Health Advantage

2020 Large Group Health Plans - Point of Service

Group Size 201-500

Plan Name	In Network					Out of Network					Factor
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance	
	Single	Family	Single	Family		Single	Family	Single	Family		
HA 5000-100_E	$5,000	$10,000	$5,000	$10,000	100%	$15,000	$30,000	$30,000	$60,000	80%	-24.18%
HA 6000-100_E	$6,000	$12,000	$6,000	$12,000	100%	$18,000	$36,000	$36,000	$72,000	80%	-27.82%
HA 6500-100_E	$6,500	$13,000	$6,500	$13,000	100%	$19,500	$39,000	$39,000	$78,000	80%	-29.47%
HA 7350-100_E	$7,350	$14,700	$7,350	$14,700	100%	$22,050	$44,100	$44,100	$88,200	80%	-32.08%
HA 500-90_E	$500	$1,000	$1,500	$3,000	90%	$1,500	$3,000	$3,000	$6,000	70%	0.00%
HA 750-90_E	$750	$1,500	$1,750	$3,500	90%	$2,250	$4,500	$4,500	$9,000	70%	-2.86%
HA 1000-90_E	$1,000	$2,000	$2,000	$4,000	90%	$3,000	$6,000	$6,000	$12,000	70%	-5.39%
HA 1250-90_E	$1,250	$2,500	$2,250	$4,500	90%	$3,750	$7,500	$7,500	$15,000	70%	-7.67%
HA 1500-90_E	$1,500	$3,000	$2,500	$5,000	90%	$4,500	$9,000	$9,000	$18,000	70%	-9.81%
HA 2000-90_E	$2,000	$4,000	$3,000	$6,000	90%	$6,000	$12,000	$12,000	$24,000	70%	-13.43%
HA 2500-90_E	$2,500	$5,000	$3,500	$7,000	90%	$7,500	$15,000	$15,000	$30,000	70%	-16.63%
HA 3000-90_E	$3,000	$6,000	$4,000	$8,000	90%	$9,000	$18,000	$18,000	$36,000	70%	-19.43%
HA 3500-90_E	$3,500	$7,000	$4,500	$9,000	90%	$10,500	$21,000	$21,000	$42,000	70%	-21.90%
HA 4000-90_E	$4,000	$8,000	$5,000	$10,000	90%	$12,000	$24,000	$24,000	$48,000	70%	-24.10%
HA 5000-90_E	$5,000	$10,000	$6,000	$12,000	90%	$15,000	$30,000	$30,000	$60,000	70%	-28.03%
HA 500-80_E_2	$500	$1,000	$2,500	$5,000	80%	$1,500	$3,000	$3,000	$6,000	60%	-5.98%
HA 500-80_E_3	$500	$1,000	$3,500	$7,000	80%	$1,500	$3,000	$4,000	$8,000	60%	-8.56%
HA 500-80_E_4	$500	$1,000	$4,500	$9,000	80%	$1,500	$3,000	$5,000	$10,000	60%	-10.82%
HA 750-80_E_2	$750	$1,500	$2,750	$5,500	80%	$2,250	$4,500	$4,500	$9,000	60%	-12.85%
HA 750-80_E_3	$750	$1,500	$3,750	$7,500	80%	$2,250	$4,500	$5,500	$11,000	60%	-14.73%

Key			
The letter at the end of the plan name is shorthand for the deductible type.			
E	Embedded deductible (see definition on page 5)	**2**	Deductible + $2,000
		3	Deductible + $3,000
		4	Deductible + $4,000

Maximum out-of-pocket
All POS maximum out-of-pocket are embedded.

