



Prep for Open Enrollment

Everything You Need to Know

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Today's Presenters



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Session Goals

Open Enrollment 2026-2027

- Plan Highlights
- Plan changes
- Plan Details
- Aetna Strategy Plan Overview and Comparisons

Navigating Your PrestigePEO Renewal Portal

- Open Enrollment Phases
- Getting Started
- Client Dashboard
- Summary Page
- Review Group Offerings
- Creating a new Contribution Model
- Setting a Max Contribution
- Employer HSA Match Form (Optional)
- Entering Your Contribution Amounts
- Reviewing Your Potential Renewal Costs
- Submitting Your Renewal

Webinar Forum

- *All participants are muted.*
- *Please type questions in the side navigation panel and we will try to address most questions during today's session.*
- *Today's presentation will be posted online at prestigepeo.com/webinars*

Plan Changes Resources



www.prestigepeo.com/oe/cigna



www.prestigepeo.com/oe/oxford



www.prestigepeo.com/oe/uhc



www.prestigepeo.com/oe/aetna

PrestigePEO Open Enrollment 2026-2027 CIGNA



Plan Highlights



Overview of the New Plan Year

- Creation of 8 new plans to help fill gaps in offerings
- Creation of 7 “Base” plans
- 3 HDHP plans

All plans are on Cigna’s

Open Access Plus network



BENEFIT PROGRAM HIGHLIGHTS

- **MDLive**
- **Healthy Pregnancies Healthy Babies**
 - Support from preconception to 2 years.
- **Active & Fit Direct**
 - \$28/mo Standard (24 Hr Fitness, Anytime Fitness, and more)
 - Premium gym discounts (F45, Stretchlab, and more)
- **Omada**
 - Weight loss management
- **Unlimited fertility benefits**

Cigna Plans

Open Access PPO

	Open Access \$0	Open Access \$500	Open Access \$750	Open Access \$1,000	Open Access \$2,000	Open Access \$3,000	Open Access \$4,000	Open Access \$6,000
In Network (\$ Copay or % Coinsurance)								
Deductible (Individual/Family)	\$0 / \$0	\$500 / \$1,000	\$750 / \$1,500	\$1,000 / \$2,000	\$2,000 / \$6,000	\$3,000 / \$6,000	\$4,000 / \$12,000	\$6,000 / \$12,000
Coinsurance	100%	20%	10%	20%	30%	30%	30%	0%
Maximum Out-of-Pocket (Individual/Family)	\$4,000 / \$8,000	\$3,500 / \$7,000	\$4,000 / \$8,000	\$4,000 / \$9,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$6,350 / \$12,700	\$7,000 / \$14,000
Primary Care	\$25 copay	\$25 copay	\$25 copay	\$25 copay	\$35 copay	\$30 copay	\$40 copay	\$40 copay
Specialist	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$70 copay	\$60 copay	\$80 copay	\$80 copay
Hospital/IP Per Visit	\$300/day -Max \$1,500	20% (AD)	10% (AD)	20% (AD)	30% (AD)	30% (AD)	\$500 + 30% (AD)	0% (AD)
Surgical/OP Hospital	\$300 Copay	20% (AD)	10% (AD)	20% (AD)	30% (AD)	30% (AD)	\$250 copay / 30% (AD)	0% (AD)
Emergency Room	\$350 Copay	\$350copay	\$350copay	\$350copay	\$350copay	\$350copay	\$350copay	0% (AD)
Urgent Care	\$50 (AD)	\$85 copay	\$85 copay	\$50 copay	\$70 copay	\$60 copay	\$80 copay	\$60 copay
Lab Services	Physicians Office: Same as Visit Outpatient or Independent Lab: 100%	Physicians Office: Same as Visit Outpatient or Independent Lab: 20% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 10% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 20% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 30% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 30% (AD)	Physicians Office: Same as Visit - Outpatient or Independent Lab: 30% (AD)	0% (AD)
X-Ray Indiv. Facility	Physicians Office: Same as Visit Outpatient or Independent Lab: 100%	Physicians Office: Same as Visit Outpatient or Independent Lab: 20% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 10% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 20% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 30% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 30% (AD)	Physicians Office: Same as Visit - Outpatient or Independent Lab: 30% (AD)	0% (AD)
Complex Medical Imaging	100% (AD)	20% (AD)	10% (AD)	20% (AD)	30% (AD)	30% (AD)	30% (AD)	0% (AD)
Additional Pharmacy Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$250
Tier 1 Pharmacy	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$20 copay
Tier 2 Pharmacy	\$45 copay	\$45 copay	\$45 copay	\$45 copay	\$50 copay	\$45 copay	\$50 copay	\$50 (ARxD)
Tier 3 Pharmacy	\$70 copay	\$70 copay	\$70 copay	\$70 copay	\$70 copay	\$70 copay	\$75 copay	\$75 (ARxD)
Specialty Pharmacy Benefit Per Script	30% (\$100 Max)	30% (\$250 Max APD)	30% (\$250 Max APD)	30% (\$100 Max DW)	30% (\$100 Max DW)	30% (\$100 Max DW)	30% (\$100 Max DW)	30% (\$100 Max ARxD)
Out Of Network								
Deductible (Individual/Family)	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,250 / \$4,500	\$2,000 / \$6,000	\$4,000 / \$12,000	\$9,000 / \$18,000	\$8,000 / \$20,000	\$10,000 / \$20,000
Out-of-Pocket Max (Individual/Family)	\$8,000 / \$16,000	\$7,000 / \$14,000	\$8,000 / \$16,000	\$8,000 / \$18,000	\$8,000 / \$20,000	\$19,500 / \$39,000	\$12,700 / \$25,400	\$21,000 / \$42,000
Out-of-Network Coinsurance	50%	50%	50%	50%	50%	50%	40%	50%
UCR Rate	300% Medicare	110% Medicare	110% Medicare	110% Medicare	110% Medicare	110% Medicare	110% Medicare	110% Medicare

