



INSURANCE

Group name

Village of Palmyra~

Presented by

Carmen Winkelman

Date

September 10, 2025

MEDICAL - Effective Date: 12/1/2025	Current	Renewal	Option 1
Carrier	Quartz	Quartz	Quartz
Plan Name	QUARTZ ONE SILVER S303 POS	QUARTZ ONE ACHIEVE SILVER S303 POS	QUARTZ ONE ACHIEVE SILVER S303 HMO - SA7
Plan Type	POS	POS	HMO
Funding Type	Fully Insured	Fully Insured	Fully Insured
Network	QUARTZ ONE	QUARTZ ONE ACHIEVE	QUARTZ ONE ACHIEVE
Metallic Level	Silver	Silver	Silver
In Network			
Deductible Single	\$4,000	\$4,000	\$4,000
Deductible Family	\$8,000	\$8,000	\$8,000
Deductible Type	Embedded	Embedded	Embedded
Coinsurance	80%	80%	80%
OOP Max Single	\$8,500	\$8,500	\$8,500
OOP Max Family	\$17,000	\$17,000	\$17,000
Inpatient Facility	80% after deductible	80% after deductible	80% after deductible
Outpatient Surgery	80% after deductible	80% after deductible	80% after deductible
Copays			
Office Copay	\$80	\$80	\$80
Specialist	\$160	\$160	\$160
Urgent Care	\$160	\$160	\$160
ER	\$900	\$900	\$900
Other Services			
Diagnostic Lab / X-Ray	80% after deductible	80% after deductible	80% after deductible
MRI & CT Scan	80% after deductible	80% after deductible	80% after deductible
RX			
Rx Tiers	Tier-1: \$10 or Tier-2: \$20 / 50% / Tier-1: \$10 or Tier-2: \$70 / 50% / 40%	\$10 / \$20 / \$70 / 50% / 40%	\$10 / \$20 / \$70 / 50% / 40%
Out of Network			
Deductible Single	\$8,000	\$8,000	Not Covered
Deductible Family	\$16,000	\$16,000	Not Covered
Coinsurance	60%	60%	Not Applicable
OOP Max Single	\$17,000	\$17,000	Not Covered
OOP Max Family	\$34,000	\$34,000	Not Covered
Enrollment			
Employee Only	3	3	3
Employee Spouse	4	4	4
Employee Child(ren)	0	0	0
Family	2	2	2
Monthly Premium Per Plan	\$14,764.32	\$16,490.19	\$14,756.97
Change From Current	---	\$1,725.87 (11.69%)	-\$7.35 (-.05%)
Annual Premium Per Plan	\$177,171.84	\$197,882.28	\$177,083.64
Change From Current	---	\$20,710.44 (11.69%)	-\$88.20 (-.05%)

