



INSURANCE

Group name

Village of Palmyra~

Presented by

Carmen Winkelman

Date

September 10, 2025

MEDICAL - Effective Date: 12/1/2025	Current	Renewal	Option 1	Option 2	Option 3	Option 4	Option 5
Carrier	Quartz	Quartz	Quartz	Dean Health Plan	Anthem	UnitedHealthcare	MercyCare Health Plans
Plan Name	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 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	POS	HMO	HMO	POS	POS	HMO
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	QUARTZ ONE	QUARTZ ONE ACHIEVE	QUARTZ ONE ACHIEVE	COMMERCIAL HMO / POS	BLUE PREFERRED POS (WI)	CHOICE PLUS POS	HMO / PPO
Metallic Level	Silver	Silver	Silver	Gold	Silver	Gold	Gold
In Network							
Deductible Single	\$4,000	\$4,000	\$4,000	\$2,000	\$3,500	\$3,500	\$3,000
Deductible Family	\$8,000	\$8,000	\$8,000	\$4,000	\$7,000	\$7,000	\$6,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance	80%	80%	80%	80%	80%	80%	80%
OOP Max Single	\$8,500	\$8,500	\$8,500	\$6,150	\$8,000	\$8,100	\$6,250
OOP Max Family	\$17,000	\$17,000	\$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	80% after deductible	80% after deductible
Outpatient Surgery	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible	80% after deductible
Copays							
Office Copay	\$80	\$80	\$80	Tier-1: \$10* / Tier-2: \$60*	\$20	\$20	\$30
Specialist	\$160	\$160	\$160	\$60*	\$80	\$40	\$60
Urgent Care	\$160	\$160	\$160	Tier-1: \$10* after ded / Tier-2: \$60*	\$100	\$50	\$60
ER	\$900	\$900	\$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	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	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 / \$20 / \$70 / 50% / 40%	\$10 / \$20 / \$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	\$8,000	Not Covered	Not Covered	\$10,500	\$7,000	Not Covered
Deductible Family	\$16,000	\$16,000	Not Covered	Not Covered	\$21,000	\$14,000	Not Covered
Coinsurance	60%	60%	Not Applicable	Not Applicable	50%	50%	Not Applicable
OOP Max Single	\$17,000	\$17,000	Not Covered	Not Covered	\$24,000	\$11,000	Not Covered
OOP Max Family	\$34,000	\$34,000	Not Covered	Not Covered	\$48,000	\$22,000	Not Covered
Enrollment							
Employee Only	3	3	3	3	3	3	3
Employee Spouse	4	4	4	4	4	4	4
Employee Child(ren)	0	0	0	0	0	0	0
Family	2	2	2	2	2	2	2
Monthly Premium Per Plan	\$14,764.32	\$16,490.19	\$14,756.97	\$16,272.73	\$18,657.78	\$22,982.25	\$13,951.76
Change From Current	---	\$1,725.87 (11.69%)	-\$7.35 (-.05%)	\$1,508.41 (10.22%)	\$3,893.46 (26.37%)	\$8,217.93 (55.66%)	-\$812.56 (-5.50%)
Annual Premium Per Plan	\$177,171.84	\$197,882.28	\$177,083.64	\$195,272.76	\$223,893.36	\$275,787.00	\$167,421.12
Change From Current	---	\$20,710.44 (11.69%)	-\$88.20 (-.05%)	\$18,100.92 (10.22%)	\$46,721.52 (26.37%)	\$98,615.16 (55.66%)	-\$9,750.72 (-5.50%)