Open Access PPO Base

	Base Plan	Base Plan	Base Plan	Base Plan	Base Plan	Base Plan	Base Plan
	Open Access \$0 Base	Open Access \$750 Base	Open Access \$1,000 Base	Open Access \$2,000 Base	Open Access \$3,000 Base	Open Access \$5,000 Base	Open Access \$8,000 Base
In Network (\$ Copay or % Coinsurance)							
Deductible (Individual/Family)	\$0 / \$0	\$750 / \$1,500	\$1,000 / \$2,000	\$2,000 / \$6,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$8,000 / \$16,000
Coinsurance	100%	10%	20%	30%	30%	30%	0%
Maximum Out-of-Pocket (Individual/Family)	\$4,000 / \$8,000	\$4,000 / \$8,000	\$4,000 / \$9,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$8,500 / \$17,000
Primary Care	\$25 copay	\$25 copay	\$25 copay	\$35 copay	\$30 copay	\$30 copay	\$10 copay
Specialist	\$50 copay	\$50 copay	\$50 copay	\$70 copay	\$60 copay	\$60 copay	0% (AD)
Hospital/IP Per Visit	\$300/day -Max \$1,500	10% (AD)	20% (AD)	30% (AD)	30% (AD)	30% (AD)	0% (AD)
Surgical/OP Hospital	\$300 Copay	10% (AD)	20% (AD)	30% (AD)	30% (AD)	30% (AD)	0% (AD)
Emergency Room	\$350 Copay	\$350copay	\$350copay	\$350copay	\$350copay	\$500copay	0% (AD)
Urgent Care	\$50 (AD)	\$85 copay	\$50 copay	\$70 copay	\$60 copay	\$60 copay	0% (AD)
Lab Services	Physicians Office: Same as Visit Outpatient or Independent Lab: 100%	Physicians Office: Same as Visit Outpatient or Independent Lab: 10% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 20% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 30% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 30% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 30% (AD)	0% (AD)
X-Ray Indiv. Facility	Physicians Office: Same as Visit Outpatient or Independent Lab: 100%	Physicians Office: Same as Visit Outpatient or Independent Lab: 10% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 20% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 30% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 30% (AD)	Physicians Office: Same as Visit Outpatient or Independent Lab: 30% (AD)	0% (AD)
Complex Medical Imaging	100% (AD)	10% (AD)	20% (AD)	30% (AD)	30% (AD)	30% (AD)	0% (AD)
Additional Pharmacy Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tier 1 Pharmacy	\$10 copay	\$10 copay	\$10 copay	\$20 copay	\$10 copay	\$15 copay	\$10copay
Tier 2 Pharmacy	\$45 copay	\$45 copay	\$45 copay	\$50 copay	\$45 copay	\$55 copay	\$55 copay
Tier 3 Pharmacy	\$70 copay	\$70 copay	\$70 copay	\$70 copay	\$70 copay	\$90 copay	\$90 copay
Specialty Pharmacy Benefit Per Script	30% (\$100 Max)	30% (\$250 Max APD)	30% (\$100 Max DW)	30% (\$100 Max DW)	30% (\$100 Max DW)	30% (\$100 Max DW)	30% (\$100 Max DW)
Out Of Network							
Deductible (Individual/Family)	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Out-of-Pocket Max (Individual/Family)	\$45,000 / \$90,000	\$45,000 / \$90,000	\$45,000 / \$90,000	\$45,000 / \$90,000	\$45,000 / \$90,000	\$45,000 / \$90,000	\$45,000 / \$90,000
Out-of-Network Coinsurance	50%	50%	50%	50%	50%	50%	50%
UCR Rate	110% Medicare	110% Medicare	110% Medicare	110% Medicare	110% Medicare	110% Medicare	110% Medicare

Open Access HDHP

	New Plan Year	New Plan Year	New Plan Year
	Open Access HDHP \$3,500	Open Access HDHP \$5,500	Open Access HDHP \$6,000
In Network (\$ Copay or % Coinsurance)			
Deductible (Individual/Family)	\$3,500 / \$7,000	\$5,500 / \$7,350	\$6,000 / \$12,000
Coinsurance	0%	0%	0%
Maximum Out-of-Pocket (Individual/Family)	\$3,500 / \$7,000	\$5,500 / \$7,350	\$6,000 / \$12,000
Primary Care	0% (AD)	0% (AD)	0% (AD)
Specialist	0% (AD)	0% (AD)	0% (AD)
Hospital/IP Per Visit	0% (AD)	0% (AD)	0% (AD)
Surgical/OP Hospital	0% (AD)	0% (AD)	0% (AD)
Emergency Room	0% (AD)	0% (AD)	0% (AD)
Urgent Care	0% (AD)	0% (AD)	0% (AD)
Lab Services	0% (AD)	0% (AD)	0% (AD)
X-Ray Indiv. Facility	0% (AD)	0% (AD)	0% (AD)
Complex Medical Imaging	0% (AD)	0% (AD)	0% (AD)
Additional Pharmacy Deductible	N/A	N/A	N/A
Tier 1 Pharmacy	0% (APD)	0% (APD)	0% (APD)
Tier 2 Pharmacy	0% (APD)	0% (APD)	0% (APD)
Tier 3 Pharmacy	0% (APD)	0% (APD)	0% (APD)
Specialty Pharmacy Benefit Per Script	0% (APD)	0% (APD)	0% (APD)
Out Of Network			
Deductible (Individual/Family)	\$3,500 / \$7,000	\$5,500 / \$7,350	\$10,000 / \$20,000
Out-of-Pocket Max (Individual/Family)	\$7,000 / \$14,000	\$10,000 / \$20,000	\$18,000 / \$36,000
Out-of-Network Coinsurance	30%	30%	50%
UCR Rate	110% Medicare	110% Medicare	110% Medicare

PrestigePEO Open Enrollment 2026-2027 Oxford



Plan Changes

Oxford NY

	Plan 01 Oxford Liberty Direct NY	Plan 02 Oxford Liberty POS NY	Plan 03 Oxford Freedom EPO NY	Plan 04 Oxford Freedom Direct NY
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$40 Copay / \$80 Copay	\$0 Copay / \$25 Copay / \$50 Copay	\$0 Copay / \$30 Copay / \$60 Copay	\$0 Copay / \$25 Copay / \$50 Copay
Deductible (Individual / Family)	\$2,000 / \$4,000	\$1,000 / \$2,000	\$0 / \$0	\$500 / \$1,000
Co-Insurance Percent	30%	20%	0%	10%
Maximum OOP (Individual / Family)	\$6,500 / \$13,000 - \$7,000 / \$14,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$3,000 / \$6,000 - \$3,500 / \$7,000
Hospital Semi-Private Room	Ded & Co-Ins	Ded & Co-Ins	\$500 Copay	Ded & Co-Ins
Hospital Emergency Room	\$400 Copay - \$500 Copay	\$400 Copay - \$500 Copay	\$400 Copay - \$500 Copay	\$400 Copay - \$500 Copay
Outpatient Surgery	Ded & Co-Ins	Ded & Co-Ins	\$500 Copay - \$250 FS/\$500 Hosp	Ded & Co-Ins
Laboratory Services	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay
MRI, MRA, PET, Ultrasound	FS Facility Ded & Co-Ins	FS Facility Ded & Co-Ins	FS Facility \$0 Copay	FS Facility Ded & Co-Ins
Urgent Care	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	N/A / N/A	\$1,500 / \$3,000	N/A / N/A	\$1,000 / \$2,000
Maximum OOP (Individual / Family)	N/A / N/A	\$8,000 / \$16,000	N/A / N/A	\$4,500 / \$9,000
Co-Insurance Percent	N/A	30%	N/A	30%
Reimbursement	N/A	140% Medicare	N/A	70% UCR
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	\$100 Deductible	\$100 Deductible	\$100 Deductible	\$100 Deductible
Co-Pays	\$15 / \$35 / \$75 - \$15 / \$40 / \$90	\$15 / \$35 / \$75 - \$15 / \$40 / \$90	T1: \$15 / T2: \$35 / T3: \$75	T1: \$15 / T2: \$35 / T3: \$75