MEDICAL - Effective Date: 12/1/2025	Current	Option 2	Option 3	Option 4	Option 5
Carrier	Quartz	Dean Health Plan	Anthem	UnitedHealthcare	MercyCare Health Plans
Plan Name	QUARTZ ONE SILVER S303 POS	Dean Copay Elite 2000 (10/40/50/50)	Anthem Silver Blue Preferred POS 3500/20%/8000 Lean Rx (8PF7)	Choice Plus EBEZ /K62S (EBEZ-K62S)	MercyCare HMO CO-80 \$3,000 Deductible: \$20/\$40/\$75/\$500 Rx
Plan Type	POS	HMO	POS	POS	HMO
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	QUARTZ ONE	COMMERCIAL HMO / POS	BLUE PREFERRED POS (WI)	CHOICE PLUS POS	HMO / PPO (W1, W9, P1, P2, P3)
Metallic Level	Silver	Gold	Silver	Gold	Gold
In Network					
Deductible Single	\$4,000	\$2,000	\$3,500	\$3,500	\$3,000
Deductible Family	\$8,000	\$4,000	\$7,000	\$7,000	\$6,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance	80%	80%	80%	80%	80%
OOP Max Single	\$8,500	\$6,150	\$8,000	\$8,100	\$6,250
OOP Max Family	\$17,000	\$12,300	\$16,000	\$16,200	\$12,500
Inpatient Facility	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Outpatient Surgery	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Copays					
Office Copay	\$80	Tier-1: \$10* / Tier-2: \$60*	\$20	\$20	\$30
Specialist	\$160	\$60*	\$80	\$40	\$60
Urgent Care	\$160	Tier-1: \$10* after ded / Tier-2: \$60*	\$100	\$50	\$60
ER	\$900	\$500*	\$600 after deductible	80% after deductible	\$250
*and/or 80% after deductible					
Other Services					
Diagnostic Lab / X-Ray	80% after deductible	80% after deductible	80% after deductible	Tier-1: 80% after deductible Tier-2: 70% after deductible / 80% after deductible	80% after deductible
MRI & CT Scan	80% after deductible	80% after deductible	80% after deductible	Tier-1: 80% after deductible Tier-2: 70% after deductible	80% after deductible
RX					
Rx Tiers	Tier-1: \$10 or Tier-2: \$20 / 50% / Tier-1: \$10 or Tier-2: \$70 / 50% / 40%	\$10 / \$40 / \$40 / 50% / 50%	Tier-1: \$15 / \$50 / \$50 / 50% / 50% Tier-2: \$25 / \$60 / \$60 / 50% / 50%	\$10 / \$40 / \$105 / \$250 / \$500	\$20 / \$40 / \$75 / \$500
Out of Network					
Deductible Single	\$8,000	Not Covered	\$10,500	\$7,000	Not Covered
Deductible Family	\$16,000	Not Covered	\$21,000	\$14,000	Not Covered
Coinsurance	60%	Not Applicable	50%	50%	Not Applicable
OOP Max Single	\$17,000	Not Covered	\$24,000	\$11,000	Not Covered
OOP Max Family	\$34,000	Not Covered	\$48,000	\$22,000	Not Covered
Enrollment					
Employee Only	3	3	3	3	3
Employee Spouse	4	4	4	4	4
Employee Child(ren)	0	0	0	0	0
Family	2	2	2	2	2
Monthly Premium Per Plan	\$14,764.32	\$16,272.73	\$18,657.78	\$22,982.25	\$13,951.76
Change From Current	---	\$1,508.41 (10.22%)	\$1,634.69 (9.60%)	\$5,959.16 (35.01%)	-\$812.56 (-5.50%)
Annual Premium Per Plan	\$177,171.84	\$195,272.76	\$223,893.36	\$275,787.00	\$167,421.12
Change From Current	---	\$18,100.92 (10.22%)	\$19,616.28 (9.60%)	\$71,509.92 (35.01%)	-\$9,750.72 (-5.50%)

MEDICAL - Effective Date: 12/1/2025	Current	Option 6	Option 7
Carrier	Quartz	Quartz	Quartz
Plan Name	QUARTZ ONE SILVER S303 POS	TIERED CHOICE PLUS ACHIEVE SILVER S320 EMBEDDED HDHP HMO	QUARTZ ONE ACHIEVE SILVER S306 EMBEDDED HDHP HMO - SA7
Plan Type	POS	HMO / HSA	HMO / HSA
Funding Type	Fully Insured	Fully Insured	Fully Insured
Network	QUARTZ ONE	TIERED CHOICE PLUS ACHIEVE	QUARTZ ONE ACHIEVE
Metallic Level	Silver	Silver	Silver
In Network			
Deductible Single	\$4,000	Tier-1: \$5,000 / Tier-2: \$7,500	\$5,250
Deductible Family	\$8,000	Tier-1: \$10,000 / Tier-2: \$15,000	\$10,500
Deductible Type	Embedded	Embedded	Embedded
Coinsurance	80%	100%	100%
OOP Max Single	\$8,500	Tier-1: \$5,000 / Tier-2: \$7,500	\$5,250
OOP Max Family	\$17,000	Tier-1: \$10,000 / Tier-2: \$15,000	\$10,500
Inpatient Facility	80% after deductible	100% after deductible	100% after deductible
Outpatient Surgery	80% after deductible	100% after deductible	100% after deductible
Copays			
Office Copay	\$80	100% after deductible	100% after deductible
Specialist	\$160	100% after deductible	100% after deductible
Urgent Care	\$160	100% after deductible	100% after deductible
ER	\$900	100% after deductible	100% after deductible
Other Services			
Diagnostic Lab / X-Ray	80% after deductible	100% after deductible	100% after deductible
MRI & CT Scan	80% after deductible	100% after deductible	100% after deductible
RX			
Rx Tiers	Tier-1: \$10 or Tier-2: \$20 / 50% / Tier-1: \$10 or Tier-2: \$70 / 50% / 40%	100% after deductible	100% after deductible
Out of Network			
Deductible Single	\$8,000	Not Covered	Not Covered
Deductible Family	\$16,000	Not Covered	Not Covered
Coinsurance	60%	Not Applicable	Not Applicable
OOP Max Single	\$17,000	Not Covered	Not Covered
OOP Max Family	\$34,000	Not Covered	Not Covered
Enrollment			
Employee Only	3	3	3
Employee Spouse	4	4	4
Employee Child(ren)	0	0	0
Family	2	2	2
Monthly Premium Per Plan	\$14,764.32	\$15,544.27	\$16,483.70
Change From Current	---	\$779.95 (5.28%)	\$1,719.38 (11.65%)
Annual Premium Per Plan	\$177,171.84	\$186,531.24	\$197,804.40
Change From Current	---	\$9,359.40 (5.28%)	\$20,632.56 (11.65%)

