

Karen Landau @ HMS Agency, Inc.	Option 1	Option 2	Option 3	Option 4	Option 5
Carrier	MVP	MVP	MVP	MVP	MVP
Product Type	HMO	EPO	HMO	HMO	EPO
Metal Tier	Platinum	Gold	Gold	Silver	Bronze
Plan Name	Platinum HMO 6	Gold 4	Gold 1 HMO	Silver 12 HMO	Bronze 6 QHDHP
Networks	Local	Cigna	Local	Local	Cigna
Aggregate / Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
HSA Qualified	No	No	No	No	Yes
Deductible (Single / Family)	\$0 / \$0	\$0 / \$0	\$850 / \$1,700 (EMB)	\$3,000 / \$6,000 (EMB)	\$7,200 / \$14,400 (EMB)
Coinsurance	0%	0%	0%	0%	0%
Out of Pocket Max (Single / Office Visit)	\$2,000 / \$4,000 (EMB) 3 visits @ \$0 then \$15	\$6,750 / \$13,500 (EMB) 3 visits @ \$0 then \$40	\$7,000 / \$14,000 (EMB) 3 Visits @ \$0 then \$15	\$8,900 / \$17,800 (EMB) 3 visits @ \$0 then Ded then \$30	\$7,200 / \$14,400 (EMB) Ded then Covered in Full
Specialist Visit	\$35 Copay	\$60 Copay	Ded then \$50	Ded then \$50	Ded then Covered in Full
Labs (Outpatient)	\$35 Copay	\$60 Copay	\$50 Copay	Ded then \$50	Ded then Covered in Full
X-Rays (Outpatient)	\$35 Copay	\$60 Copay	Ded then \$50	Ded then \$50	Ded then Covered in Full
Chemotherapy OP Facility	\$35 Phys. administered meds 20%	\$60 Copay Phys. administered meds: Copay then 20%	Ded then \$50 Phys. administered meds: Ded then 20%	Ded then \$50 Phys. administered meds: Ded then 20%	Ded then Covered in Full Phys. administered meds: Ded then Covered in Full
Radiation	\$35 Phys. administered meds 20%	\$60 Copay Phys. administered meds: Copay then 20%	Ded then \$50 Phys. administered meds: Ded then 20%	Ded then \$50 Phys. administered meds: Ded then 20%	Ded then Covered in Full Phys. administered meds: Ded then Covered in Full
Inpatient Surgery / Hospital	\$500 Copay	\$750 Copay	Ded then \$500	Ded then \$1,500	Ded then Covered in Full
Outpatient Surgery / Facility	\$100 Copay	Facility: \$300 Copay Physician: Covered in Full	Ded then \$200	Facility: Ded then \$375 Physician: Ded then \$100	Facility/Physician: Ded then Covered in Full
Emergency Room Visit	\$100 Copay	\$500 Copay	\$300 Copay	Ded then \$250	Ded then Covered in Full
Urgent Care	\$35 Copay	\$60 Copay	\$50 Copay	Ded then \$50	Ded then Covered in Full
Chiropractic	\$35	\$60	Ded then \$50	Ded then \$50	Ded then Covered in Full
TeleMedicine	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Pediatric Dental	Embedded	Embedded	Embedded	Embedded	Embedded
Pediatric Vision	Embedded	Embedded	Embedded	Embedded	Ded then Covered in Full
Adult Vision	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Copay	\$10 / \$30 / \$60	\$10 / 30% / 50%	\$200 / \$400 Ded (Ind/Fam) (Brand Name Only, tiers 2 & 3) \$10 / Ded then \$35 / Ded then \$70	\$10 / \$35 / \$70	Ded then Covered in Full Preventive Not Subject to Ded
Out-of-Network Benefit	No	No out of network, but the National Network applies as IN network when using participating providers out of the area.	No	No	No out of network, but the National Network applies as IN network when using participating providers out of the area.
Medical Monthly Rates	2026 Rates	2026 Rates	2026 Rates	2026 Rates	2026 Rates
Employee	\$1,262.19	\$1,218.53	\$1,094.98	\$916.86	\$914.00
Employee + Spouse	\$2,524.38	\$2,437.06	\$2,189.96	\$1,833.72	\$1,828.00
Employee + Child(ren)	\$2,145.72	\$2,071.50	\$1,861.47	\$1,558.66	\$1,553.80
Family	\$3,597.24	\$3,472.81	\$3,120.69	\$2,613.05	\$2,604.90
Pediatric Dental Rates	Rates embedded with medical premium. Subject to medical plan deductible	Rates embedded with medical premium. Subject to medical plan deductible	Rates embedded with medical premium. Subject to medical plan deductible	Rates embedded with medical premium. Subject to medical plan deductible	Rates embedded with medical premium. Subject to medical plan deductible

**This analysis is intended to provide a high level overview of coverage. In the event of any conflict between this analysis and the member's Certificate and any applicable Rider(s) issued by the carrier, the Certificate and Rider(s) will be the controlling documents.