



INSURANCE

Group name

Village of Palmyra~

Presented by

Carmen Winkelman

Date

July 13, 2026

MEDICAL - Effective Date: 10/1/2026	Current	Mkt Opt 1	Mkt Opt 2	Mkt Opt 3	Mkt Opt 4
Carrier	Quartz	MercyCare Health Plans	Dean Health Plan	Anthem	UnitedHealthcare
Plan Name	QUARTZ ONE ACHIEVE SILVER \$303 POS	MercyCare HMO CO-70 \$4,000 Deductible: \$20/\$50/\$100/\$500 Rx	Dean Copay Plus 3750 (5/40/75/150)	Anthem Silver Blue Preferred POS 4500/20%/8500 Lean Rx (95KR)	UHC Choice Plus Gold 3750-4 - EQSH (EQSH-K62S)
Plan Type	PPO	HMO	HMO	POS	POS
Funding Type	Fully Insured	Fully Insured	Fully Insured	Fully Insured	Fully Insured
Network	QUARTZ ONE ACHIEVE	HMO / PPO	COMMERCIAL HMO / POS	BLUE PREFERRED POS (WI)	CHOICE PLUS POS
Metallic Level	Silver	Silver	Silver	Silver	Gold
In Network					
Deductible Single	\$4,000	\$4,000	\$3,750	\$4,500	\$3,750
Deductible Family	\$8,000	\$8,000	\$7,500	\$9,000	\$7,500
Deductible Type	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance	80%	70%	70%	80%	100% / Tier-2: 90%
OOP Max Single	\$8,500	\$9,200	\$9,500	\$8,500	\$9,500
OOP Max Family	\$17,000	\$18,400	\$19,000	\$17,000	\$19,000
Inpatient Facility	80% after deductible	70% after deductible	70% after deductible	80% after deductible	100% after deductible
Outpatient Surgery	80% after deductible	70% after deductible	70% after deductible	80% after deductible	100% after deductible
Copays					
Office Copay	\$80	\$50	\$50	\$25	\$15
Specialist	\$160	\$100	\$90	\$80	\$30
Urgent Care	\$160	\$100	\$50 after deductible	\$100	\$50
ER	\$900	70% after deductible	\$500 plus 70% after deductible	\$600 after deductible	\$700 after deductible
Other Services					
Diagnostic Lab / X-Ray	80% after deductible / 80% after deductible	70% after deductible / 70% after deductible	70% after deductible / 70% after deductible	\$80 after deductible / \$80 after deductible	100% after deductible / Tier-2: 90% after deductible / 100% after deductible
MRI & CT Scan	80% after deductible	70% after deductible	70% after deductible	80% after deductible	100% after deductible / Tier-2: 90% after deductible
RX					
Rx Tiers	\$10 / \$20 / \$70 / 50% / 40%	\$20 / \$50 / \$100 / \$500	\$5 / \$40 / \$75 / \$150	\$15 / Tier-2: \$25 / \$50 / Tier-2: \$60 / \$50 / Tier-2: \$60 / 50% / Tier-2: 50% / 50% / Tier-2: 50%	\$10 / \$40 / \$105 / \$250 / \$10-\$500
Out of Network					
Deductible Single	\$8,000	Not Covered	Not Covered	\$13,500	\$5,000
Deductible Family	\$16,000	Not Covered	Not Covered	\$27,000	\$10,000
Coinsurance	60%	Not Applicable	Not Applicable	50%	70%
OOP Max Single	\$17,000	Not Covered	Not Covered	\$25,500	\$10,000
OOP Max Family	\$34,000	Not Covered	Not Covered	\$51,000	\$20,000
Inpatient Facility	60% after deductible	Not Covered	Not Covered	50% after deductible	70% after deductible
Outpatient Surgery	60% after deductible	Not Covered	Not Covered	50% after deductible	70% after deductible
Enrollment					
Employee Only	3	3	3	3	3
Employee Spouse	6	6	6	6	6
Employee Child(ren)	1	1	1	1	1
Family	1	1	1	1	1
Monthly Premiums	Age Rated	Age Rated	Age Rated	Age Rated	Age Rated
Employee Only	See ACA Age EE Contrib tabs for member & dependent age rates	See ACA Age EE Contrib tabs for member & dependent age rates	See ACA Age EE Contrib tabs for member & dependent age rates	See ACA Age EE Contrib tabs for member & dependent age rates	See ACA Age EE Contrib tabs for member & dependent age rates
Employee Spouse					
Employee Child(ren)					
Family					
Monthly Premium Per Plan	\$19,328.70	\$16,218.02	\$21,205.65	\$24,511.63	\$33,287.23
Change From Current	---	-\$3,110.68 (-16.09%)	\$1,876.95 (9.71%)	\$5,182.93 (26.81%)	\$13,958.53 (72.22%)
Annual Premium Per Plan	\$231,944.40	\$194,616.24	\$254,467.80	\$294,139.56	\$399,446.76
Change From Current	---	-\$37,328.16 (-16.09%)	\$22,523.40 (9.71%)	\$62,195.16 (26.81%)	\$167,502.36 (72.22%)