MEDICAL - Effective Date: 12/1/2025	Current	Option 8	Option 9	Option 10	Option 11
Carrier	Quartz	Dean Health Plan	Anthem	UnitedHealthcare	MercyCare Health Plans
Plan Name	QUARTZ ONE SILVER S303 POS	Dean HSA-E HDHP 3750	Anthem Silver Blue Preferred POS 5000E/0%/7000 w/HSA (8P9W)	Choice Plus EBFY /K62S (EBFY-K62S)	MercyCare HMO H.S.A. CO-100 \$3,400 Deductible
Plan Type	POS	HMO / HSA	POS / HSA	POS / HSA	HMO / HSA
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	QUARTZ ONE	COMMERCIAL HMO / POS	BLUE PREFERRED POS (WI)	CHOICE PLUS POS	HMO / PPO (W1, W9, P1, P2, P3)
Metallic Level	Silver	Gold	Silver	Silver	Gold
In Network					
Deductible Single	\$4,000	\$3,750	\$5,000	\$4,000	\$3,400
Deductible Family	\$8,000	\$7,500	\$10,000	\$8,000	\$6,800
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance	80%	100%	100%	80%	100%
OOP Max Single	\$8,500	\$3,750	\$7,000	\$7,350	\$3,400
OOP Max Family	\$17,000	\$7,500	\$14,000	\$14,700	\$6,800
Inpatient Facility	80% after deductible	100% after deductible	100% after deductible	80% after deductible	100% after deductible
Outpatient Surgery	80% after deductible	100% after deductible	100% after deductible	80% after deductible	100% after deductible
Copays					
Office Copay	\$80	100% after deductible	100% after deductible	80% after deductible	100% after deductible
Specialist	\$160	100% after deductible	100% after deductible	80% after deductible	100% after deductible
Urgent Care	\$160	100% after deductible	100% after deductible	80% after deductible	100% after deductible
ER	\$900	100% after deductible	100% after deductible	80% after deductible	100% after deductible
Other Services					
Diagnostic Lab / X-Ray	80% after deductible	100% after deductible	100% after deductible	80% after deductible / Tier-2: 70% after deductible / 80% after deductible	100% after deductible
MRI & CT Scan	80% after deductible	100% after deductible	100% after deductible	80% after deductible / Tier-2: 70% after deductible	100% after deductible
RX					
Rx Tiers	Tier-1: \$10 or Tier-2: \$20 / 50% / Tier-1: \$10 or Tier-2: \$70 / 50% / 40%	100% after deductible	Tier-1: \$15 / \$50 / \$50 / \$100 / \$400 after deductible Tier-2: \$25 / \$60 / \$60 / \$110 / \$500 after deductible	\$10 / \$40 / \$105 / \$250 / \$500 after deductible	100% after deductible
Out of Network					
Deductible Single	\$8,000	Not Covered	\$15,000	\$8,000	Not Covered
Deductible Family	\$16,000	Not Covered	\$30,000	\$16,000	Not Covered
Coinsurance	60%	Not Applicable	50%	60%	Not Applicable
OOP Max Single	\$17,000	Not Covered	\$21,000	\$12,900	Not Covered
OOP Max Family	\$34,000	Not Covered	\$42,000	\$25,800	Not Covered
Enrollment					
Employee Only	3	3	3	3	3
Employee Spouse	4	4	4	4	4
Employee Child(ren)	0	0	0	0	0
Family	2	2	2	2	2
Monthly Premium Per Plan	\$14,764.32	\$17,023.09	\$18,458.62	\$22,422.82	\$13,838.90
Change From Current	---	\$2,258.77 (15.30%)	\$3,694.30 (25.02%)	\$7,658.50 (51.87%)	-\$925.42 (-6.27%)
Annual Premium Per Plan	\$177,171.84	\$204,277.08	\$221,503.44	\$269,073.84	\$166,066.80
Change From Current	---	\$27,105.24 (15.30%)	\$44,331.60 (25.02%)	\$91,902.00 (51.87%)	-\$11,105.04 (-6.27%)

