Gallagher

Walker Hackensack Akeley 113
Medical | Fully-Insured Market Options | Effective 01/01/2026

	CURRENT				MARKET OPTION 1			
Carrier Name	BlueCross BlueShield of Minnesota				UnitedHealthcare			
Plan Name	**T25105P Aware HSA $8,300 Ded 0% Coins with VBBD**	**T25083P Aware HSA $5,000 Ded 0% Coins with VBBD**	**T25075P Aware HSA $3,300 Ded 0% Coins with VBBD**	**T25025P Aware HSA $2,000 Non-embedded Ded 25% Coins with VBBD**	**EFTF MOD (CH+ HSA) Rx Plan: MM - HAS**	**EFU2 MOD (CH+ HSA) Rx Plan: MM - HAS**	**EQJV MOD (CH+ HSA) Rx Plan: MM - HAS**	**EFUG MOD (CH+ HSA) Rx Plan: 2V - HAS**
PLAN DESIGN*								
In-Network Benefits	MN Network: Aware National Network: BlueCard PPO	MN Network: Aware National Network: BlueCard PPO	MN Network: Aware National Network: BlueCard PPO	MN Network: Aware National Network: BlueCard PPO	Choice Plus	Choice Plus	Choice Plus	Choice Plus
Deductible Type	Embedded	Embedded	Embedded	Aggregate	Embedded	Embedded	Embedded	Aggregate
Calendar Year (CY) Deductible (Individual / Family)	$8,300 / $16,600	$5,000 / $10,000	$3,300 / $6,600	$2,000 / $4,000	$8,300 / $16,600	$5,000 / $10,000	$3,400 / $6,800	$2,000 / $4,000
Out-of-Pocket Max Type	Embedded	Embedded	Embedded	Aggregate	Embedded	Embedded	Embedded	Aggregate
CY Out-of-Pocket Max (Individual / Family)	$8,300 / $16,600	$5,000 / $10,000	$3,300 / $6,600	$3,000 / $6,000	$8,300 / $16,600	$5,000 / $10,000	$3,400 / $6,800	$3,000 / $6,000
Coinsurance (member pays after deductible)	0%	0%	0%	25%	0%	0%	0%	25%
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit	0% after deductible	0% after deductible	0% after deductible	25% after deductible	0% after deductible	0% after deductible	0% after deductible	25% after deductible
Specialist Visit	0% after deductible	0% after deductible	0% after deductible	25% after deductible	0% after deductible	0% after deductible	0% after deductible	25% after deductible
Urgent Care	0% after deductible	0% after deductible	0% after deductible	25% after deductible	0% after deductible	0% after deductible	0% after deductible	25% after deductible
Emergency Room	0% after deductible	0% after deductible	0% after deductible	25% after deductible	0% after deductible	0% after deductible	0% after deductible	25% after deductible
Inpatient Hospital	0% after deductible	0% after deductible	0% after deductible	25% after deductible	0% after deductible	0% after deductible	0% after deductible	25% after deductible
Outpatient Surgery	0% after deductible	0% after deductible	0% after deductible	25% after deductible	0% after deductible	0% after deductible	0% after deductible	25% after deductible
Chiropractic (visit limits may apply)	0% after deductible	0% after deductible	0% after deductible	25% after deductible	0% after deductible	0% after deductible	0% after deductible	25% after deductible
Phys/Occ/Speech Therapy (visit limits may apply)	0% after deductible	0% after deductible	0% after deductible	25% after deductible	0% after deductible	0% after deductible	0% after deductible	25% after deductible
Diagnostic Test (X-ray, blood work)	0% after deductible	0% after deductible	0% after deductible	25% after deductible	0% after deductible	0% after deductible	0% after deductible	25% after deductible
Imaging (CT/PET scan, MRI)	0% after deductible	0% after deductible	0% after deductible	25% after deductible	0% after deductible	0% after deductible	0% after deductible	25% after deductible