Oxford NY

	Plan 04B Oxford Freedom Direct NY	Plan 05 Oxford Freedom Access NY	Plan 06 Oxford Liberty EPO NY	Plan 07 Oxford Freedom HDHP POS NY
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$25 Copay / \$50 Copay	\$0 Copay / \$25 Copay / \$50 Copay	\$0 Copay / \$30 Copay / \$60 Copay	\$0 Copay / Ded & Co-Ins / Ded & Co-Ins
Deductible (Individual / Family)	\$500 / \$1,000	\$0 / \$0	\$1,000 / \$2,000	\$2,850 / \$5,700 - \$3,000 / \$6,000
Co-Insurance Percent	10%	0%	0%	10%
Maximum OOP (Individual / Family)	\$3,000 / \$6,000 - \$3,500 / \$7,000	\$2,500 / \$5,000	\$6,000 / \$10,000	\$4,500 / \$9,000 - \$4,650 / \$9,300
Hospital Semi-Private Room	Ded & Co-Ins	\$500 Copay	Deductible	Ded & Co-Ins
Hospital Emergency Room	\$400 Copay - \$500 Copay	\$400 Copay - \$500 Copay	\$500 Copay	Ded & Co-Ins
Outpatient Surgery	Ded & Co-Ins	\$500 - \$250 FS/\$500 Hosp	Deductible	Ded & Co-Ins
Laboratory Services	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay	Ded & Co-Ins
MRI, MRA, PET, Ultrasound	FS Facility Ded & Co-Ins	FS Facility \$0 Copay	FS Facility Deductible	Ded & Co-Ins
Urgent Care	\$100 Copay	\$100 Copay	\$100 Copay	Ded & Co-Ins
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$1,000 / \$2,000	\$750 / \$1,500	N/A / N/A	\$2,850 / \$5,700 - \$3,000 / \$6,000
Maximum OOP (Individual / Family)	\$4,500 / \$9,000	\$2,750 / \$5,500	N/A / N/A	\$6,500 / \$13,000 - \$6,650 / \$13,300
Co-Insurance Percent	30%	20%	N/A	30%
Reimbursement	225% MNRP	80% UCR	N/A	225% MNRP
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	\$100 Deductible	\$100 Deductible	\$100 Deductible	Plan Deductible Applies
Co-Pays	T1: \$15 / T2: \$35 / T3: \$75	T1: \$15 / T2: \$35 / T3: \$75	\$15 / \$35 / \$75 - \$15 / \$40 / \$90	T1: \$15 / T2: \$35 / T3: \$75

Oxford NY

	Plan 08 Oxford Freedom HDHP EPO NY	Plan 09 Oxford Freedom EPO NY	Plan 10 Oxford Freedom EPO Advantage NY	Plan 11 Oxford Bronze HDHP NY
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$30 Copay (AD) / \$60 Copay (AD)	\$0 Copay / \$30 Copay / \$60 Copay	\$0 Copay / \$30 Copay / \$60 Copay (AD)	\$0 Copay / Ded & Co-Ins / Ded & Co-Ins
Deductible (Invididual / Family)	\$2,850/ \$5,700 - \$3,000 / \$6,000	\$1,000 / \$2,000	\$2,500 / \$5,000	\$3,000/ \$6,000 - \$3,250 / \$6,500
Co-Insurance Percent	0%	10%	0%	50%
Maximum OOP (Individual / Family)	\$6,350/ \$12,700 - \$6,550 / \$13,100	\$4,000 / \$8,000	\$6,350 / \$12,700	\$6,350/ \$12,700 - \$6,550 / \$13,100
Hospital Semi-Private Room	\$300/day to \$1,500 Max (AD)	Ded & Co-Ins	\$500/day to \$2,500 Max (AD)	Ded & Co-Ins
Hospital Emergency Room	\$400 Copay - \$500 Copay (AD)	\$400 Copay - \$500 Copay	\$300 Copay - \$500 Copay (AD)	Ded & Co-Ins
Outpatient Surgery	\$300 Copay (AD)	Ded & Co-Ins	\$250 Copay (AD)	Ded & Co-Ins
Laboratory Services	FS Facility \$0 Copay (AD)	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay	Ded & Co-Ins
MRI, MRA, PET, Ultrasound	FS Facility \$0 Copay (AD)	FS Facility Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Urgent Care	\$100 Copay (AD)	\$100 Copay	\$60 Copay (AD)	Ded & Co-Ins
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Invididual / Family)	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A
Maximum OOP (Individual / Family)	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A
Co-Insurance Percent	N/A	N/A	N/A	N/A
Reimbursement	N/A	N/A	N/A	N/A
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	Plan Deductible Applies	\$100 Deductible	Plan Deductible Applies for Tiers 2 & 3	Plan Deductible Applies
Co-Pays	\$15 / \$35 /\$75 - \$15 / \$40 / \$90	\$15 / \$35 /\$75 - \$15 / \$40 / \$90	T1: \$15 / T2 & T3 : 50% max \$400	\$15 / \$35 /\$75 - \$15 / \$40 / \$90

Oxford NY

	Plan 12 Oxford METRO EPO NY	Plan 13 Oxford METRO EPO NY	Plan 14 Oxford METRO HDHP NY	Plan 15 Oxford Freedom Direct NY
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$25 Copay / \$40 Copay	\$0 Copay / \$30 Copay / \$60 Copay	\$0 Copay / \$35 Copay (AD) / \$50 Copay (AD)	\$0 Copay / \$25 Copay / \$50 Copay
Deductible (Individual / Family)	\$1,250 / \$2,500	\$2,500 / \$5,000	\$2,000 / \$4,000	\$750 / \$1,500
Co-Insurance Percent	20%	30%	30%	10%
Maximum OOP (Individual / Family)	\$4,500 / \$9,000	\$5,600 / \$11,200 - \$5,850 / \$11,700	\$4,500 / \$9,000	\$5,000 / \$10,000
Hospital Semi-Private Room	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Hospital Emergency Room	\$400 Copay - \$500 Copay	Ded & Co-Ins	\$500 Copay (AD)	\$400 Copay - \$500 Copay
Outpatient Surgery	Ded then \$200 FS/\$500 Hosp	Ded & Co-Ins	\$300 FS / \$750 Hosp (AD)	Ded & Co-Ins
Laboratory Services	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay	Ded & Co-Ins	Preferred Lab \$0 Copay
MRI, MRA, PET, Ultrasound	FS Facility \$50 Copay (AD)	Ded & Co-Ins	FS Facility \$100 Copay (AD)	Ded & Co-Ins
Urgent Care	\$65 Copay	\$80 Copay	\$80 Copay (AD)	\$100 Copay
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	N/A / N/A	N/A / N/A	N/A / N/A	\$2,500 / \$5,000
Maximum OOP (Individual / Family)	N/A / N/A	N/A / N/A	N/A / N/A	\$8,000 / \$16,000
Co-Insurance Percent	N/A	N/A	N/A	30%
Reimbursement	N/A	N/A	N/A	140% Medicare
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	You do not have to pay a pharmacy deductible	You do not have to pay a pharmacy deductible	Plan Deductible Applies	\$100 Deductible
Co-Pays	T1: \$5 / T2: \$65 / T3: 50% \$800 max	T1: \$10 / T2: \$65 / T3: 50% \$800 max	T1: \$10 / T2: \$65 / T3: 50% \$800 max	\$15 / \$35 /\$75 - \$15 / \$40 / \$90