MEDICAL - Effective Date: 12/1/2025	Current	Option 6	Option 7	Option 8	Option 9	Option 10	Option 11	Option 12
Carrier	Quartz	Quartz	Quartz	Dean Health Plan	Anthem	UnitedHealthcare	MercyCare Health Plans	Anthem
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	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	Anthem Silver Blue Preferred POS 5500E/20%/6500 w/HSA (8PA6)
Plan Type	POS	HMO / HSA	HMO / HSA	HMO / HSA	POS / HSA	POS / HSA	HMO / HSA	POS / HSA
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	QUARTZ ONE	TIERED CHOICE PLUS ACHIEVE	QUARTZ ONE ACHIEVE	COMMERCIAL HMO / POS	BLUE PREFERRED POS (WI)	CHOICE PLUS POS	HMO / PPO (W1, W9, P1, P2, P3)	BLUE PREFERRED POS (WI)
Metallic Level	Silver	Silver	Silver	Gold	Silver	Silver	Gold	Silver
In Network								
Deductible Single	\$4,000	Tier-1: \$5,000 / Tier-2: \$7,500	\$5,250	\$3,750	\$5,000	\$4,000	\$3,400	\$5,500
Deductible Family	\$8,000	Tier-1: \$10,000 / Tier-2: \$15,000	\$10,500	\$7,500	\$10,000	\$8,000	\$6,800	\$11,000
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance	80%	100%	100%	100%	100%	80%	100%	80%
OOP Max Single	\$8,500	Tier-1: \$5,000 / Tier-2: \$7,500	\$5,250	\$3,750	\$7,000	\$7,350	\$3,400	\$6,500
OOP Max Family	\$17,000	Tier-1: \$10,000 / Tier-2: \$15,000	\$10,500	\$7,500	\$14,000	\$14,700	\$6,800	\$13,000
Inpatient Facility	80% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Outpatient Surgery	80% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Copays								
Office Copay	\$80	100% after deductible	100% after deductible	100% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Specialist	\$160	100% after deductible	100% after deductible	100% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Urgent Care	\$160	100% after deductible	100% after deductible	100% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
ER	\$900	100% after deductible	100% after deductible	100% after deductible	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Other Services								
Diagnostic Lab / X-Ray	80% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	Tier-1: 80% after deductible / Tier-2: 70% after deductible / 80% after deductible	100% after deductible	80% after deductible
MRI & CT Scan	80% after deductible	100% after deductible	100% after deductible	100% after deductible	100% after deductible	Tier-1: 80% after deductible / Tier-2: 70% after deductible	100% 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%	100% after deductible	100% after deductible	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	Tier-1: \$15 / \$50 / \$50 / \$100 / \$400 after deductible Tier-2: \$25 / \$60 / \$60 / \$110 / \$500 after deductible
Out of Network								
Deductible Single	\$8,000	Not Covered	Not Covered	Not Covered	\$15,000	\$8,000	Not Covered	\$16,500
Deductible Family	\$16,000	Not Covered	Not Covered	Not Covered	\$30,000	\$16,000	Not Covered	\$33,000
Coinsurance	60%	Not Applicable	Not Applicable	Not Applicable	50%	60%	Not Applicable	50%
OOP Max Single	\$17,000	Not Covered	Not Covered	Not Covered	\$21,000	\$12,900	Not Covered	\$19,500
OOP Max Family	\$34,000	Not Covered	Not Covered	Not Covered	\$42,000	\$25,800	Not Covered	\$39,000
Enrollment								
Employee Only	3	3	3	3	3	3	3	3
Employee Spouse	4	4	4	4	4	4	4	4
Employee Child(ren)	0	0	0	0	0	0	0	0
Family	2	2	2	2	2	2	2	2
Monthly Premium Per Plan	\$14,764.32	\$15,544.27	\$16,483.70	\$17,023.09	\$18,458.62	\$22,422.82	\$13,838.90	\$17,807.40
Change From Current	---	\$779.95 (5.28%)	\$1,719.38 (11.65%)	\$2,258.77 (15.30%)	\$3,694.30 (25.02%)	\$7,658.50 (51.87%)	-\$925.42 (-6.27%)	\$3,043.08 (20.61%)
Annual Premium Per Plan	\$177,171.84	\$186,531.24	\$197,804.40	\$204,277.08	\$221,503.44	\$269,073.84	\$166,066.80	\$213,688.80
Change From Current	---	\$9,359.40 (5.28%)	\$20,632.56 (11.65%)	\$27,105.24 (15.30%)	\$44,331.60 (25.02%)	\$91,902.00 (51.87%)	-\$11,105.04 (-6.27%)	\$36,516.96 (20.61%)