QUARTZ ONE SILVER S303 POS

Current

			Gender	Coverage	EE Rate	Dependents	Total Premium
			M	EE	\$498.12	\$0.00	\$498.12
			M	FAM	\$600.41	\$1,361.98	\$1,962.39
			M	ES	\$1,166.44	\$1,166.44	\$2,332.88
			M	ES	\$1,095.08	\$1,289.35	\$2,384.43
			M	ES	\$1,002.67	\$1,118.72	\$2,121.39
			F	EE	\$958.42	\$0.00	\$958.42
			F	ES	\$1,118.72	\$1,234.77	\$2,353.49
			M	FAM	\$532.07	\$1,189.63	\$1,721.70
			M	EE	\$431.50	\$0.00	\$431.50
Total					\$7,403.43	\$7,360.89	\$14,764.32

QUARTZ ONE ACHIEVE SILVER S303 POS

Renewal

			Gender	Coverage	EE Rate	Dependents	Total Premium
			M	EE	\$552.38	\$0.00	\$552.38
			M	FAM	\$674.25	\$1,526.86	\$2,201.11
			M	ES	\$1,312.08	\$1,312.08	\$2,624.16
			M	ES	\$1,215.43	\$1,400.80	\$2,616.23
			M	ES	\$1,137.91	\$1,267.26	\$2,405.17
			F	EE	\$1,089.35	\$0.00	\$1,089.35
			F	ES	\$1,267.26	\$1,378.39	\$2,645.65
			M	FAM	\$581.80	\$1,296.20	\$1,878.00
			M	EE	\$478.14	\$0.00	\$478.14
Total					\$8,308.60	\$8,181.59	\$16,490.19

QUARTZ ONE ACHIEVE SILVER S303 HMO - SA7

Option 1

			Gender	Coverage	EE Rate	Dependents	Total Premium
			M	EE	\$494.33	\$0.00	\$494.33
			M	FAM	\$603.39	\$1,366.39	\$1,969.78
			M	ES	\$1,174.18	\$1,174.18	\$2,348.36
			M	ES	\$1,087.67	\$1,253.57	\$2,341.24
			M	ES	\$1,018.31	\$1,134.05	\$2,152.36
			F	EE	\$974.85	\$0.00	\$974.85
			F	ES	\$1,134.05	\$1,233.52	\$2,367.57
			M	FAM	\$520.64	\$1,159.96	\$1,680.60
			M	EE	\$427.88	\$0.00	\$427.88
Total					\$7,435.30	\$7,321.67	\$14,756.97

Dean Copay Elite 2000 (10/40/50/50)

Option 2

			Gender	Coverage	EE Rate	Dependents	Total Premium
			M	EE	\$545.10	\$0.00	\$545.10
			M	FAM	\$665.36	\$1,506.74	\$2,172.10
			M	ES	\$1,294.78	\$1,294.78	\$2,589.56
			M	ES	\$1,199.40	\$1,382.31	\$2,581.71
			M	ES	\$1,122.91	\$1,250.54	\$2,373.45
			F	EE	\$1,074.99	\$0.00	\$1,074.99
			F	ES	\$1,250.54	\$1,360.21	\$2,610.75
			M	FAM	\$574.13	\$1,279.11	\$1,853.24
			M	EE	\$471.83	\$0.00	\$471.83
Total					\$8,199.04	\$8,073.69	\$16,272.73

Anthem Silver Blue Preferred POS 3500/20%/8000 Lean Rx (8PF7)