MEDICAL - Effective Date: 10/1/2026	Current	Mkt Opt 5 (LF)
Carrier	Quartz	Anthem
Plan Name	QUARTZ ONE ACHIEVE SILVER S303	ABF 9P2A Balanced Blue Preferred
Plan Type	POS	POS 4000/20%/7000
Funding Type	PPO	POS
Network	Fully Insured	Alt Funded
Metallic Level	QUARTZ ONE ACHIEVE	Preferred
	Silver	-
In Network		
Deductible Single	\$4,000	\$4,000
Deductible Family	\$8,000	\$8,000
Deductible Type	Embedded	Embedded
Coinsurance	80%	80%
OOP Max Single	\$8,500	\$7,500
OOP Max Family	\$17,000	15,000
Inpatient Facility	80% after deductible	80% after deductible
Outpatient Surgery	80% after deductible	80% after deductible
Copays		
Office Copay	\$80	\$20
Specialist	\$160	\$75
Urgent Care	\$160	\$100
ER	\$900	\$500 after 80% after deductible
Other Services		
Diagnostic Lab / X-Ray	80% after deductible / 80% after deductible	100% after deductible / 100% after deductible
MRI & CT Scan	80% after deductible	100% after deductible
RX		
Rx Tiers	\$10 / \$20 / \$70 / 50% / 40%	\$10/\$40/\$90/\$400
Out of Network		
Deductible Single	\$8,000	\$12,000
Deductible Family	\$16,000	\$24,000
Coinsurance	60%	50%
OOP Max Single	\$17,000	\$22,500
OOP Max Family	\$34,000	45,000
Inpatient Facility	60% after deductible	50% after deductible
Outpatient Surgery	60% after deductible	50% after deductible
Enrollment		
Employee Only	3	3
Employee Spouse	6	6
Employee Child(ren)	1	1
Family	1	1
Monthly Premiums	Age Rated	
Employee Only	See ACA Age EE Contrib tabs for member & dependent age rates	\$837.96
Employee Spouse		\$2,054.68
Employee Child(ren)		\$1,566.98
Family		\$2,613.60
Monthly Premium Per Plan	\$19,328.70	\$19,022.54
Change From Current	---	-\$306.16 (-1.58%)
Annual Premium Per Plan	\$231,944.40	\$228,270.48
Change From Current	---	-\$3,673.92 (-1.58%)

Anthem is offering a one-time transition credit in the amount of \$3,000 (reflected on the first or second invoice)

Quartz

Current: QUARTZ ONE ACHIEVE SILVER S303 POS

First	Last	Age	Gender	Coverage	EE Rate	Dependents	Total Premium
				EE	\$552.38	\$0.00	\$552.38
				ES	\$1,215.43	\$1,267.26	\$2,482.69
				ES	\$1,215.43	\$1,400.80	\$2,616.23
				EC	\$674.25	\$852.61	\$1,526.86
				ES	\$1,137.91	\$1,267.26	\$2,405.17
				EE	\$1,089.35	\$0.00	\$1,089.35
				ES	\$1,267.26	\$1,378.39	\$2,645.65
				ES	\$522.51	\$507.56	\$1,030.07
				ES	\$1,312.08	\$1,312.08	\$2,624.16
				FAM	\$581.80	\$1,296.20	\$1,878.00
				EE	\$478.14	\$0.00	\$478.14
Total					\$10,046.54	\$9,282.16	\$19,328.70

MercyCare Health Plans

Mkt Opt 1: MercyCare HMO CO-70 \$4,000 Deductible; \$20/\$50/\$100/\$500 Rx

First	Last	Age	Gender	Coverage	EE Rate	Dependents	Total Premium
				EE	\$458.43	\$0.00	\$458.43
				ES	\$1,038.55	\$1,038.55	\$2,077.10
				ES	\$1,038.55	\$1,147.98	\$2,186.53
				EC	\$574.00	\$720.56	\$1,294.56
				ES	\$975.02	\$1,075.28	\$2,050.30
				EE	\$932.55	\$0.00	\$932.55
				ES	\$1,075.28	\$1,147.98	\$2,223.26
				ES	\$428.20	\$415.96	\$844.16
				ES	\$1,099.39	\$1,099.39	\$2,198.78
				FAM	\$482.92	\$1,068.40	\$1,551.32
				EE	\$401.03	\$0.00	\$401.03
Total					\$8,503.92	\$7,714.10	\$16,218.02