Current: QUARTZ ONE SILVER S303 POS

First	Last	Age	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

Renewal : QUARTZ ONE ACHIEVE SILVER S303 POS

First	Last	Age	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

Option 1: QUARTZ ONE ACHIEVE SILVER S303 HMO - SA7

First	Last	Age	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

Option 2: Dean Copay Elite 2000 (10/40/50/50)

First	Last	Age	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

Option 3: Anthem Silver Blue Preferred POS 3500/20%/8000 Lean Rx (8PF7)

First	Last	Age	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

Option 4: UHC Choice Plus EBEZ /K62S (EBEZ-K62S)

First	Last	Age	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

Option 5: MercyCare HMO CO-80 \$3,000 Deductible; \$20/\$40/\$75/\$500 Rx

First	Last	Age	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

Option 6: Quartz TIERED CHOICE PLUS ACHIEVE SILVER S320 HDHP HMO

First	Last	Age	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

Option 7: QUARTZ ONE ACHIEVE SILVER S306 HDHP HMO - SA7

First	Last	Age	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

Option 8: Dean HSA-E HDHP 3750

First	Last	Age	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

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

First	Last	Age	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

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

First	Last	Age	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

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

First	Last	Age	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

Option 12: Anthem Silver Blue Preferred POS 5500E/20%/6500 w/HSA (8PA6)

First	Last	Age	Gender	Coverage	EE Rate	Dependents	Total Premium
			M	EE	\$596.50	\$0.00	\$596.50
			M	FAM	\$728.11	\$1,648.83	\$2,376.94
			M	ES	\$1,416.89	\$1,416.89	\$2,833.78
			M	ES	\$1,312.51	\$1,512.69	\$2,825.20
			M	ES	\$1,228.81	\$1,368.48	\$2,597.29
			F	EE	\$1,176.37	\$0.00	\$1,176.37
			F	ES	\$1,368.48	\$1,488.49	\$2,856.97
			M	FAM	\$628.27	\$1,399.75	\$2,028.02
			M	EE	\$516.33	\$0.00	\$516.33
Total					\$8,972.27	\$8,835.13	\$17,807.40

Important Disclaimers Regarding Premium Rates, Benefits, and Other Information

1. The insurance quoting software application used by R&R Insurance Services, Inc. is, in part, a forecasting and modeling tool for pricing comparisons and quotation estimates and should be used for illustrative purposes only. The insurance premium rates, monthly premiums and plan benefits information that are being displayed in the quote documents that follow were obtained (i) directly from the insurance carrier, (ii) through publicly available information, and/or (iii) by the uploading of an insurance carrier proposal by an authorized licensed user of the software application. These rates and quotes do not constitute an offer of insurance by R&R Insurance Services, Inc., nor is any contract, agreement, or insurance coverage implied, formed or bound by the provision of rate quotes with R&R Insurance Services, Inc. Insurability, final insurance premium rate quotes and an offer of insurance, if any, will be determined by the insurance company providing the insurance.
2. From time to time, there may be discrepancies in rates and corresponding premiums. Such instances occur where (i) the insurance carrier has rounded up or down to achieve a 2-decimal (\$.xx) tier rate from a greater than 2-decimal actuarial value, (ii) has made a clerical error, (iii) the carrier has updated its rates since the time of census submission or quote file uploading, or (iv) variations in carrier conversion factors as it relates to age-based rates to composite tier rates. The insurance quoting software application does not automatically make adjustments to the data that is returned through a census submission or quote upload.
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.
5. The analysis is for illustrative purposes only, and is not a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. Please see your policy or contact us for specific information or further details in this regard.
6. Certain hyperlinks may have been provided for your convenience. However, R&R Insurance Services, Inc. does not control or endorse the third party website and is not responsible for the content, links, privacy policy, or security policy of other websites. The user specifically acknowledges that R&R Insurance Services, Inc. is not liable for the defamatory, offensive, or illegal conduct of other users, links or third parties and that the risk of injury from the foregoing rests entirely with the user. Since R&R Insurance Services, Inc. is not responsible for the availability of these outside resources or their contents, you should direct any concerns regarding any external link to its site administrator or