Option 3

			Gender	Coverage	EE Rate	Dependents	Total Premium
			M	EE	\$624.99	\$0.00	\$624.99
			M	FAM	\$762.88	\$1,727.57	\$2,490.45
			M	ES	\$1,484.55	\$1,484.55	\$2,969.10
			M	ES	\$1,375.19	\$1,584.93	\$2,960.12
			M	ES	\$1,287.49	\$1,433.83	\$2,721.32
			F	EE	\$1,232.55	\$0.00	\$1,232.55
			F	ES	\$1,433.83	\$1,559.57	\$2,993.40
			M	FAM	\$658.27	\$1,466.59	\$2,124.86
			M	EE	\$540.99	\$0.00	\$540.99
Total					\$9,400.74	\$9,257.04	\$18,657.78

UHC Choice Plus EBEZ /K62S (EBEZ-K62S)

Option 4

			Gender	Coverage	EE Rate	Dependents	Total Premium
			M	EE	\$769.85	\$0.00	\$769.85
			M	FAM	\$939.70	\$2,127.99	\$3,067.69
			M	ES	\$1,828.64	\$1,828.64	\$3,657.28
			M	ES	\$1,693.93	\$1,952.28	\$3,646.21
			M	ES	\$1,585.90	\$1,766.16	\$3,352.06
			F	EE	\$1,518.22	\$0.00	\$1,518.22
			F	ES	\$1,766.16	\$1,921.04	\$3,687.20
			M	FAM	\$810.85	\$1,806.51	\$2,617.36
			M	EE	\$666.38	\$0.00	\$666.38
Total					\$11,579.63	\$11,402.62	\$22,982.25

MercyCare HMO CO-80 \$3,000 Deductible; \$20/\$40/\$75/\$500 Rx

Option 5

			Gender	Coverage	EE Rate	Dependents	Total Premium
			M	EE	\$467.35	\$0.00	\$467.35
			M	FAM	\$570.46	\$1,291.84	\$1,862.30
			M	ES	\$1,110.10	\$1,110.10	\$2,220.20
			M	ES	\$1,028.33	\$1,185.15	\$2,213.48
			M	ES	\$962.75	\$1,072.18	\$2,034.93
			F	EE	\$921.66	\$0.00	\$921.66
			F	ES	\$1,072.18	\$1,166.20	\$2,238.38
			M	FAM	\$492.24	\$1,096.68	\$1,588.92
			M	EE	\$404.54	\$0.00	\$404.54
Total					\$7,029.61	\$6,922.15	\$13,951.76

Quartz TIERED CHOICE PLUS ACHIEVE SILVER S320 EMBEDDED HDHP HMO

Option 6

			Gender	Coverage	EE Rate	Dependents	Total Premium
			M	EE	\$520.68	\$0.00	\$520.68
			M	FAM	\$635.57	\$1,439.28	\$2,074.85
			M	ES	\$1,236.82	\$1,236.82	\$2,473.64
			M	ES	\$1,145.72	\$1,320.45	\$2,466.17
			M	ES	\$1,072.64	\$1,194.56	\$2,267.20
			F	EE	\$1,026.87	\$0.00	\$1,026.87
			F	ES	\$1,194.56	\$1,299.31	\$2,493.87
			M	FAM	\$548.42	\$1,221.86	\$1,770.28
			M	EE	\$450.71	\$0.00	\$450.71
Total					\$7,831.99	\$7,712.28	\$15,544.27

QUARTZ ONE ACHIEVE SILVER S306 EMBEDDED HDHP HMO - SA7**Option 7**

			Gender	Coverage	EE Rate	Dependents	Total Premium
			M	EE	\$552.16	\$0.00	\$552.16
			M	FAM	\$673.98	\$1,526.26	\$2,200.24
			M	ES	\$1,311.57	\$1,311.57	\$2,623.14
			M	ES	\$1,214.95	\$1,400.24	\$2,615.19
			M	ES	\$1,137.47	\$1,266.75	\$2,404.22
			F	EE	\$1,088.93	\$0.00	\$1,088.93
			F	ES	\$1,266.75	\$1,377.84	\$2,644.59
			M	FAM	\$581.58	\$1,295.70	\$1,877.28
			M	EE	\$477.95	\$0.00	\$477.95
Total					\$8,305.34	\$8,178.36	\$16,483.70