Oxford NY

	Plan 16 Oxford Freedom Direct NY	Plan 17 Oxford Freedom HDHP EPO NY	Plan 18 Oxford Freedom EPO NY	Plan 19 Oxford Metro EPO NY
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$25 Copay / \$50 Copay	\$0 Copay / Ded & Co-Ins / Ded & Co-Ins	\$0 Copay / \$45 Copay / \$90 Copay	\$0 Copay / \$50 Copay / \$100 Copay
Deductible (Individual / Family)	\$2,000 / \$4,000	\$6,350/ \$12,700 - \$6,550 / \$13,100	\$4,000 / \$8,000	\$0 / \$0
Co-Insurance Percent	20%	0%	20%	0%
Maximum OOP (Individual / Family)	\$5,000 / \$10,000	\$6,370/ \$12,740 - \$6,570 / \$13,140	\$6,350 / \$12,700	\$9,300 / \$18,600
Hospital Semi-Private Room	Ded & Co-Ins	Deductible	Ded and Co-Ins	\$1,500 Copay
Hospital Emergency Room	\$400 Copay - \$500 Copay	Deductible	\$400 Copay - \$500 Copay	\$1,500 Copay
Outpatient Surgery	Ded & Co-Ins	Deductible	Ded & Co-Ins	\$250 Copay
Laboratory Services	Preferred Lab \$0 Copay	Deductible	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay
MRI, MRA, PET, Ultrasound	FS Facility Ded & Co-Ins	Deductible	FS Facility Ded & Co-Ins	FS Facility \$200 Copay
Urgent Care	\$100 Copay	Deductible	\$100 Copay	\$100 Copay
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$5,000 / \$10,000	N/A / N/A	N/A / N/A	N/A / N/A
Maximum OOP (Individual / Family)	\$10,000 / \$20,000	N/A / N/A	N/A / N/A	N/A / N/A
Co-Insurance Percent	40%	N/A	N/A	N/A
Reimbursement	140% Medicare	N/A	N/A	N/A
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	\$100 Deductible	Plan Deductible Applies	\$100 Deductible	\$100 Deductible
Co-Pays	\$15 / \$35 /\$75 - \$15 / \$40 / \$90	T1: \$15 / T2: \$35 / T3: \$75	\$15 / \$35 /\$75 - \$15 / \$40 / \$90	T1: \$15 / T2: \$65 / T3: \$90

Oxford NY

	Plan 20 Oxford Metro EPO NY	Plan 21 Oxford Metro HDHP EPO NY	Plan 22 Oxford Metro EPO NY	Plan 23 Oxford Metro HDHP EPO NY
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$25 Copay / \$40 Copay	\$0 Copay / \$35 Copay (AD) / \$50 Copay (AD)	\$0 Copay / \$30 Copay / \$80 Copay	\$0 Copay / \$40 Copay (AD) / \$75 Copay (AD)
Deductible (Individual / Family)	\$775 / \$1,550	\$4,000 / \$8,000	\$3,750 / \$7,500	\$6,500 / \$13,000
Co-Insurance Percent	20%	30%	40%	50%
Maximum OOP (Individual / Family)	\$10,150 / \$20,300	\$7,200 / \$14,400	\$7,500 / \$15,000	\$8,000 / \$16,000
Hospital Semi-Private Room	\$1,000 Copay (AD)	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Hospital Emergency Room	\$150 Copay	\$500 Copay (AD)	Ded & Co-Ins	\$500 Copay (AD)
Outpatient Surgery	\$100 Copay	\$300 Copay (AD)	Ded & Co-Ins	\$500 Copay (AD)
Laboratory Services	Preferred Lab \$0 Copay	Ded & Co-Ins	Preferred Lab \$0 Copay	Ded & Co-Ins
MRI, MRA, PET, Ultrasound	FS Facility \$50 Copay (AD)	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Urgent Care	\$65 Copay	\$100 Copay (AD)	\$100 Copay	\$100 Copay (AD)
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A
Maximum OOP (Individual / Family)	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A
Co-Insurance Percent	N/A	N/A	N/A	N/A
Reimbursement	N/A	N/A	N/A	N/A
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	Plan Deductible Applies	Plan Deductible Applies	\$100 Deductible	Plan Deductible Applies
Co-Pays	T1: \$10 / T2: \$65 / T3: 50% \$800 max	T1: \$10 / T2: \$65 / T3: 50% \$800 max	T1: \$10 / T2: \$65 / T3: \$90	T1: \$10 / T2: \$35 / T3: \$80

PrestigePEO
Open Enrollment
2026-2027
UHC



Plan Changes

UHC National

	Plan 01 UHC Choice Plus	Plan 02 UHC Choice Plus	Plan 03 UHC Core Essential	Plan 04 UHC Core Essential
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$30 Copay / \$90 Copay	\$0 Copay/ \$0 Copay / \$100 Copay	\$0 Copay/ \$0 Copay / \$100 Copay	\$0 Copay / \$30 Copay / \$50 Copay
Deductible (Invididual / Family)	\$500 / \$1,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$500 / \$1,500
Co-Insurance Percent	0%	20%	20%	20%
Maximum OOP (Individual / Family)	\$6,000 / \$18,000	\$6,500 / \$13,000	\$6,500 / \$13,000	\$4,000 / \$12,000
Hospital Semi-Private Room	\$2,000 Copay	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Hospital Emergency Room	\$400 Copay \$500 Copay	\$400 Copay \$500 Copay	\$400 Copay \$500 Copay	\$400 Copay \$500 Copay
Outpatient Surgery	\$750 Copay	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Laboratory Services	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay	Ded & Co-Ins	Ded & Co-Ins
MRI, MRA, PET, Ultrasound	Designated Network: Deductible	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Urgent Care	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Invididual / Family)	\$2,000 / \$4,000	\$10,000 / \$20,000	N/A / N/A	N/A / N/A
Maximum OOP (Individual / Family)	\$6,000 / \$18,000	\$20,000 / \$40,000	N/A / N/A	N/A / N/A
Co-Insurance Percent	40%	50%	N/A	N/A
Reimbursement	100% Medicare	100% Medicare	N/A	N/A
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	\$100 Deductible	\$100 Deductible	\$100 Deductible	\$100 Deductible
Co-Pays	\$15/\$35/\$75 \$15/\$40/\$90	\$15/\$35/\$75 \$15/\$40/\$90	\$15/\$35/\$75 \$15/\$40/\$90	\$15/\$35/\$75 \$15/\$40/\$90

