



Strauss Insurance

ABC Company

Effective Date: 08/01/2015

Rate Region: 6

County: Schuylkill

Plan Comparison					
Plan Type	group	individual	individual	individual	individual
Carrier	Highmark Blue Shield	Highmark Blue Shield	Geisinger	HealthAmerica 5%	Capital
Plan Name	Balance PPO \$1000 A	Flex PPO \$1200 Com.	Extra 10/50/500 (I)	\$5 Copay HMO (I)	PPO 1000.0 (I)
Metal Level	Silver	Gold	Gold	Gold	Gold
Deductible					
Ind.	\$1000	\$1200/\$2400	\$500	\$1400	\$1000
Fam.	\$2000	\$2400/\$4800	\$1000	\$2800	\$2000
OOP Max.					
Coinsurance	20%	20%/40%	20%	20%	0%
Ind. Max.	\$6350	\$3000	\$5000	\$5000	\$6350
Fam. Max.	\$12700	\$6000	\$10000	\$10000	\$12700
Services					
PCP Office	\$45	\$20/\$50	\$10/\$50	\$5	\$20
SCP Office	\$65	\$30/\$60	\$50	\$40	\$50
Urgent Care	\$75	\$30/\$60	\$10	\$75	\$75
ER	\$250	20% AD	\$200	\$250 AD	\$300
IP Admission	20% AD	20% AD/40% AD	\$500 AD	20% AD	Deductible
OP Mental Health	\$65	\$30	\$50	See Plan Summary	\$50
Adv. Imaging	20% AD	20% AD/40% AD	\$500 AD	20% AD	Deductible
Ped. Dental	Included	Included	Excluded	Excluded	Excluded
Rx					
Ind. Deductible	None	None	\$250	\$250	\$300
Fam. Deductible	None	None	\$500	See Plan Summary	\$600
Retail Rx	\$3/\$10/\$50/\$85	\$8/\$45/\$95	\$3/\$20/\$50 AD/\$85 AD	\$3/\$10/\$35 AD/\$70 AD	\$20/\$60/\$100 AD
Mail Order Rx	\$8/\$25/\$100/\$175	See Plan Summary	See Plan Summary	See Plan Summary	\$50/\$150/\$250 AD
Cost Comparison					
Monthly Total	\$5,809.29	\$3,644.95	\$4,100.38	\$4,739.25	\$5,575.08
Annual Total	\$69,711.51	\$43,739.35	\$49,204.61	\$56,871.05	\$66,900.96
Annual \$ Change	\$0.00	(\$25,972.16)	(\$20,506.91)	(\$12,840.47)	(\$2,810.55)
Annual % Change	0.00%	-37.26%	-29.42%	-18.42%	-4.03%

Illustrations produced from this method are preliminary in nature and for demonstration purposes only. Final reference must be made to final rate proposals and plan summary materials produced directly by the insurance carrier. Rates and product availability are subject to change based on final enrollment.