Dean HSA-E HDHP 3750**Option 8**

			Gender	Coverage	EE Rate	Dependents	Total Premium
			M	EE	\$570.23	\$0.00	\$570.23
			M	FAM	\$696.04	\$1,576.21	\$2,272.25
			M	ES	\$1,354.48	\$1,354.48	\$2,708.96
			M	ES	\$1,254.70	\$1,446.06	\$2,700.76
			M	ES	\$1,174.69	\$1,308.21	\$2,482.90
			F	EE	\$1,124.56	\$0.00	\$1,124.56
			F	ES	\$1,308.21	\$1,422.93	\$2,731.14
			M	FAM	\$600.60	\$1,338.10	\$1,938.70
			M	EE	\$493.59	\$0.00	\$493.59
Total					\$8,577.10	\$8,445.99	\$17,023.09

Anthem Silver Blue Preferred POS 5000E/0%/7000 w/HSA (8P9W)**Option 9**

			Gender	Coverage	EE Rate	Dependents	Total Premium
			M	EE	\$618.32	\$0.00	\$618.32
			M	FAM	\$754.74	\$1,709.13	\$2,463.87
			M	ES	\$1,468.70	\$1,468.70	\$2,937.40
			M	ES	\$1,360.51	\$1,568.01	\$2,928.52
			M	ES	\$1,273.75	\$1,418.53	\$2,692.28
			F	EE	\$1,219.39	\$0.00	\$1,219.39
			F	ES	\$1,418.53	\$1,542.92	\$2,961.45
			M	FAM	\$651.25	\$1,450.93	\$2,102.18
			M	EE	\$535.21	\$0.00	\$535.21
Total					\$9,300.40	\$9,158.22	\$18,458.62

UHC Choice Plus EBFY /K62S (EBFY-K62S)**Option 10**

			Gender	Coverage	EE Rate	Dependents	Total Premium
			M	EE	\$751.11	\$0.00	\$751.11
			M	FAM	\$916.82	\$2,076.18	\$2,993.00
			M	ES	\$1,784.13	\$1,784.13	\$3,568.26
			M	ES	\$1,652.70	\$1,904.76	\$3,557.46
			M	ES	\$1,547.30	\$1,723.17	\$3,270.47
			F	EE	\$1,481.27	\$0.00	\$1,481.27
			F	ES	\$1,723.17	\$1,874.28	\$3,597.45
			M	FAM	\$791.11	\$1,762.53	\$2,553.64
			M	EE	\$650.16	\$0.00	\$650.16
Total					\$11,297.77	\$11,125.05	\$22,422.82

**MercyCare HMO H.S.A. CO-100 \$3,400 Deductible
Option 11**

			Gender	Coverage	EE Rate	Dependents	Total Premium
			M	EE	\$463.57	\$0.00	\$463.57
			M	FAM	\$565.85	\$1,281.39	\$1,847.24
			M	ES	\$1,101.12	\$1,101.12	\$2,202.24
			M	ES	\$1,020.01	\$1,175.56	\$2,195.57
			M	ES	\$954.96	\$1,063.50	\$2,018.46
			F	EE	\$914.21	\$0.00	\$914.21
			F	ES	\$1,063.50	\$1,156.76	\$2,220.26
			M	FAM	\$488.26	\$1,087.82	\$1,576.08
			M	EE	\$401.27	\$0.00	\$401.27
Total					\$6,972.75	\$6,866.15	\$13,838.90