UHC National

	Plan 05 UHC Choice Plus HDHP	Plan 06 UHC Choice Plus HDHP	Plan 07 UHC Choice Plus Premier	Plan 07 UHC Choice Plus Premier - Plan A
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / Deductible / Deductible	\$0 Copay / Deductible / Deductible	\$0 Copay / \$30 Copay / \$30 or \$60 Copay	\$0 Copay / \$30 Copay / \$90 Copay
Deductible (Individual / Family)	\$3,300 / \$6,600 \$3,500 / \$6,600	\$5,000 / \$10,000	\$2,000 / \$4,000	\$0 / \$0
Co-Insurance Percent	0%	0%	20%	0%
Maximum OOP (Individual / Family)	\$4,000 / \$8,000 \$4,500 / \$9,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$8,000 / \$16,000
Hospital Semi-Private Room	Deductible	Deductible	Ded & Co-Ins	\$2,000 Copay
Hospital Emergency Room	Deductible	Deductible	\$400 Copay \$500 Copay	\$400 Copay \$500 Copay
Outpatient Surgery	Deductible	Deductible	Ded & Co-Ins	\$750 Copay
Laboratory Services	Preferred Lab: Deductible	Preferred Lab: Deductible	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay
MRI, MRA, PET, Ultrasound	Designated Network: Deductible	Designated Network: Deductible	Ded & Co-Ins	Designated Network \$0 Copay
Urgent Care	Deductible	Deductible	\$100 Copay	\$85 Copay \$100 Copay
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$500 / \$1,000
Maximum OOP (Individual / Family)	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$16,000 / \$32,000
Co-Insurance Percent	20%	20%	40%	50%
Reimbursement	100% Medicare	100% Medicare	100% Medicare	100% Medicare
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	Plan Deductible Applies	Plan Deductible Applies	\$100 Deductible	\$100 Deductible
Co-Pays	\$15/\$35/\$75 \$15/\$40/\$90	\$15/\$35/\$75 \$15/\$40/\$90	\$15/\$35/\$75 \$15/\$40/\$90	\$15/\$35/\$75 \$15/\$40/\$90

UHC National

	Plan 08 UHC Choice Plus Premier	Plan 09 UHC Core Premier	Plan 10 UHC Choice Plus	Plan 11 UHC Choice Plus
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$45 Copay / \$45 or \$90 Copay	\$0 Copay / \$40 Copay / \$80 Copay	\$0 Copay / \$35 Copay / \$70 Copay	\$0 Copay / \$30 Copay / \$50 Copay
Deductible (Individual / Family)	\$8,700 / \$17,400	\$6,350 / \$12,700	\$3,000 / \$6,000	\$1,000 / \$3,000
Co-Insurance Percent	0%	20%	0%	0%
Maximum OOP (Individual / Family)	\$8,700 / \$17,400	\$7,350 / \$14,700	\$5,500 / \$11,000	\$2,500 / \$7,500
Hospital Semi-Private Room	Deductible	Ded & Co-Ins	\$600 Copay (AD)	Deductible
Hospital Emergency Room	\$1,000 Copay	\$350 Copay \$500 Copay	\$350 Copay \$500 Copay	\$400 Copay \$500 Copay
Outpatient Surgery	Deductible	Ded & Co-Ins	\$300 Copay (AD)	Deductible
Laboratory Services	Preferred Lab \$0 Copay	Ded & Co-Ins	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay
MRI, MRA, PET, Ultrasound	Designated Network: Deductible	Ded & Co-Ins	Designated Network: Deductible	Designated Network: Deductible
Urgent Care	\$100 Copay	\$85 Copay \$100 Copay	\$85 Copay \$100 Copay	\$100 Copay
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$14,000 / \$32,000	N/A / N/A	\$12,000 / \$24,000	\$2,000 / \$6,000
Maximum OOP (Individual / Family)	\$21,000 / \$42,000	N/A / N/A	\$24,000 / \$48,000	\$5,000 / \$15,000
Co-Insurance Percent	30%	N/A	50%	20%
Reimbursement	100% Medicare	N/A	100% Medicare	100% Medicare
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	\$100 Deductible	\$100 Deductible	\$100 Deductible	\$100 Deductible
Co-Pays	\$15/\$35/\$75 \$15/\$40/\$90	\$15/\$35/\$75 \$15/\$40/\$90	\$15/\$35/\$75 \$15/\$40/\$90	\$15/\$35/\$75 \$15/\$40/\$90

UHC National

	Plan 12 UHC Choice Plus MAPFRE	Plan 13 UHC Choice	Plan 14 UHC Choice HDHP
Benefits	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$25 Copay / \$40 Copay	\$0 Copay / \$30 Copay / \$60 Copay	\$0 Copay / Ded & Co-Ins / Ded & Co-Ins
Deductible (Individual / Family)	\$0 / \$0	\$1,000 / \$2,000	\$7,350 / \$14,700
Co-Insurance Percent	0%	30%	10%
Maximum OOP (Individual / Family)	\$2,500 / \$5,000	\$5,000 / \$10,000	\$8,300 / \$16,600 \$8,500 / \$17,000
Hospital Semi-Private Room	\$500 Copay	Ded & Co-Ins	Ded & Co-Ins
Hospital Emergency Room	\$400 Copay \$500 Copay	\$350 Copay \$500 Copay	Ded & Co-Ins
Outpatient Surgery	\$250 Copay	Ded & Co-Ins	Ded & Co-Ins
Laboratory Services	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay	Ded & Co-Ins
MRI, MRA, PET, Ultrasound	Designated Network \$0 Copay	Ded & Co-Ins	Ded & Co-Ins
Urgent Care	\$100 Copay	\$85 Copay \$100 Copay	Ded & Co-Ins
	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$750 / \$1,500	N/A / N/A	N/A / N/A
Maximum OOP (Individual / Family)	\$2,750 / \$5,500	N/A / N/A	N/A / N/A
Co-Insurance Percent	20%	N/A	N/A
Reimbursement	80% UCR	N/A	N/A
	Prescriptions	Prescriptions	Prescriptions
Deductible	\$100 Deductible	\$100 Deductible	Plan Deductible Applies
Co-Pays	\$15/\$35/\$75 \$15/\$40/\$90	\$15/\$35/\$75 \$15/\$40/\$90	\$15/\$35/\$75 \$15/\$40/\$90
Covered Employees and Rates			
Employee	\$1,040.43	\$817.65	\$520.41
Employee + Spouse	\$2,184.90	\$1,717.07	\$1,092.86
Employee + Child(ren)	\$1,789.53	\$1,406.37	\$895.10
Employee + Family	\$3,142.09	\$2,469.32	\$1,571.63