Dean Health Plan
Mkt Opt: Dean Copay Plus 3750 (5/40/75/150)

First	Last	Age	Gender	Coverage	EE Rate	Dependents	Total Premium
				EE	\$599.41	\$0.00	\$599.41
				ES	\$1,357.94	\$1,357.94	\$2,715.88
				ES	\$1,357.94	\$1,501.04	\$2,858.98
				EC	\$750.52	\$942.15	\$1,692.67
				ES	\$1,274.88	\$1,405.97	\$2,680.85
				EE	\$1,219.34	\$0.00	\$1,219.34
				ES	\$1,405.97	\$1,501.04	\$2,907.01
				ES	\$559.89	\$543.88	\$1,103.77
				ES	\$1,437.49	\$1,437.49	\$2,874.98
				FAM	\$631.44	\$1,396.96	\$2,028.40
				EE	\$524.36	\$0.00	\$524.36
Total					\$11,119.18	\$10,086.47	\$21,205.65

Anthem
Mkt Opt: Anthem Silver Blue Preferred POS 4500/20%/8500 Lean Rx (95KR)

First	Last	Age	Gender	Coverage	EE Rate	Dependents	Total Premium
				EE	\$692.86	\$0.00	\$692.86
				ES	\$1,569.64	\$1,569.64	\$3,139.28
				ES	\$1,569.64	\$1,735.05	\$3,304.69
				EC	\$867.53	\$1,089.03	\$1,956.56
				ES	\$1,473.64	\$1,625.16	\$3,098.80
				EE	\$1,409.44	\$0.00	\$1,409.44
				ES	\$1,625.16	\$1,735.05	\$3,360.21
				ES	\$647.17	\$628.67	\$1,275.84
				ES	\$1,661.60	\$1,661.60	\$3,323.20
				FAM	\$729.88	\$1,614.76	\$2,344.64
				EE	\$606.11	\$0.00	\$606.11
Total					\$12,852.67	\$11,658.96	\$24,511.63

UnitedHealthcare
Mkt Opt: UHC Choice Plus Gold 3750-4 - EQSH (EQSH-K62S)

First	Last	Age	Gender	Coverage	EE Rate	Dependents	Total Premium
				EE	\$940.92	\$0.00	\$940.92
				ES	\$2,131.60	\$2,131.60	\$4,263.20
				ES	\$2,131.60	\$2,356.23	\$4,487.83
				EC	\$1,178.12	\$1,478.93	\$2,657.05
				ES	\$2,001.22	\$2,207.00	\$4,208.22
				EE	\$1,914.04	\$0.00	\$1,914.04
				ES	\$2,207.00	\$2,356.23	\$4,563.23
				ES	\$878.87	\$853.74	\$1,732.61
				ES	\$2,256.48	\$2,256.48	\$4,512.96
				FAM	\$991.19	\$2,192.87	\$3,184.06
				EE	\$823.11	\$0.00	\$823.11
Total					\$17,454.15	\$15,833.08	\$33,287.23