CURRENT			RENEWAL		Option 1		Option 2		Option 3		Option 4		Option 5		Option 6		Option 7		Option 8		Option 9		Option 10		Option 11			
QUARTZ ONE SILVER S303 POS			QUARTZ ONE ACHIEVE SILVER S303 POS		QUARTZ ONE ACHIEVE SILVER S303 HMO - SA7		Dean Copay Elite 2000 (10/40/50/50)		Anthem Silver Blue Preferred POS (8PF7) 3500/20%/8000 Leap Rx		UHC Choice Plus EBZ /K62S (EBEZ-K62S)		MercyCare HMO CO-80 \$3,000 Deductible; \$20/\$40/\$75/\$500 Rx		Quartz TIERED CHOICE PLUS ACHIEVE SILVER S320 EMBEDDED HDHP HMO		QUARTZ ONE ACHIEVE SILVER S306 EMBEDDED HDHP HMO - SA7		Dean HSA-E HDHP 3750		Anthem Silver Blue Preferred POS (8P9W) 5000E/0%/7000 w/HSA		UHC Choice Plus EBFY /K62S (EBFY-K62S)		MercyCare HMO H.S.A. CO-100 \$3,400 Deductible			
Age	Rate		Age	Rate		Age	Rate		Age	Rate		Age	Rate		Age	Rate		Age	Rate		Age	Rate		Age	Rate		Age	Rate
0	\$328.78		0	\$357.20		0	\$319.66		0	\$352.49		0	\$404.16		0	\$336.72		0	\$357.06		0	\$368.75		0	\$399.84		0	\$485.71
1	\$328.78		1	\$357.20		1	\$319.66		1	\$352.49		1	\$404.16		1	\$336.72		1	\$357.06		1	\$368.75		1	\$399.84		1	\$485.71
2	\$328.78		2	\$357.20		2	\$319.66		2	\$352.49		2	\$404.16		2	\$336.72		2	\$357.06		2	\$368.75		2	\$399.84		2	\$485.71
3	\$328.78		3	\$357.20		3	\$319.66		3	\$352.49		3	\$404.16		3	\$336.72		3	\$357.06		3	\$368.75		3	\$399.84		3	\$485.71
4	\$328.78		4	\$357.20		4	\$319.66		4	\$352.49		4	\$404.16		4	\$336.72		4	\$357.06		4	\$368.75		4	\$399.84		4	\$485.71
5	\$328.78		5	\$357.20		5	\$319.66		5	\$352.49		5	\$404.16		5	\$336.72		5	\$357.06		5	\$368.75		5	\$399.84		5	\$485.71
6	\$328.78		6	\$357.20		6	\$319.66		6	\$352.49		6	\$404.16		6	\$336.72		6	\$357.06		6	\$368.75		6	\$399.84		6	\$485.71
7	\$328.78		7	\$357.20		7	\$319.66		7	\$352.49		7	\$404.16		7	\$336.72		7	\$357.06		7	\$368.75		7	\$399.84		7	\$485.71
8	\$328.78		8	\$357.20		8	\$319.66		8	\$352.49		8	\$404.16		8	\$336.72		8	\$357.06		8	\$368.75		8	\$399.84		8	\$485.71
9	\$328.78		9	\$357.20		9	\$319.66		9	\$352.49		9	\$404.16		9	\$336.72		9	\$357.06		9	\$368.75		9	\$399.84		9	\$485.71
10	\$328.78		10	\$357.20		10	\$319.66		10	\$352.49		10	\$404.16		10	\$336.72		10	\$357.06		10	\$368.75		10	\$399.84		10	\$485.71
11	\$328.78		11	\$357.20		11	\$319.66		11	\$352.49		11	\$404.16		11	\$336.72		11	\$357.06		11	\$368.75		11	\$399.84		11	\$485.71
12	\$328.78		12	\$357.20		12	\$319.66		12	\$352.49		12	\$404.16		12	\$336.72		12	\$357.06		12	\$368.75		12	\$399.84		12	\$485.71
13	\$328.78		13	\$357.20		13	\$319.66		13	\$352.49		13	\$404.16		13	\$336.72		13	\$357.06		13	\$368.75		13	\$399.84		13	\$485.71
14	\$328.78		14	\$357.20		14	\$319.66		14	\$352.49		14	\$404.16		14	\$336.72		14	\$357.06		14	\$368.75		14	\$399.84		14	\$485.71
15	\$358.01		15	\$388.96		15	\$348.07		15	\$383.83		15	\$440.08		15	\$329.08		15	\$366.64		15	\$401.52		15	\$435.38		15	\$528.89
16	\$369.18		16	\$401.11		16	\$358.94		16	\$395.81		16	\$453.82		16	\$339.36		16	\$378.09		16	\$414.06		16	\$448.97		16	\$545.40
17	\$380.36		17	\$413.23		17	\$369.80		17	\$407.79		17	\$467.55		17	\$349.63		17	\$389.53		17	\$426.59		17	\$462.56		17	\$561.90
18	\$392.39		18	\$426.31		18	\$381.50		18	\$420.69		18	\$482.35		18	\$360.69		18	\$401.87		18	\$440.09		18	\$477.20		18	\$579.68