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2020 Large Group Health Plans - Point of Service

Group Size 201-500

Plan Name	In Network					Out of Network					Factor
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance	
	Single	Family	Single	Family		Single	Family	Single	Family		
HA 750-80_E_4	$750	$1,500	$4,750	$9,500	80%	$2,250	$4,500	$6,500	$13,000	60%	-18.06%
HA 1000-80_E_2	$1,000	$2,000	$3,000	$6,000	80%	$3,000	$6,000	$6,000	$12,000	60%	-20.97%
HA 1000-80_E_3	$1,000	$2,000	$4,000	$8,000	80%	$3,000	$6,000	$7,000	$14,000	60%	-23.53%
HA 1000-80_E_4	$1,000	$2,000	$5,000	$10,000	80%	$3,000	$6,000	$8,000	$16,000	60%	-25.72%
HA 1250-80_E_2	$1,250	$2,500	$3,250	$6,500	80%	$3,750	$7,500	$7,500	$15,000	60%	-27.70%
HA 1250-80_E_3	$1,250	$2,500	$4,250	$8,500	80%	$3,750	$7,500	$8,500	$17,000	60%	-31.79%
HA 1250-80_E_4	$1,250	$2,500	$5,250	$10,500	80%	$3,750	$7,500	$9,500	$19,000	60%	-8.76%
HA 1500-80_E_2	$1,500	$3,000	$3,500	$7,000	80%	$4,500	$9,000	$9,000	$18,000	60%	-11.17%
HA 1500-80_E_3	$1,500	$3,000	$4,500	$9,000	80%	$4,500	$9,000	$10,000	$20,000	60%	-13.27%
HA 1500-80_E_4	$1,500	$3,000	$5,500	$11,000	80%	$4,500	$9,000	$11,000	$22,000	60%	-15.16%
HA 2000-80_E_2	$2,000	$4,000	$4,000	$8,000	80%	$6,000	$12,000	$12,000	$24,000	60%	-16.93%
HA 2000-80_E_3	$2,000	$4,000	$5,000	$10,000	80%	$6,000	$12,000	$13,000	$26,000	60%	-20.12%
HA 2000-80_E_4	$2,000	$4,000	$6,000	$12,000	80%	$6,000	$12,000	$14,000	$28,000	60%	-22.87%
HA 2500-80_E_2	$2,500	$5,000	$4,500	$9,000	80%	$7,500	$15,000	$15,000	$30,000	60%	-25.30%
HA 2500-80_E_3	$2,500	$5,000	$5,500	$11,000	80%	$7,500	$15,000	$16,000	$32,000	60%	-27.34%
HA 2500-80_E_4	$2,500	$5,000	$6,500	$13,000	80%	$7,500	$15,000	$17,000	$34,000	60%	-29.25%
HA 3000-80_E_2	$3,000	$6,000	$5,000	$10,000	80%	$9,000	$18,000	$18,000	$36,000	60%	-32.70%
HA 3000-80_E_3	$3,000	$6,000	$6,000	$12,000	80%	$9,000	$18,000	$19,000	$38,000	60%	-10.72%
HA 3000-80_E_4	$3,000	$6,000	$7,000	$14,000	80%	$9,000	$18,000	$20,000	$40,000	60%	-12.97%
HA 3500-80_E_2	$3,500	$7,000	$5,500	$11,000	80%	$10,500	$21,000	$21,000	$42,000	60%	-14.94%

