Local Healthcare Benchmark - PPO

Covered Service	ABC Company		Benchmark	Local 1		Local 2 – Plan A		Local 2 – Plan B		Local 3	
	T1	T2	T1	T1	T2	T1	T2	T1	T2	T1	T2
Plan Design – Medical Benefits											
Primary Care	$10	$100	$33	$15	$30	$30	$50	$40	$60	$15	Ded+25%
Specialist	$20	$150	$50	$40	$50	$60	$80	$80	$100	$30	Ded+30%
Inpatient Hosp.	N/A	Ded+40%	Ded+20%	$300	$1,000	Ded+10%	Ded+25%	Ded+15%	Ded+30%	15%	Ded+30%
Outpatient Svcs.	Ded+10%[3]	Ded+40%[3]	Ded+20%	Ded+10%	Ded+30%	Ded+10%	Ded+25%	Ded+15%	Ded+30%	15%	Ded+30%
Preventive Care	No Chg	No Chg after Copay/Ded	No Chg	No Chg	No Chg	No Chg	No Chg	No Chg	No Chg	No Chg	No Chg
Emergency Room	Facility: N/A Phys Svc: Ded+10%	Facility: Tier+40% Phys Svc: Ded+40%	$300	Ded+30%	Ded+30%	$150	$150	$250	$250	$200	$200
Urgent Care	$50	$125	$50	$15	$50	$40	$60	$50	$100	$50	$75
Ded. – Single	$500	$2,000	$2,500	$200	$1,000	$750	$2,000	$1,200	$3,500	$0	$2,000
Ded. – Family	$1,000	$4,000	N/A	$400	$2,000	$1,500	$4,000	$2,400	$7,000	$0	$4,000
Med OOPM – Single	$2,500	$6,600	$6,500	$3,000	$4,000	$4,000	$6,000	$4,500	$6,500	$4,000	$6,450
Med OOPM – Family	$5,000	$13,200	N/A	$6,000	$8,000	$8,000	$12,000	$9,000	$13,000	$8,000	$12,900
Rx – Tier 1	$10	$30	$10	10% min $8	20% min $8	$5	$20	10% max $60	20% max $75	Unknown	Unknown
Rx – Tier 2	$20	$60	$40	30% min $20	40% min $20	15% max $60	25% max $75	25% max $130	35% max $155	Unknown	Unknown
Rx – Tier 3	$40	$90	$73	40% min $40	50% min $40	25% max $100	35% max $130	35% max $240	45% max $270	Unknown	Unknown
Rx – Tier 4	$0 / 30%[1]	N/A	$150	$200/Rx	$200/Rx	N/A	N/A	N/A	N/A	Unknown	Unknown
Rx Ded. – Single	$100	$100	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rx Ded. – Family	$150	$150	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sep. Rx OOPM – Single	$2,600	$2,600	N/A	$4,900	$4,900	$1,400	$1,400	$1,400	$1,400	Unknown	Unknown
Sep. Rx OOPM – Family	$5,200	$5,200	N/A	$9,800	$9,800	$2,800	$2,800	$2,800	$2,800	Unknown	Unknown
Actuarial Value	**89.2%**	**77.2%**	**83.0%**	**90.5%**	**84.9%**	**89.4%**	**81.8%**	**86.0%**	**80.4%**	**94.3%**	**83.5%**
Plan Differential	–	–	**0.930**	**1.015**	**1.100**	**1.002**	**1.060**	**0.964**	**1.041**	**1.057**	**1.082**
Employee Contributions[2]											
Single	$113.97		$164.00	$107.00		$160.57		$103.94		$143.04	
EE + Spouse	$398.90		$475.00	$508.00		$467.17		$350.42		$403.89	
EE + Child(ren)	$262.13		$278.00	$253.00		$382.96		$282.49		$363.87	
Family	$569.85		$605.00	$727.00		$689.56		$528.99		$603.20	

