

PHCS

Benefits		\$1000 Plan	\$3500 Plan	\$5000 Plan	\$3000 HSA	\$7350 HSA
Deductible		\$1,000	\$3,500	\$5,000	\$3,000	\$7,350
Co-insurance		90%	80%	100%	100%	100%
Individual Out of Pocket Max		\$3,000	\$6,000	\$7,000	\$4,000	\$7,350
Co-Pays						
PCP / Specialist / Urgent Care		\$35 / \$55 / \$75	\$45 / \$65 / \$85	\$50 / \$70 / \$90	100% After Deductible	100% After Deductible
Emergency Room:		\$350	\$350	\$350	100% After Deductible	100% After Deductible
Rx						
Generic Drugs		\$20	\$20	\$20	\$25	\$25
Brand Name Preferred		\$50	\$50	\$50	\$55	\$55
Brand Name Non-Preferred		\$75	\$75	\$75	\$80	\$80
Health Plan Costs	Total Enrolled					
Employee Only	139	\$543.41	\$482.75	\$475.27	\$493.38	\$416.29
EE + Spouse	15	\$1,260.40	\$1,140.41	\$1,125.54	\$1,161.62	\$1,007.74
EE + Child(ren)	7	\$1,165.62	\$1,057.50	\$1,044.11	\$1,076.59	\$938.07
Family	14	\$1,615.87	\$1,451.38	\$1,430.96	\$1,480.50	\$1,269.04
Total Monthly Premium	175	\$125,221.51	\$111,930.22	\$110,287.84	\$114,267.25	\$97,313.46
Total Annual Premium		\$1,502,658.12	\$1,343,162.64	\$1,323,454.08	\$1,371,207.00	\$1,167,761.52