Prescription Drug Benefit								
Retail	31 Days	31 Days	31 Days	31 Days	30 Days	30 Days	30 Days	30 Days
Tier I / Tier II / Tier III / Tier IV	0% after deductible	0% after deductible	0% after deductible	25% after deductible	0% after deductible	0% after deductible	0% after deductible	$10 / $35 / $60 after deductible
Specialty	0% after deductible	0% after deductible	0% after deductible	25% after deductible	0% after deductible	0% after deductible	0% after deductible	25% after deductible
Mail Order	90 Days	90 Days	90 Days	90 Days	90 Days	90 Days	90 Days	90 Days
Tier I / Tier II / Tier III / Tier IV	0% after deductible	0% after deductible	0% after deductible	25% after deductible	0% after deductible	0% after deductible	0% after deductible	$25 / $87.5 / $150 after deductible
Out-of-Network Benefits								
Deductible Type	Embedded	Embedded	Embedded	Aggregate	Embedded	Embedded	Embedded	Aggregate
CY Deductible (Individual / Family)	$10,000 / $20,000	$7,500 / $15,000	$5,000 / $10,000	$5,000 / $10,000	$10,000 / $20,000	$7,500 / $15,000	$5,000 / $10,000	$5,000 / $10,000
Out-of-Pocket Max Type	Embedded	Embedded	Embedded	Aggregate	Embedded	Embedded	Embedded	Aggregate
CY Out-of-Pocket Max (Individual / Family)	$15,000 / $30,000	$12,500 / $25,000	$10,000 / $20,000	$10,000 / $20,000	$15,000 / $30,000	$12,500 / $25,000	$10,000 / $20,000	$10,000 / $20,000
Coinsurance (member pays after deductible)	50%	50%	50%	50%	50%	50%	50%	50%
COST ANALYSIS								
PEPM Rates - Enrollment per Renewal	Plan 1	Plan 2	Plan 3	Plan 4	T25105P Aware HSA $8,300 Ded 0% Coins with VBBD	T25083P Aware HSA $5,000 Ded 0% Coins with VBBD	T25075P Aware HSA $3,300 Ded 0% Coins with VBBD	T25025P Aware HSA $2,000 Non-embedded Ded 25% Coins with VBBD	EFTF MOD (CH+ HSA) Rx Plan: MM - HAS	EFU2 MOD (CH+ HSA) Rx Plan: MM - HAS	EQJV MOD (CH+ HSA) Rx Plan: MM - HAS	EFUG MOD (CH+ HSA) Rx Plan: 2V - HAS
Employee (EE) Only	22	21	14	5	$702.32	$850.85	$961.23	$1,005.91	$594.23	$685.39	$788.32	$777.79
EE + Family	7	4	5	0	$1,861.24	$2,254.86	$2,547.38	$2,665.78	$1,574.78	$1,816.37	$2,089.15	$2,061.24
Total Enrollment	**29**	**25**	**19**	**5**								
Estimated Monthly Premium					$28,480	$26,887	$26,194	$5,030	$24,097	$21,659	$21,482	$3,889
Estimated Annual Premium					**$341,757**	**$322,647**	**$314,329**	**$60,355**	**$289,158**	**$259,904**	**$257,787**	**$46,667**
Dollar Difference from Current									**-$52,598**	**-$62,743**	**-$56,543**	**-$13,687**
Percent Change from Current									**-15.4%**	**-19.4%**	**-18.0%**	**-22.7%**
Total Combined Annual Cost												
					CURRENT				MARKET OPTION 1			
Estimated Annual Premium					**$1,039,088**				**$853,516**			
Dollar Difference from Current									**-$185,572**			
Percent Change from Current									**-17.9%**			
PLAN PROVISIONS												
Rate Guarantee	1 Year rate guarantee ending 12/31/2025								1 Year rate guarantee ending 12/31/2026			
Required Employer Contribution	At least 50% of the cost of the single rate for the lowest cost health plan											
Required Participation	Less than 50% of eligible employees or two enrolled employees, regardless of waivers								At least 52% of all benefit eligible employees (including spousal waivers)			
Eligibility	FTE 20HRS/WK								FTE 20HRS/WK			

**NOTE: Benefit deviations from Current are identified in blue font*

Notes and Assumptions