Key			
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Group Size 201-500

Plan Name	In Network					Out of Network					Factor
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance	
	Single	Family	Single	Family		Single	Family	Single	Family		
HA 3500-80_E_3	$3,500	$7,000	$6,500	$13,000	80%	$10,500	$21,000	$22,000	$44,000	60%	-16.78%
HA 3500-80_E_4	$3,500	$7,000	$7,500	$15,000	80%	$10,500	$21,000	$23,000	$46,000	60%	-18.51%
HA 4000-80_E_2	$4,000	$8,000	$6,000	$12,000	80%	$12,000	$24,000	$24,000	$48,000	60%	-21.60%
HA 4000-80_E_3	$4,000	$8,000	$7,000	$14,000	80%	$12,000	$24,000	$25,000	$50,000	60%	-24.27%
HA 4000-80_E_4	$4,000	$8,000	$8,000	$16,000	80%	$12,000	$24,000	$26,000	$52,000	60%	-26.61%
HA 5000-80_E_2	$5,000	$10,000	$7,350	$14,700	80%	$15,000	$30,000	$30,000	$60,000	60%	-28.58%
HA 5000-80_E_3	$5,000	$10,000	$8,150	$16,300	80%	$15,000	$30,000	$31,150	$62,300	60%	-30.44%
HA 500-70_E	$500	$1,000	$3,500	$7,000	70%	$1,500	$3,000	$3,000	$6,000	50%	-11.49%
HA 750-70_E	$750	$1,500	$3,750	$7,500	70%	$2,250	$4,500	$4,500	$9,000	50%	-13.77%
HA 1000-70_E	$1,000	$2,000	$4,000	$8,000	70%	$3,000	$6,000	$6,000	$12,000	50%	-15.83%
HA 1250-70_E	$1,250	$2,500	$4,250	$8,500	70%	$3,750	$7,500	$7,500	$15,000	50%	-17.65%
HA 1500-70_E	$1,500	$3,000	$4,500	$9,000	70%	$4,500	$9,000	$9,000	$18,000	50%	-19.33%
HA 2000-70_E	$2,000	$4,000	$5,000	$10,000	70%	$6,000	$12,000	$12,000	$24,000	50%	-22.41%
HA 2500-70_E	$2,500	$5,000	$5,500	$11,000	70%	$7,500	$15,000	$15,000	$30,000	50%	-25.07%
HA 3000-70_E	$3,000	$6,000	$6,000	$12,000	70%	$9,000	$18,000	$18,000	$36,000	50%	-27.34%
HA 3500-70_E	$3,500	$7,000	$6,500	$13,000	70%	$10,500	$21,000	$21,000	$42,000	50%	-29.28%
HA 4000-70_E	$4,000	$8,000	$7,000	$14,000	70%	$12,000	$24,000	$24,000	$48,000	50%	-31.10%

Key			
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Primary / specialty options

	Primary care	Specialty care	Factor
Copay 1	$20	$40	0.00%
Copay 2	$25	$50	-1.25%
Copay 3	$30	$60	-2.16%
Copay 4	$35	$70	-2.88%

Urgent care options*

		Factor
Urgent care 1	$40 copayment + coinsurance	0.00%
Urgent care 2	$50 copayment + coinsurance	-0.33%
Urgent care 3	$60 copayment + coinsurance	-0.53%
Urgent care 4	$70 copayment + coinsurance	-0.60%

*Urgent care option selected must be equal to or greater than specialist copay

Emergency room options

	Factor	Factor
Option 1	$100 copay + coinsurance	0.00%
Option 2	$200 copay + coinsurance	-0.60%
Option 3	$250 copay	2.20%

Benefits	
Inpatient Services	$200 per admit plus coinsurance after deductible
Outpatient Surgical Services	$100 copayment plus coinsurance after deductible
Wellness Included	Yes

Pharmacy options

Copayment	Generic	Brand	Non-preferred brand	Specialty	Factor
Plan 1	$10	$40	$60	$120	0.00%
Plan 2	$15	$45	$65	$130	-1.02%
Plan 3	$15	$55	$80	$250	-1.47%
Plan 4	$15	$35	$55	$110	-0.78%
Plan 5	$15	$35	$55	$250	-0.96%
Plan 6	$15	$45	$65	$250	-1.17%
Plan 7	$15	$55	$80	$160	-1.36%
Plan 8	$20	$50	$70	$140	-2.04%
Plan 9	$20	$50	$70	$250	-2.18%

Voluntary mail-order 2X / 100-day supply retail 3X

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Deductible definition

How your embedded family deductible works

If you or anyone in your family meets the individual deductible, then your health plan will begin to pay a portion of medical expenses for that person for that calendar year (also called coinsurance). However, when the family deductible is met by any combination of family members, coinsurance will pay on all family members–even in the event when no single family member meets the individual deductible.

Example: Bob and Sue Thompson have one child, Margo. Their family deductible is $3,000 and the individual deductible is $1,500. Sue paid $1,200 in covered healthcare expenses. Bob paid $1,100 in covered healthcare expenses. Margo paid $700 in covered healthcare expenses.

None of the Thompson's met the individual deductible. However, their family's total expense $3,000 (meeting the family deductible) and the health plan will begin paying coinsurance for all family members. However, if Bob met his individual deductible before the rest of the family had any expenses, then Bob's coinsurance would have kicked in (until the family deductible was met).

The benefit relativity factors are illustrative. Rates and benefits issued on any quote are subject to final underwriting approval by Health Advantage.