

Lincolnwood #74 PPO Plan Design Options

Option	Description	Estimated Savings	Select (with X)
1	<p>Change deductible from \$200 individual / \$600 Family TO \$500 individual / \$1,500 Family in-network.</p> <p>Change deductible from \$400 individual / \$1,200 Family TO \$1,000 individual / \$3,000 Family out-of-network.</p> <p>Change out of pocket limit from \$500 individual / \$1,000 Family TO \$1,000 individual / \$3,000 Family in-network.</p> <p>Change out of pocket limit from \$2,500 individual / \$5,000 Family TO \$3,000 individual / \$9,000 Family out-of-network.</p> <p>Change deductible apply towards OPX due to loss of grandfathered status.</p> <p>Change Rx OPX from unlimited copayments to \$8,100 Individual and \$15,200 Family maximum. Due to loss of grandfathered status. (mandatory change)</p>	-4.88%	X
2	<p>Change deductible from \$200 individual / \$600 Family TO \$1,000 individual / \$3,000 Family in-network.</p> <p>Change deductible from \$400 individual / \$1,200 Family TO \$2,000 individual / \$6,000 Family out-of-network.</p> <p>Change out of pocket limit from \$500 individual / \$1,000 Family TO \$1,500 individual / \$4,500 Family in-network.</p> <p>Change out of pocket limit from \$2,500 individual / \$5,000 Family TO \$4,000 individual / \$12,000 Family out-of-network.</p> <p>Change deductible to apply towards OPX due to loss of grandfathered status.</p> <p>Change Rx OPX from unlimited copayments to \$7,600 Individual and \$13,700 Family maximum. Due to loss of grandfathered status. (mandatory change)</p>	-9.89%	
3	<p>Change Wellcare/Preventive from 90% coinsurance after deductible is met to 100% in-network.</p> <p>Out-of-network remains the same at 70% coinsurance after deductible. Due to loss of grandfathered status. (mandatory change)</p>	0.26%	X
4	Change ER services from 100% (no deductible) to \$250 copay (waived if admitted) then paid at 100% after deductible is met.	-0.68%	X
5	Change office visits copay from 10%/30% (In/Out of network) Coinsurance for PCP and Specialist TO: \$20 PCP and \$40 Specialist copay.	-1.18%	
6	Change Rx copay from Retail \$5 Generic /\$15 Formulary /\$30 Non-Formulary 2x mail order TO: \$10 Generic /\$30 Formulary /\$45 Non-Formulary 2x mail order	-1.90%	
7	Change ACA pharmacy drug listing coverage from copayments or not covered to covered at no cost to members. Due to loss of grandfathered status. (mandatory change)	-1.00%	X

Category	Current Rates	Adjusted Rates
Single	\$1,086.85	\$1,018.34
Employee + 1	\$1,880.20	\$1,761.69
Family	\$2,543.15	\$2,382.85
Single Medicare	\$1,086.85	\$1,018.34
Family Medicare	\$2,173.67	\$2,036.66

Please note: All rates will be adjusted at the 7/1/2023 renewal.

Please Note: 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.