CURRENT: Plan 1		Mkt Opt 1: Plan 1		Mkt Opt 2: Plan 1		Mkt Opt 3: Plan 1	
Quartz		MercyCare Health Plans		Dean Health Plan		Anthem	
QUARTZ ONE ACHIEVE SILVER S303 POS		MercyCare HMO CO-70 \$4,000 Deductible; \$20/\$50/\$100/\$500 Rx		Dean Copay Plus 3750 (5/40/75/150)		Anthem Silver Blue Preferred POS 4500/20%/8500 Lean Rx (95KR)	
Age	Rate	Age	Rate	Age	Rate	Age	Rate
14 & Under	\$357.20	14 & Under	\$292.74	14 & Under	\$382.76	14 & Under	\$442.44
15	\$388.96	15	\$318.76	15	\$416.79	15	\$481.77
16	\$401.11	16	\$328.71	16	\$429.80	16	\$496.80
17	\$413.23	17	\$338.66	17	\$442.81	17	\$511.84
18	\$426.31	18	\$349.37	18	\$456.82	18	\$528.03
19	\$439.38	19	\$360.09	19	\$470.82	19	\$544.23
20	\$452.92	20	\$371.19	20	\$485.33	20	\$561.00
21	\$466.96	21	\$382.67	21	\$500.35	21	\$578.35
22	\$466.96	22	\$382.67	22	\$500.35	22	\$578.35
23	\$466.96	23	\$382.67	23	\$500.35	23	\$578.35
24	\$466.96	24	\$382.67	24	\$500.35	24	\$578.35
25	\$468.81	25	\$384.20	25	\$502.35	25	\$580.66
26	\$478.14	26	\$391.85	26	\$512.35	26	\$592.23
27	\$489.35	27	\$401.03	27	\$524.36	27	\$606.11
28	\$507.56	28	\$415.96	28	\$543.88	28	\$628.67
29	\$522.51	29	\$428.20	29	\$559.89	29	\$647.17
30	\$529.97	30	\$434.32	30	\$567.89	30	\$656.43
31	\$541.17	31	\$443.51	31	\$579.90	31	\$670.31
32	\$552.38	32	\$452.69	32	\$591.91	32	\$684.19
33	\$559.39	33	\$458.43	33	\$599.41	33	\$692.86
34	\$566.86	34	\$464.55	34	\$607.42	34	\$702.12
35	\$570.59	35	\$467.62	35	\$611.42	35	\$706.74
36	\$574.32	36	\$470.68	36	\$615.42	36	\$711.37
37	\$578.06	37	\$473.74	37	\$619.43	37	\$716.00
38	\$581.80	38	\$476.80	38	\$623.43	38	\$720.62
39	\$589.28	39	\$482.92	39	\$631.44	39	\$729.88
40	\$596.74	40	\$489.05	40	\$639.44	40	\$739.13
41	\$607.96	41	\$498.23	41	\$651.45	41	\$753.01
42	\$618.69	42	\$507.03	42	\$662.96	42	\$766.31
43	\$633.64	43	\$519.28	43	\$678.97	43	\$784.82
44	\$652.31	44	\$534.58	44	\$698.98	44	\$807.95
45	\$674.25	45	\$552.57	45	\$722.50	45	\$835.14
46	\$700.40	46	\$574.00	46	\$750.52	46	\$867.53
47	\$729.82	47	\$598.10	47	\$782.04	47	\$903.96
48	\$763.44	48	\$625.65	48	\$818.06	48	\$945.60
49	\$796.59	49	\$652.82	49	\$853.59	49	\$986.67
50	\$833.94	50	\$683.44	50	\$893.62	50	\$1,032.93
51	\$870.84	51	\$713.67	51	\$933.14	51	\$1,078.62
52	\$911.45	52	\$746.96	52	\$976.67	52	\$1,128.94
53	\$952.55	53	\$780.63	53	\$1,020.70	53	\$1,179.83
54	\$996.91	54	\$816.99	54	\$1,068.24	54	\$1,234.78
55	\$1,041.27	55	\$853.34	55	\$1,115.77	55	\$1,289.72
56	\$1,089.35	56	\$892.75	56	\$1,167.31	56	\$1,349.29
57	\$1,137.91	57	\$932.55	57	\$1,219.34	57	\$1,409.44
58	\$1,189.76	58	\$975.02	58	\$1,274.88	58	\$1,473.64
59	\$1,215.43	59	\$996.07	59	\$1,302.40	59	\$1,505.45
60	\$1,267.26	60	\$1,038.55	60	\$1,357.94	60	\$1,569.64
61	\$1,312.08	61	\$1,075.28	61	\$1,405.97	61	\$1,625.16
62	\$1,341.51	62	\$1,099.39	62	\$1,437.49	62	\$1,661.60
63	\$1,378.39	63	\$1,129.62	63	\$1,477.02	63	\$1,707.29
64	\$1,400.80	64	\$1,147.98	64	\$1,501.04	64	\$1,735.05
65+	\$1,400.80	65+	\$1,147.98	65+	\$1,501.04	65+	\$1,735.05

Mkt Opt 4: Plan 1	
UnitedHealthcare	
UHC Choice Plus Gold 3750-4 - EQSH (EQSH-K62S)	
Age	Rate
14 & Under	\$600.84
15	\$654.25
16	\$674.67
17	\$695.09
18	\$717.08
19	\$739.07
20	\$761.85
21	\$785.41
22	\$785.41
23	\$785.41
24	\$785.41
25	\$788.55
26	\$804.26
27	\$823.11
28	\$853.74
29	\$878.87
30	\$891.44
31	\$910.29
32	\$929.14
33	\$940.92
34	\$953.49
35	\$959.77
36	\$966.05
37	\$972.34
38	\$978.62
39	\$991.19
40	\$1,003.75
41	\$1,022.60
42	\$1,040.67
43	\$1,065.80
44	\$1,097.22
45	\$1,134.13
46	\$1,178.12
47	\$1,227.60
48	\$1,284.15
49	\$1,339.91
50	\$1,402.74
51	\$1,464.79
52	\$1,533.12
53	\$1,602.24
54	\$1,676.85
55	\$1,751.46
56	\$1,832.36
57	\$1,914.04
58	\$2,001.22
59	\$2,044.42
60	\$2,131.60
61	\$2,207.00
62	\$2,256.48
63	\$2,318.53
64	\$2,356.23
65+	\$2,356.23

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