

APEHP vs. AzMt Health Insurance		Plan Type	In-Network Medical Deductible		Coinsurance (paid by plan)	Network Out of Pocket Maximum	Copayments					Total Monthly Premium		Employee Monthly Premium		Town Monthly Premium		Annual Employer HSA/457 Contribution		Annual Employer Cost per Employee (including HSA if applicable)		Annual Employee Cost	
Insurer	Network		EE Only	EE + Family			Primary Care Physician	Specialist	Urgent Care	Emergency Room	Rx			EE Only	EE + Family	EE Only	EE + Family	EE Only	EE + Family	EE Only	EE + Family	EE Only	EE + Family
NEW AZMt	BCBS AZ Network	PPO Plan	\$500	\$1,000	80%	\$3,000/ \$6,000	\$20	\$40	\$50	\$250 Copay plus 20% after deductible met (waived if admitted)	\$10, \$30, \$50	\$478	\$1,290	\$0	\$203	\$478	\$1,087	N/A	N/A	\$5,740.92	\$13,044.24	\$0	\$2,434
NEW AZMt	BCBS AZ Network	PPO/Buy-Up Plan	\$100	\$400	80%	\$2,500/ \$5,000	\$20	\$40	\$50	\$250 Copay plus 20% after deductible met (waived if admitted)	\$10, \$30, \$50	\$489	\$1,322	\$0	\$208	\$489	\$1,114	N/A	N/A	\$5,869.08	\$13,365.96	\$0	\$2,499
NEW AZMt	BCBS AZ Network	EPO	\$250	\$500	90%	\$2,500/ \$5,000	\$15	\$30	\$50	\$50 Copay then 10% after deductible (waived if admitted)	\$10, \$30, \$50	\$501	\$1,358	\$0	\$214	\$501	\$1,144	N/A	N/A	\$6,012.24	\$13,725.96	\$0	\$2,571
NEW AZMt	BCBS AZ Network	HDHP	\$2,600	\$5,200	N/A	\$2,600/ \$5,200	100% until deductible met, 0% coinsurance after ded.	100% until deductible met, 0% coinsurance after ded.	100% until deductible met, 0% coinsurance after ded.	100% until deductible met, 0% coinsurance after ded.	100% until deductible met, 0% after deductible	\$444	\$1,180	\$0	\$184	\$444	\$996	\$2,600	4,420	\$5,329.08	\$11,948.28	\$0	\$2,206
CURRENT APEHP	BCBS AZ Network	HDHP	\$2,500	\$5,000	80%	\$3,450/ \$6,550	100% until deductible met, 20% coinsurance after deductible	100% until deductible met, 20% coinsurance after deductible	100% until deductible met, 20% coinsurance after deductible	100% until deductible met, 20% coinsurance after deductible	Preventative \$10, \$45, \$90 >> All other drugs EE pays 100%, 0% after deductible	\$485	\$1,225	\$0	\$185	\$485	\$1,040	\$2,600	\$4,420	\$5,815.68	\$12,480.00	\$0	\$2,221
CURRENT APEHP	BCBS AZ Network	PPO/Copay	\$750	\$2,250	80%	\$5,000/ \$10,000	\$20	\$40	\$40	100% until deductible met, 20% coinsurance after deductible	\$10, \$45, \$90	\$735	\$1,856	\$0	\$280	\$735	\$1,576	N/A	N/A	\$8,823.36	\$18,913.44	\$0	\$3,363

APEHP vs. AzMt Dental		Annual Max Benefit	Lifetime Orthodontia Max	Deductible	Total Monthly Premium			
Insurer	Network				Employee	Family	Emp + Spouse	Emp + Child(ren)
Current	Delta Dental	\$1,500	\$1,000	\$50/150	\$36.20	\$104.05	N/A	N/A
AzMt	Delta Dental	\$2,000	\$2,000	\$50/150	\$34.31	\$110.91	\$66.01	\$75.21
AzMt	Delta Dental	\$4,000	\$2,000	\$50/150				

APEHP vs. AzMt Vision		Exam Copay	Prescription Glasses Copay	Frame/ Contact Allowance	Diabetic Eyecare Copay	Total Monthly Premium			
Insurer	Network					Employee	Family	Emp + Spouse	Emp + Child(ren)
Current	VSP	\$10	\$0	\$130	N/A	\$9.69	\$25.52	\$15.50	\$15.83
Current	VSP	\$10	\$25	\$130	N/A	\$5.64	\$14.86	\$9.03	\$9.21
AzMt	VSP	\$10	\$20	\$150	\$20	\$4.46	\$12.23	\$8.72	\$7.93

APEHP vs. AzMt Life & ADD		Amount	Life Rate	ADD Rate
Insurer	Network			
Current	The Standard	1 1/2 X Annual Salary up to \$150,000		
AzMt	Minnesota Life	1 x Annual Salary up to \$150,000		

Plan Type	EE Only Deductible	EE + Family Deductible	Coinsurance (paid by plan)
Current PPO/ Copay	\$750	\$2,250	80%
New PPO Plan	\$500	\$1,000	80%
New PPO/Buy-Up Plan	\$100	\$400	80%
New EPO	\$250	\$500	90%

Out of Pocket Maximum
\$5,000/ \$10,000
\$3,000/ \$6,000
\$2,500/ \$5,000
\$2,500/ \$5,000