$200 Copay	$300 Copay	Deductible then 20%	$300 Copay	$300 Copay	Deductible then 20%
Emergency Room (After 3 Visits)	$200 Copay	$300 Copay	Deductible then 20%	$600 Copay then 10%	$600 Copay then 20%	Deductible then 20%
Urgent Care Center	$50 Copay	$75 Copay	Deductible then 20%	$50 Copay	$75 Copay	Deductible then 20%
Ambulatory Surgery Center	Deductible then 10%	Deductible then 20%	Deductible then 20%	$200 Copay	$300 Copay	Deductible then 0%
Inpatient Facility Services	Deductible then 10%	Deductible then 20%	Deductible then 20%	Deductible then 10%	Deductible then 20%	Deductible then 20%
Outpatient Services	Deductible then 10%	Deductible then 20%	Deductible then 20%	Deductible then 10%	Deductible then 20%	Deductible then 20%
Rx Copays	$5 / $25 / $50	$10 / $35 / $55	Deductible then 20%	$5 / $30 / $60	$10 / $40 / $70	Deductible then 20%
Mail Order Rx Copays	$10 / $50 / $100	$20 / $70 / $110	Deductible then 20%	$10 / $60 / $120	$20 / $80 / $140	Deductible then 20%
Weight Loss Drug Copays	$75 Copay	$75 Copay	Deductible then 20%	$100 Copay	$100 Copay	Deductible then 20%
Specialty Rx	$75 Copay (No cost w/Archimedes)	$75 Copay (No cost w/Archimedes)	Deductible then 20% (No cost w/Archimedes)	No cost w/ Archimedes	No cost w/ Archimedes	No cost w/ Archimedes
Claim Summary						
Claros Analytics Actuarial Value	93.4%	89.0%	82.4%	91.8%	87.7%	81.8%
Milliman Plan Diffrential[1]	1.000	0.921	0.819	1.000	0.908	0.813
Paid Claims / Repriced Claims[2]	$30,491,215	$13,025,039	$3,019,501	$29,968,881	$12,834,786	$2,997,514
Estimated Savings	-	-	-	$522,333	$190,253	$21,987

Annualized Plan Design Savings:	**$1,469,147**
ASC Claim Impact	**$36,599**
Potential Savings per Surgery	**$14,824**
Breakeven Surgery Switch	**3**

Notes:

1. The Alternate Milliman Plan Differentials are based Claros Analytics' Actuarial Values' relative differential and applied to Milliman's current plan differentials.
2. Paid Claims are based on year to date June 2025 actual.
3. Potential Savings per Surgery based on Cedar Gate Analytics' average savings per surgery switch from their Surgery Place of Service Switch report. Total estimated savings is $637,438.

- Potential $626,450 in estimated savings if outpatient imaging procedures were redirected to a OneImaging provider place of service.

Medical/Rx Plan Design

Emergency Room Benefit

PY 2026

Option 1 - Tiered Copay Strategy

2025 Current

In-Network Benefits / Member Cost Share	Platinum	Gold	Silver
Emergency Room	$200 Copay	$300 Copay	Deductible then 20%

2026 Alternative - Tiered Copays After 3 Visits

In-Network Benefits / Member Cost Share	Platinum	Gold	Silver
Emergency Room (First 3 visits)	$300 Copay	$300 Copay	Deductible then 20%
Emergency Room (After 3 visits)	$600 Copay	$600 Copay	Deductible then 20%

Visit Summary*	Platinum	Gold	Silver	Total
Utilizers' Total # of Visits >= 4	160	267	53	**480**
# of Utilizers w/ Visits >= 4	33	48	13	**94**
Applicable Additional Copay Visits	61	123	14	**198**
Estimated Savings	**$18,300**	**$36,900**	**$0**	**$55,200**

*Visits are based on Jul24 - Jun25 actual paid data.

FINAL DECISIONS

Option 2 - Increased Copay then Coinsurance (after 3 visits)

In-Network Benefits / Member Cost Share	Platinum	Gold	Silver
2025 Current	$300 Copay	$300 Copay	Deductible then 20%
2026 Alternatives (tiered ER copays and coinsurance apply after 3 visits)	$600 Copay then 10% Coinsurance	$600 Copay then 20% Coinsurance	Deductible then 20%

Cost Summary[1]	Platinum	Gold	Silver	Total
Allowed Amount	$98,466	$190,128	$45,415	**$334,010**
Remaining Allowed Amount after Copays	$32,166	$73,128	$45,415	**$150,710**
Estimated Additional Coinsurance Savings[2]	**$3,217**	**$14,626**	**$0**	**$17,842**
			Total Savings w/ Tiered Copays	**$73,042**

1. Costs are based on Jul24 - Jun25 actual.

2. Estimated Savings are based on the remaining Allowed Amount after member copayment multiplied by the plans' coinsurance. Members' liability has been capped at the proposed Out-of-Pocket maximums.