

Southern Journeys
Health Insurance Comparison
In-Network Benefits Plan Comparison

Benefit Description		CURRENT/RENEWAL United Healthcare Choice Plus Premier OYF/JH IN-NETWORK		OPTION 1 United Healthcare OK Choice Plus Balanced Silver CD-YW/E82 IN-NETWORK	OPTION 2 United Healthcare OK Choice Plus Balanced Silver CD-Z8/E82 IN-NETWORK
Annual Deductible (single/family)		\$4,000/\$12,000		\$5,000/\$10,000	\$3,000/\$9,000
Coinsurance		Plan pays 100%		Plan pays 80%	Plan pays 100%
Out-of-Pocket Maximum (single/family) (includes deductible)		\$4,000/\$12,000		\$8,150/\$16,300	\$5,000/\$10,000
Maximum Benefit		Unlimited		Unlimited	Unlimited
Office Visits: Preventive Care					
Primary Care Physician Office Visit		Plan pays 100%		Plan pays 100%	Plan pays 100%
Specialist Physician Office Visit		Plan pays 100%		Plan pays 100%	Plan pays 100%
Well Child Care		Plan pays 100%		Plan pays 100%	Plan pays 100%
Office Visits: Illness or Injury					
Primary Care Physician (PCP) office visit		\$30 Copay		\$45 Copay	\$45 Copay
Specialty Care Physician office visit		\$60 Copay		\$90 Copay	\$90 Copay
Emergency Room Services					
Life-threatening illness, serious accidental injury		\$250 Copay; waived if admitted		\$500 Copay + Plan pays 80% after deductible	\$400 Copay
Urgent Care		\$75 Copay		Plan pays 80% after deductible	\$50 Copay
Hospital Services - Inpatient					
Facility/ Hospital Charges		Plan pays 100% after deductible		Plan pays 80% after deductible	\$250 Copay after deductible
Physician Fees for Surgical and Medical Services		Plan pays 100% after deductible		Plan pays 80% after deductible	Plan pays 100% after deductible
Outpatient Services					
Surgery facility/Hospital charges		Plan pays 100% after deductible		Plan pays 80% after deductible	\$250 Copay after deductible
Diagnostic Lab services		Plan pays 100%		Plan pays 80% after deductible	Plan pays 100% after deductible
Diagnostic X-Ray		Plan pays 100%		Plan pays 80% after deductible	Plan pays 100% after deductible
Major Diagnostics (CT, PET, MRI, MRA, and nuclear medicine)		Plan pays 100% after deductible		Plan pays 80% after deductible	\$400 Copay
Physician Fees for Surgical and Medical Services		Plan pays 100% after deductible		Plan pays 80% after deductible	Plan pays 100% after deductible
Prescription Drugs					
Tier 1		\$20 Copay		\$10 Copay	\$10 Copay
Tier 2		\$45 Copay		\$40 Copay	\$40 Copay
Tier 3		\$75 Copay		\$125 Copay	\$125 Copay
Tier 4		N/A		\$300 Copay	\$300 Copay
Employee Tier	# of Employees	Current Rates	Renewal Rates	Rates	Rates
Employee Only	2	\$640.17	\$688.03	Age-Banded Rates	Age-Banded Rates
Employee + Spouse	1	\$1,456.67	\$1,493.69		
Employee + Child(ren)	0	\$1,019.85	\$1,107.25		
Family	2	\$1,916.61	\$2,001.53		
Monthly Total	5	\$6,570.23	\$6,872.81	\$5,890.13	\$7,113.52
COBRA Employees	# of Employees	Current Rates	Renewal Rates	Rates	Rates
Employee Only	2	\$640.17	\$688.03	Age-Banded Rates	Age-Banded Rates
Employee + Spouse	0	\$1,456.67	\$1,493.69		
Employee + Child(ren)	0	\$1,019.85	\$1,107.25		
Family	0	\$1,916.61	\$2,001.53		
Monthly Total	2	\$1,280.34	\$1,376.06	\$770.42	\$930.44
Total	# of Employees	Current Rates	Renewal Rates	Rates	Rates
	7	\$7,850.57	\$8,248.87	\$6,660.55	\$8,043.96

Insurance Carriers Quoted
Southern Journeys
2021-2022

		CURRENT	RENEWAL	OPTION 1	OPTION 2			
		United Healthcare	United Healthcare	United Healthcare OK	United Healthcare OK	Humana	Anthem	Cigna+Oscar
	# of Employees + COBRA	Choice Plus Premier OY-F/JR	Choice Plus Premier OY-F/JR	Choice Plus Balanced Silver CD-YW/E82	Choice Plus Balanced Gold CD-Z8/E82	GA NPOS 21 Copay OPT 4 Gold	Silver Blue Open Access POS 5L4X	Declined to Quote
		\$4,000 Ded. /100%	\$4,000 Ded. /100%	\$5,000 Ded. /80%	\$3,000 Ded. /100%	\$4,500 Ded. /100%	\$4,000 Ded. /80%	
		Rates	Rates	Rates	Rates	Rates	Rates	
Monthly Total	7	\$7,850.57	\$8,248.87	\$6,660.55	\$8,043.96	\$12,213.03	\$12,260.44	DTQ

Central Investments
Dental Plan Comparison
Current and Alternate Plans

<i>Benefit Description</i>		CURRENT United Concordia F-Plan 3W	
<i>Calendar Year Deductible</i> <i>Annual Benefit Maximum</i> <i>Orthodontia Lifetime Maximum</i>		Single: \$50 Family: \$150 \$2,000 per person \$1,500 per person	
<i>Class 1 - Diagnostic/Preventive Services</i> Exams Cleanings & Fluoride Treatments X-Rays (Bitewings) X-Rays (All others) Palliative Treatment (Emergency) Sealants		Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100%	
<i>Class 2 - Basic Services</i> Space Maintainers Basic Restorative Simple Extractions Complex Oral Surgery Endodontics Non-Surgical Periodontics Surgical Periodontics		Plan pays 100% Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible Plan pays 80% after deductible	
<i>Class 3 - Major Services</i> Inlays, Onlays, Crowns Prosthetics (Bridges, Dentures)		Plan pays 50% after deductible Plan pays 50% after deductible	
<i>Orthodontics</i>		Plan pays 50% (Up to Age 19)	
<i>Waiting Period</i>		None	
<i>Out of Network Reimbursement</i>		90th Percentile of UR&C	
Benefit Selection	# of Employees	Current Rates	Totals
Employee Only	2	\$40.77	\$81.54
Employee & Spouse	1	\$80.70	\$80.70
Employee & Child(ren)	1	\$92.98	\$92.98
Family	2	\$142.79	\$285.58
Total	6		\$540.80

COBRA Employees	# of Employees	Current Rates	Totals
Employee Only	0	\$40.77	\$0.00
Employee & Spouse	0	\$80.70	\$0.00
Employee & Child(ren)	1	\$92.98	\$92.98
Family	0	\$142.79	\$0.00
Total	1		\$92.98

Total	# of Employees	Total Cost
	7	\$633.78