19	\$404.43		19	\$439.38		19	\$393.20		19	\$433.59		19	\$497.14		19	\$371.75		19	\$414.18		19	\$453.58		19	\$491.83		19	\$597.46
20	\$416.89		20	\$452.92		20	\$405.32		20	\$446.95		20	\$512.46		20	\$383.21		20	\$426.95		20	\$467.56		20	\$506.99		20	\$615.87
21	\$429.80		21	\$466.96		21	\$417.88		21	\$460.77		21	\$528.31		21	\$395.06		21	\$440.17		21	\$482.02		21	\$522.67		21	\$634.92
22	\$429.80		22	\$466.96		22	\$417.88		22	\$460.77		22	\$528.31		22	\$395.06		22	\$440.17		22	\$482.02		22	\$522.67		22	\$634.92
23	\$429.80		23	\$466.96		23	\$417.88		23	\$460.77		23	\$528.31		23	\$395.06		23	\$440.17		23	\$482.02		23	\$522.67		23	\$634.92
24	\$429.80		24	\$466.96		24	\$417.88		24	\$460.77		24	\$528.31		24	\$395.06		24	\$440.17		24	\$482.02		24	\$522.67		24	\$634.92
25	\$431.50		25	\$468.81		25	\$419.53		25	\$462.62		25	\$530.42		25	\$396.64		25	\$441.91		25	\$483.95		25	\$524.76		25	\$637.46
26	\$440.09		26	\$478.14		26	\$427.88		26	\$471.83		26	\$540.99		26	\$404.54		26	\$450.71		26	\$493.59		26	\$535.21		26	\$650.16
27	\$450.42		27	\$489.35		27	\$437.92		27	\$482.89		27	\$553.67		27	\$414.02		27	\$461.28		27	\$505.16		27	\$547.76		27	\$665.40
28	\$467.17		28	\$507.56		28	\$454.22		28	\$500.86		28	\$574.27		28	\$429.43		28	\$478.44		28	\$523.96		28	\$568.14		28	\$690.16
29	\$480.92		29	\$522.51		29	\$467.57		29	\$515.61		29	\$591.18		29	\$442.07		29	\$492.53		29	\$522.29		29	\$539.38		29	\$710.48
30	\$487.79		30	\$529.97		30	\$474.27		30	\$522.98		30	\$599.63		30	\$448.39		30	\$499.57		30	\$529.75		30	\$547.09		30	\$720.63
31	\$498.12		31	\$541.17		31	\$484.30		31	\$534.04		31	\$612.31		31	\$457.87		31	\$510.14		31	\$540.96		31	\$558.66		31	\$735.87
32	\$508.44		32	\$552.38		32	\$494.33		32	\$545.10		32	\$624.99		32	\$467.35		32	\$520.68		32	\$552.16		32	\$570.23		32	\$751.11
33	\$514.87		33	\$559.39		33	\$500.59		33	\$552.01		33	\$632.92		33	\$473.28		33	\$527.30		33	\$559.16		33	\$577.46		33	\$760.63
34	\$521.75		34	\$566.86		34	\$507.28		34	\$559.38		34	\$641.37		34	\$479.60		34	\$534.34		34	\$566.62		34	\$585.17		34	\$770.79
35	\$525.19		35	\$570.59		35	\$510.61		35	\$563.07		35	\$645.59		35	\$482.76		35	\$537.86		35	\$589.03		35	\$592.89		35	\$775.87
36	\$528.63		36	\$574.32		36	\$513.97		36	\$566.75		36	\$649.82		36	\$485.92		36	\$541.38		36	\$592.89		36	\$642.88		36	\$780.95
37	\$532.07		37	\$578.06		37	\$517.31		37	\$570.44		37	\$654.05		37	\$4												

Important Disclaimers Regarding Premium Rates, Benefits, and Other Information

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3. The calculation functionality provided by the insurance quoting software application relies on publicly available information or carrier data generated as a result of licensed authorized user activity or as may be subsequently modified by the authorized user. With respect to ACA-based plans, whenever possible, the insurance quoting software application will display age rates and make calculations based on such age-rates. The insurance quoting software application does not apply any conversion factors to convert such age-rates to composite tier rates.
4. Prior to selecting any plan, we recommend that you confirm rates and premiums with the respective carrier.
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