

Excess Disposal

Medical Plan Analysis

Plan Date: TBD

	Pacific Source Voyager Gold 2000	
Benefits	In-Network	Out-of-Network
Network	PPO	
Deductible		
Individual	\$2,000	\$10,000
Family	\$4,000	\$20,000
Coinsurance	25%	50%
Out-of-Pocket Maximum		
Individual	\$5,500	\$15,000
Family	\$11,000	\$30,000
Professional Services		
Office Visit - Primary Care Physician	\$25	Ded. + Coins.
Office Visit - Specialist	\$60	Ded. + Coins.
Preventive Care	100%	Ded. + Coins.
Laboratory & X-Ray	Ded. + Coins.	Ded. + Coins.
Maternity	Ded. + Coins.	Ded. + Coins.
Hospital Services		
Inpatient Hospital	Ded. + Coins.	Ded. + Coins.
Outpatient Hospital	Ded. + Coins.	Ded. + Coins.
Emergency Services		
Urgent Care	\$25	Ded. + Coins.
Emergency Room	\$250 Copay + Ded. + Coins.	Ded. + Coins.
Ambulance (Ground)	Ded. + Coins.	Ded. + Coins.
Prescription Drugs		
Deductible		
Preferred Generic	\$10 Copay	
Non-Preferred Generic	\$10 Copay	
Preferred Brand	\$45 Copay	
Non-Preferred Brand	\$45 Copay	
Preferred Specialty	20% Coinsurance	
Non-Preferred Specialty	20% Coinsurance	
Other Services		
Pediatric Dental		
Pediatric Vision	Included	
Tele-Medicine	Included	
Adult Vision	Included	
Accident Benefit	\$500 Within 90 Days	
E.A.P.		
Chiropractic	\$25 Copay Deductible Waived	
Age-banded Rates	Voyager Gold 2000	
Travis Low	424.00	
Spouse		419.00
Scott Low	573.00	
Child		297.00
Rocky McDaniel	344.00	
Spouse		344.00
Children		514.00
Dylan Gault	336.00	
Tyrone Tuttle	469.00	
Child		257.00
Lindsay Edwards	381.00	
Ryan Hiebert	411.00	
Spouse		381.00
Estimated <i>Employee</i> Premium	2,938.00	
Estimated <i>Dependent</i> Premium	2,212.00	
Estimated Monthly Premium	5,150.00	

	Pacific Source Voyager Silver 5500	
Benefits	In-Network	Out-of-Network
Network	PPO	
Deductible		
Individual	\$5,500	\$10,000
Family	\$11,000	\$20,000
Coinsurance	30%	50%
Out-of-Pocket Maximum		
Individual	\$8,000	\$15,000
Family	\$16,000	\$30,000
Professional Services		
Office Visit - Primary Care Physician	\$30	Ded. + Coins.
Office Visit - Specialist	\$60	Ded. + Coins.
Preventive Care	100%	Ded. + Coins.
Laboratory & X-Ray	Ded. + Coins.	Ded. + Coins.
Maternity	Ded. + Coins.	Ded. + Coins.
Hospital Services		
Inpatient Hospital	Ded. + Coins.	Ded. + Coins.
Outpatient Hospital	Ded. + Coins.	Ded. + Coins.
Emergency Services		
Urgent Care	\$30	Ded. + Coins.
Emergency Room	\$250 Copay + Ded. + Coins.	Ded. + Coins.
Ambulance (Ground)	Ded. + Coins.	Ded. + Coins.
Prescription Drugs		
Deductible		
Preferred Generic	\$15 Copay	
Non-Preferred Generic	\$15 Copay	
Preferred Brand	\$70 Copay	
Non-Preferred Brand	\$70 Copay	
Preferred Specialty	30% Coinsurance	
Non-Preferred Specialty	30% Coinsurance	
Other Services		
Pediatric Dental		
Pediatric Vision	Included	
Tele-Medicine	Included	
Adult Vision	Included	
Accident Benefit	\$500 Within 90 Days	
E.A.P.		
Chiropractic	\$30 Copay Deductible Waived	
Age-banded Rates	Voyager Silver 5500	
Travis Low	356.00	
Spouse		351.00
Scott Low	481.00	
Child		249.00
Rocky McDaniel	289.00	
Spouse		289.00
Children		432.00
Dylan Gault	282.00	
Tyrone Tuttle	394.00	
Child		216.00
Lindsay Edwards	320.00	
Ryan Hiebert	344.00	
Spouse		320.00
Estimated <i>Employee</i> Premium	2,466.00	
Estimated <i>Dependent</i> Premium	1,857.00	
Estimated Monthly Premium	4,323.00	

	Pacific Source Voyager Bronze 6800	
Benefits	In-Network	Out-of-Network
Network	PPO	
Deductible		
Individual	\$6,800	\$10,000
Family	\$13,600	\$20,000
Coinsurance	40%	50%
Out-of-Pocket Maximum		
Individual	\$8,150	\$15,000
Family	\$16,300	\$30,000
Professional Services		
Office Visit - Primary Care Physician	\$35	Ded. + Coins.
Office Visit - Specialist	Ded. + Coins.	Ded. + Coins.
Preventive Care	100%	Ded. + Coins.
Laboratory & X-Ray	Ded. + Coins.	Ded. + Coins.
Maternity	Ded. + Coins.	Ded. + Coins.
Hospital Services		
Inpatient Hospital	Ded. + Coins.	Ded. + Coins.
Outpatient Hospital	Ded. + Coins.	Ded. + Coins.
Emergency Services		
Urgent Care	\$35	Ded. + Coins.
Emergency Room	\$500 Copay + Ded. + Coins.	Ded. + Coins.
Ambulance (Ground)	Ded. + Coins.	Ded. + Coins.
Prescription Drugs		
Deductible		
Preferred Generic	Deductible + Coinsurance	
Non-Preferred Generic	Deductible + Coinsurance	
Preferred Brand	Deductible + Coinsurance	
Non-Preferred Brand	Deductible + Coinsurance	
Preferred Specialty	Deductible + Coinsurance	
Non-Preferred Specialty	Deductible + Coinsurance	
Other Services		
Pediatric Dental		
Pediatric Vision	Included	
Tele-Medicine	Included	
Adult Vision	Included	
Accident Benefit	\$500 Within 90 Days	
E.A.P.		
Chiropractic	\$35 Copay Deductible Waived	
Age-banded Rates	Voyager Bronze 6800	
Travis Low	311.00	
Spouse		307.00
Scott Low	420.00	
Child		218.00
Rocky McDaniel	252.00	
Spouse		252.00
Children		376.00
Dylan Gault	246.00	
Tyrone Tuttle	344.00	
Child		188.00
Lindsay Edwards	279.00	
Ryan Hiebert	301.00	
Spouse		279.00
Estimated <i>Employee</i> Premium	2,153.00	
Estimated <i>Dependent</i> Premium	1,620.00	
Estimated Monthly Premium	3,773.00	

Important Note: This comparison is for illustrative purposes only and does not represent a contract. Please refer to actual documents for covered services, exclusions, limitations, etc.

Presented by Anne Hagman | Murray Group
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