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2026-2027
Aetna



Plan Changes

National OAMC Plans

	Plan 04 Aetna OA MC POS 1000/80	Plan 05 Aetna OA MC POS 1500/70	Plan 06 Aetna OA MC POS 2000/80	Plan 07 Aetna OA MC POS 3000/70
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$25 Copay / \$50 Copay	\$0 Copay / \$35 Copay / \$70 Copay	\$0 Copay / \$30 Copay / \$60 Copay	\$0 Copay / \$40 Copay / \$80 Copay
Deductible (Individual / Family)	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000
Co-Insurance Percent	20%	30%	20%	30%
Maximum OOP (Individual / Family)	\$4,500 / \$9,000	\$4,500 / \$9,000	\$6,850 / \$13,700	\$6,850 / \$13,700
Hospital Semi-Private Room	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Hospital Emergency Room	\$350 - \$500 Copay	\$350 - \$500 Copay	\$350 - \$500 Copay	\$350 - \$500 Copay
Outpatient Surgery	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Laboratory Services	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
MRI, MRA, PET, Ultrasound	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Urgent Care	\$85 Copay	\$85 Copay	\$85 Copay	\$85 Copay
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$9,000 / \$18,000
Maximum OOP (Individual / Family)	\$9,000 / \$18,000	\$9,000 / \$18,000	\$14,000 / \$28,000	\$14,000 / \$28,000
Co-Insurance Percent	50%	50%	50%	50%
Reimbursement	105%/140%	105%/140%	105%/140%	105%/140%
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	\$0 Deductible	\$0 Deductible	\$0 Deductible	\$0 Deductible
Co-Pays	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$45 - \$50 / T3: \$70 - \$80 / T4: 30% to \$300 Max / 50% to \$500 Max

National OAMC Plans

	Plan 08 Aetna OA MC POS 5000/70	Plan 09 Aetna OA MC POS 7150/100	Plan 72 Aetna OA MC 8000/100% Value INT
Benefits	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$40 Copay / \$80 Copay	\$0 Copay / \$40 Copay / \$0 - \$40 Copay (AD)	\$0 Copay / \$10 Copay / 0% - \$10 Copay (AD)
Deductible (Invididual / Family)	\$5,000 / \$10,000	\$7,150 / \$14,300	\$8,000 / \$16,000
Co-Insurance Percent	30%	0%	0%
Maximum OOP (Individual / Family)	\$7,600 / \$15,200	\$7,600 / \$15,200	\$8,500 / \$17,000
Hospital Semi-Private Room	Ded & Co-Ins	Deductible	Deductible
Hospital Emergency Room	\$500 - \$350 Copay (AD)	Deductible	Deductible
Outpatient Surgery	Ded & Co-Ins	Deductible	Deductible
Laboratory Services	Ded & Co-Ins	Deductible	\$20 Copay
MRI, MRA, PET, Ultrasound	Ded & Co-Ins	Deductible	Deductible
Urgent Care	\$85 Copay	Deductible	Deductible
	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Invididual / Family)	\$10,000 / \$20,000	\$14,000 / \$28,000	\$14,000 / \$28,000
Maximum OOP (Individual / Family)	\$20,000 / \$40,000	\$21,000 / \$42,000	\$21,000 / \$42,000
Co-Insurance Percent	50%	50%	50%
Reimbursement	105%/140%	105%/140%	105%/140%
	Prescriptions	Prescriptions	Prescriptions
Deductible	\$0 Deductible	\$0 Deductible	Plan Deductible Applies to Tiers 2,3, & 4
Co-Pays	T1: \$15 / T2: \$55 / T3: \$90 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$15 / T2: \$55 / T3: \$90 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$55 - \$50 / T3: \$90 / T4: 30% to \$300 Max / 50% to \$500 Max

National OA EPO Plans

	Plan 37 Aetna OA ELECT CHOICE EPO 1000/70	Plan 11 Aetna OA ELECT CHOICE EPO 2000/70	Plan 12 Aetna OA ELECT CHOICE EPO 3000/100	Plan 41 Aetna OA EPO 5000/100	Plan 75 Aetna OA EPO 8000/100% Value INT
Benefits	In-Network	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$30 Copay / \$60 Copay	\$0 Copay / \$35 Copay / \$70 Copay	\$0 Copay / \$30 Copay / \$60 Copay	\$0 Copay / \$35 Copay / \$70 - \$75 Copay	\$0 Copay / \$10 Copay / 0% - \$10 Copay (AD)
Deductible (Individual / Family)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$8,000 / \$16,000
Co-Insurance Percent	30%	30%	0%	0%	0%
Maximum OOP (Individual / Family)	\$5,000 / \$10,000	\$6,500 / \$13,000	\$5,500 - \$6,000 / \$11,000 - \$12,000	\$7,350 / \$14,700	\$8,500 / \$17,000
Hospital Semi-Private Room	Ded & Co-Ins	Ded & Co-Ins	\$600 Copay (AD)	\$500/day, 3 days (AD)	Deductible
Hospital Emergency Room	\$350 - \$500 Copay	\$350 - \$500 Copay	\$500 Copay	\$350 - \$350 Copay (AD)	Deductible
Outpatient Surgery	Ded & Co-Ins	Ded & Co-Ins	\$300 Copay (AD)	\$350 - \$350 Copay (AD)	Deductible
Laboratory Services	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$20 Copay
MRI, MRA, PET, Ultrasound	Ded & Co-Ins	Ded & Co-Ins	Deductible	Deductible	Deductible
Urgent Care	\$85 Copay	\$85 Copay	\$85 Copay	\$85 Copay	Deductible
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A
Maximum OOP (Individual / Family)	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A
Co-Insurance Percent	N/A	N/A	N/A	N/A	N/A
Reimbursement	N/A	N/A	N/A	N/A	N/A
	Prescriptions	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	\$0 Deductible	\$0 Deductible	\$0 Deductible	\$0 Deductible	Plan Deductible Applies to Tiers 2,3, & 4
Co-Pays	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$45 - \$50 / T3: \$70 - \$80 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$45 - \$50 / T3: \$70 - \$80 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$55 - \$50 / T3: \$90 / T4: 30% to \$300 Max / 50% to \$500 Max

National HDHP Plans

	Plan 14 Aetna OA MANAGED CHOICE POS HDHP 3400/100	Plan 38 Aetna OA EPO HDHP 3400/90
Benefits	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$30 Copay (AD) / \$60 Copay (AD)	\$0 Copay / \$40 Copay (AD) / \$70 Copay (AD)
Deductible (Individual / Family)	\$3,300/ \$6,600 - \$3,400 / \$6,800	\$3,300/ \$6,600 - \$3,400 / \$6,800
Co-Insurance Percent	0%	10%
Maximum OOP (Individual / Family)	\$5,500 / \$11,000	\$6,000 / \$12,000
Hospital Semi-Private Room	\$500 Copay (AD)	\$750; then 10% Co-Ins (AD)
Hospital Emergency Room	\$350 Copay (AD)	Ded & Co-Ins
Outpatient Surgery	\$300 Copay (AD)	\$300 Copay (AD)
Laboratory Services	Deductible	Ded & Co-Ins
MRI, MRA, PET, Ultrasound	Deductible	Ded & Co-Ins
Urgent Care	\$85 Copay (AD)	Ded & Co-Ins
	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$6,000 / \$12,000	N/A / N/A
Maximum OOP (Individual / Family)	\$12,000 / \$24,000	N/A / N/A
Co-Insurance Percent	50%	N/A
Reimbursement	105%/140%	N/A
	Prescriptions	Prescriptions
Deductible	Plan Deductible Applies	Plan Deductible Applies
Co-Pays	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max