BimGroup

Local Healthcare Benchmark - HDHP

Covered Service	ABC Company		Benchmark	Local 1		Local 2		Local 3	
	T1	T2	T2	T1	T2	T1	T2	T1	T2
Plan Design – Medical Benefits									
Primary Care	Ded+15%	Ded+25%	Ded+20%	Ded+10%	Ded+30%	Ded+10%	Ded+25%	Ded+15%	Ded+20%
Specialist	Ded+15%	Ded+25%	Ded+20%	Ded+10%	Ded+30%	Ded+10%	Ded+25%	Ded+20%	Ded+25%
Physical Therapy	–	–	Ded+5%	Ded+10%	Ded+30%	Ded+10%	Ded+25%	Ded+10%	Ded+25%
Inpatient Hosp.	Ded+15%	Ded+25%	Ded+20%	Ded+10%	Ded+30%	Ded+10%	Ded+25%	Ded+15%	Ded+25%
Outpatient Svcs.	Ded+15%	Ded+25%	Ded+20%	Ded+10%	Ded+30%	Ded+10%	Ded+25%	Ded+15%	Ded+25%
Preventive Care	No Chg	Ded+25%	No Chg	No Chg	No Chg	No Chg	No Chg	No Chg	No Chg
Emergency Room	Facility: N/A Phys Svc: Ded+15%	Ded+25%	Ded+20%	Ded+30%	Ded+30%	Ded+10%	Ded+10%	Ded+$200	Ded+$200
Urgent Care	Ded+15%	Ded+25%	Ded+20%	Ded+30%	Ded+30%	Ded+10%	Ded+25%	Ded+$50	Ded+$75
Ded. – Single	$1,700	$4,000	$3,400	$1,650	$3,300	$3,400	$4,000	$3,400	$3,400
Ded. – Family	$3,400	$8,000	N/A	$3,300	$6,600	$6,800	$8,000	$6,800	$6,800
Med OOPM – Single	$4,950	$8,300	$6,000	$4,000	$8,000	$4,000	$6,650	$4,000	$6,450
Med OOPM – Family	$9,900	$16,600	N/A	$8,000	$16,000	$8,000	$13,300	$8,000	$12,900
Rx Ded.	Med Ded T2	Med Ded	N/A	Med Ded	Med Ded	Med Ded	Med Ded	Unknown	Unknown
Rx – Tier 1	Ded+$5	Ded+$10	Ded+20%	Ded+20%	Ded+20%	Ded+0%	Ded+25%	Unknown	Unknown
Rx – Tier 2	Ded+$30	Ded+$50	Ded+20%	Ded+40%	Ded+40%	Ded+5%	Ded+25%	Unknown	Unknown
Rx – Tier 3	Ded+$50	Ded+$70	Ded+20%	Ded+50%	Ded+50%	Ded+10%	Ded+25%	Unknown	Unknown
Rx – Tier 4	$0 / 30%[1]	N/A	Ded+20%	Ded+50%	Ded+50%	N/A	N/A	Unknown	Unknown
Sep. Rx OOPM	Incl. Med	Incl. Med	N/A	Incl. Med	Incl. Med	Incl. Med	Incl. Med	Unknown	Unknown
HSA – Single	$500	$500	$1,000	$1,000	$1,000	$600	$600	$650	$650
HSA – Family	$1,000	$1,000	$1,000	$2,000	$2,000	$1,200	$1,200	$1,300	$1,300
AV w/ HSA	**87.0%**	**77.3%**	**89.9%**	**90.4%**	**80.3%**	**85.4%**	**80.7%**	**87.4%**	**82.9%**
AV (Benefits Only)	**83.2%**	**73.5%**	**83.4%**	**83.5%**	**73.4%**	**80.9%**	**74.9%**	**83.1%**	**78.5%**
Plan Differential	–	–	**1.163**	**1.039**	**1.039**	**0.982**	**1.044**	**1.005**	**1.072**
Employee Contribution									
Single	$51.31		$164.00	$32.00		$22.99		$103.78	
EE + Spouse	$200.11		$475.00	$178.00		$153.34		$271.48	
EE + Child(ren)	$133.41		$278.00	$331.00		$123.76		$244.29	
Family	$307.86		$605.00	$461.00		$232.18		$405.25	