National OOA Plans

	Plan 16 Aetna OPEN CHOICE PPO 1000/80	Plan 78 Aetna PPO 2000/80%	Plan 45 Aetna OPEN CHOICE PPO 3000/70	Plan 17 Aetna OPEN CHOICE PPO 5000/70
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$25 Copay / \$50 Copay	\$0 Copay / \$30 Copay / \$60 Copay	\$0 Copay / \$40 Copay / \$80 Copay	\$0 Copay / \$40 Copay / \$80 Copay
Deductible (Invididual / Family)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$5,000 / \$10,000
Co-Insurance Percent	20%	20%	30%	30%
Maximum OOP (Individual / Family)	\$4,500 / \$9,000	\$6,850 / \$13,700	\$6,850 / \$13,700	\$7,600 / \$15,200
Hospital Semi-Private Room	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Hospital Emergency Room	\$350 - \$500 Copay	\$350 - \$500 Copay	\$350 - \$500 Copay	\$500 - \$350 Copay (AD)
Outpatient Surgery	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Laboratory Services	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
MRI, MRA, PET, Ultrasound	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Urgent Care	\$85 Copay	\$85 Copay	\$85 Copay	\$85 Copay
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Invididual / Family)	\$3,000 / \$6,000	\$6,000 / \$12,000	\$9,000 / \$18,000	\$10,000 / \$20,000
Maximum OOP (Individual / Family)	\$9,000 / \$18,000	\$14,000 / \$28,000	\$14,000 / \$28,000	\$20,000 / \$40,000
Co-Insurance Percent	50%	50%	50%	50%
Reimbursement	105%/140%	105%/140%	105%/140%	105%/140%
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	\$0 Deductible	\$0 Deductible	\$0 Deductible	\$0 Deductible
Co-Pays	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$45 - \$50 / T3: \$70 - \$80 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$15 / T2: \$55 / T3: \$90 / T4: 30% to \$300 Max / 50% to \$500 Max

National OOA Plans

	Plan 79 Aetna PPO 7150/100% Value	Plan 46 Aetna OPEN CHOICE PPO HDHP 3400/100	Plan 80 Aetna PPO HDHP \$900/100% Copay
Benefits	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$40 Copay / \$0 - \$40 Copay (AD)	\$0 Copay / \$30 Copay (AD) / \$60 Copay (AD)	\$0 Copay / \$30 Copay / \$60 Copay (AD)
Deductible (Individual / Family)	\$7,150 / \$14,300	\$3,300 / \$6,600 - \$3,400 / \$6,800	\$5,950 - \$5,900 / \$12,900 - \$12,800
Co-Insurance Percent	0%	0%	0%
Maximum OOP (Individual / Family)	\$7,600 / \$15,200	\$5,500 / \$11,000	\$6,700 / \$13,400
Hospital Semi-Private Room	Deductible	\$500 Copay (AD)	\$500 Copay (AD)
Hospital Emergency Room	Deductible	\$350 Copay (AD)	\$350 Copay (AD)
Outpatient Surgery	Deductible	\$300 Copay (AD)	\$300 Copay (AD)
Laboratory Services	Deductible	Deductible	Deductible
MRI, MRA, PET, Ultrasound	Deductible	Deductible	Deductible
Urgent Care	Deductible	\$85 Copay (AD)	\$85 Copay (AD)
	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$14,000 / \$28,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Maximum OOP (Individual / Family)	\$21,000 / \$42,000	\$12,000 / \$24,000	\$12,000 / \$24,000
Co-Insurance Percent	50%	50%	50%
Reimbursement	105%/140%	105%/140%	105%/140%
	Prescriptions	Prescriptions	Prescriptions
Deductible	\$0 Deductible	Plan Deductible Applies	Plan Deductible Applies
Co-Pays	T1: \$15 / T2: \$55 / T3: \$90 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max
Covered Employees and Rates			

NY OAMC Plans

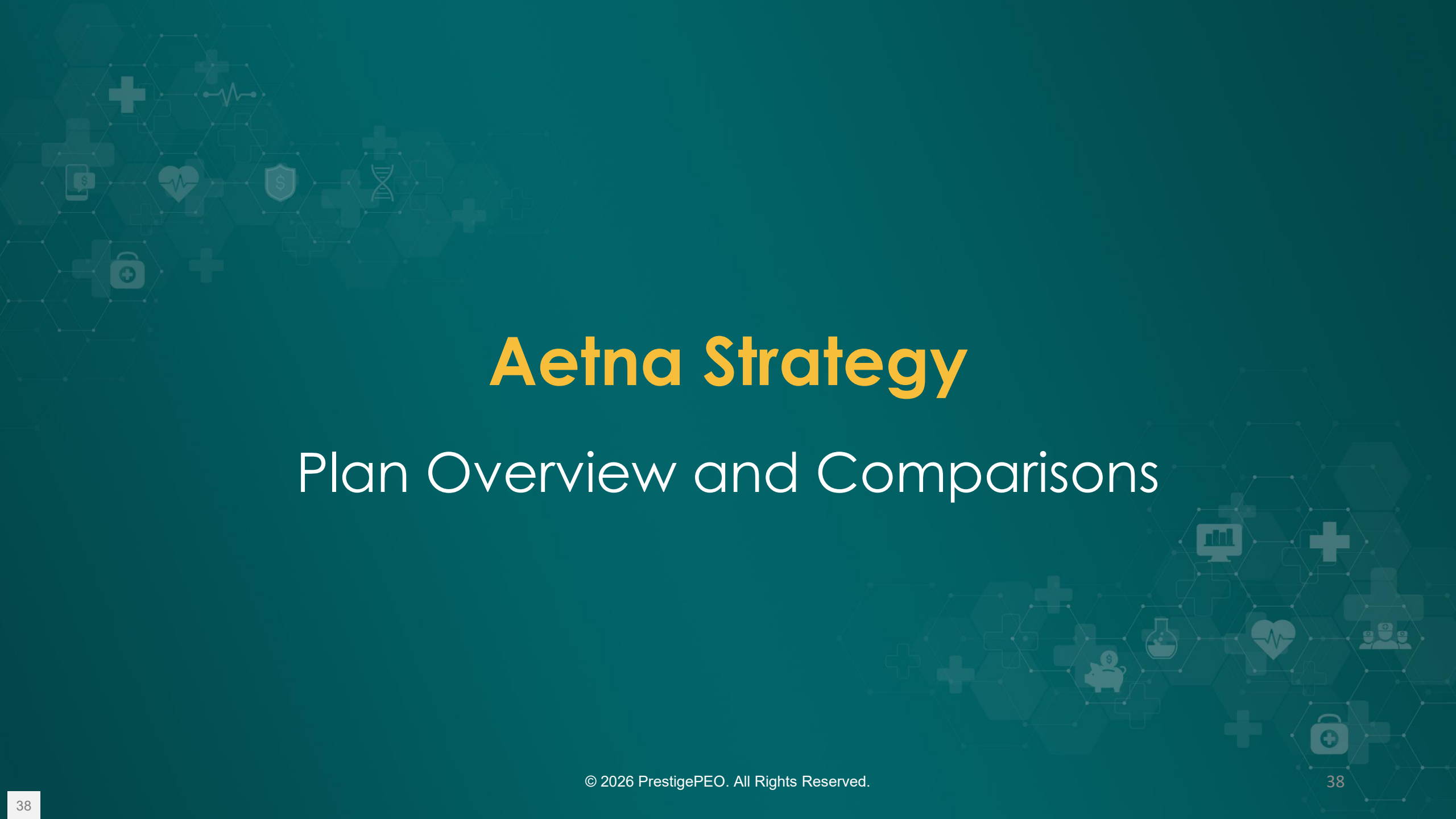
	Plan 18 Aetna OA MANAGED CHOICE NY POS 0/100/15	Plan 19 Aetna OA MANAGED CHOICE NY POS 0/100/30
Benefits	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$15 Copay / \$25 Copay	\$0 Copay / \$30 Copay / \$50 Copay
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0
Co-Insurance Percent	0%	0%
Maximum OOP (Individual / Family)	\$4,000 / \$8,000	\$5,000 / \$10,000
Hospital Semi-Private Room	\$250/day, 3 days	\$500/day, 3 days
Hospital Emergency Room	\$400 - \$350 Copay	\$400 - \$350 Copay
Outpatient Surgery	\$0 - \$75 Copay	\$0 - \$75 Copay
Laboratory Services	\$0 Copay	\$0 Copay
MRI, MRA, PET, Ultrasound	\$0 Copay	\$0 Copay
Urgent Care	\$75 Copay	\$75 Copay
	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000
Maximum OOP (Individual / Family)	\$7,000 / \$14,000	\$9,000 / \$18,000
Co-Insurance Percent	30%	30%
Reimbursement	80% UCR/HIAA Fair Health	80% UCR/HIAA Fair Health
	Prescriptions	Prescriptions
Deductible	\$0 Deductible	\$0 Deductible
Co-Pays	T1: \$10 / T2: \$55 / T3: \$100	T1: \$10 / T2: \$55 / T3: \$100
Covered Employees and Rates		

NY EPO Plans

	Plan 24 Aetna OA ELECT CHOICE NY EPO 0/100/30/65	Plan 25 Aetna OA ELECT CHOICE NY EPO 0/100/45	Plan 26 Aetna OA ELECT CHOICE NY EPO 1000/80	Plan 27 Aetna OA ELECT CHOICE NY EPO 2000/80
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$30 Copay / \$65 Copay	\$0 Copay / \$45 Copay / \$65 Copay	\$0 Copay / \$20 Copay / \$65 Copay	\$0 Copay / \$30 Copay / \$65 Copay
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$1,000 / \$2,000	\$2,000 / \$4,000
Co-Insurance Percent	0%	0%	20%	20%
Maximum OOP (Individual / Family)	\$5,000 / \$10,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$6,500 / \$13,000
Hospital Semi-Private Room	\$750 Copay	\$500/day, 5 days	Ded & Co-Ins	Ded & Co-Ins
Hospital Emergency Room	\$400 - \$350 Copay	\$400 - \$350 Copay	\$400 - \$350 Copay	\$400 - \$350 Copay
Outpatient Surgery	\$0 Copay	\$0 Copay	Ded & Co-Ins	Ded & Co-Ins
Laboratory Services	\$0 Copay	\$0 Copay	Ded & Co-Ins	Ded & Co-Ins
MRI, MRA, PET, Ultrasound	\$0 Copay	\$0 Copay	Ded & Co-Ins	Ded & Co-Ins
Urgent Care	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A
Maximum OOP (Individual / Family)	N/A / N/A	N/A / N/A	N/A / N/A	N/A / N/A
Co-Insurance Percent	N/A	N/A	N/A	N/A
Reimbursement	N/A	N/A	N/A	N/A
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	\$100/\$300 Deductible	\$100/\$300 Deductible	\$100/\$300 Deductible	\$100/\$300 Deductible
Co-Pays	T1: \$10 / T2: \$55 / T3: \$100	T1: \$10 / T2: \$55 / T3: \$100	T1: \$10 / T2: \$55 / T3: \$100	T1: \$10 / T2: \$55 / T3: \$100

NY EPO Plans

	Plan 42 Aetna OA EPO 3000/80	Plan 28 Aetna OA ELECT CHOICE NY EPO 4000/80	Plan 29 Aetna OA ELECT CHOICE NY EPO 7150/100
Benefits	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$30 Copay / \$65 Copay	\$0 Copay / \$40 Copay / \$80 - \$75 Copay	\$0 Copay / \$25 Copay / 0% after Ded - \$90 Copay
Deductible (Individual / Family)	\$3,000 / \$6,000	\$4,000 / \$8,000	\$7,150 / \$14,300
Co-Insurance Percent	20%	20%	0%
Maximum OOP (Individual / Family)	\$7,500 / \$15,000	\$7,500 / \$15,000	\$7,150 / \$14,300
Hospital Semi-Private Room	Ded & Co-Ins	Ded & Co-Ins	Deductible
Hospital Emergency Room	\$400 - \$350 Copay	\$400 - \$350 Copay	Deductible
Outpatient Surgery	Ded & Co-Ins	Ded & Co-Ins	Deductible
Laboratory Services	Ded & Co-Ins	Ded & Co-Ins	Deductible
MRI, MRA, PET, Ultrasound	Ded & Co-Ins	Ded & Co-Ins	Deductible
Urgent Care	\$75 Copay	\$75 Copay	Deductible
	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	N/A / N/A	N/A / N/A	N/A / N/A
Maximum OOP (Individual / Family)	N/A / N/A	N/A / N/A	N/A / N/A
Co-Insurance Percent	N/A	N/A	N/A
Reimbursement	N/A	N/A	N/A
	Prescriptions	Prescriptions	Prescriptions
Deductible	\$100/\$300 Deductible	\$100/\$300 Deductible	\$100/\$300 Deductible
Co-Pays	T1: \$10 / T2: \$55 / T3: \$100	T1: \$10 / T2: \$55 / T3: \$100	T1: \$10 / T2: \$55 / T3: \$100

The background features a teal color with a pattern of hexagons. Some hexagons contain white icons related to healthcare, such as a plus sign, a heart with a pulse line, a DNA helix, a shield with a dollar sign, a piggy bank with a dollar sign, a flask, a bar chart, and a group of people. The icons are arranged in a way that suggests a network or a system.

Aetna Strategy

Plan Overview and Comparisons

Aetna NY to Cigna High End

	Plan 18 Aetna OA MANAGED CHOICE NY POS 0/100/15	Plan 19 Aetna OA MANAGED CHOICE NY POS 0/100/30
Benefits	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$15 Copay / \$25 Copay	\$0 Copay / \$30 Copay / \$50 Copay
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0
Co-Insurance Percent	0%	0%
Maximum OOP (Individual / Family)	\$4,000 / \$8,000	\$5,000 / \$10,000
Hospital Semi-Private Room	\$250/day, 3 days	\$500/day, 3 days
Hospital Emergency Room	\$350 Copay	\$350 Copay
Outpatient Surgery	\$75 Copay	\$75 Copay
Laboratory Services	\$0 Copay	\$0 Copay
MRI, MRA, PET, Ultrasound	\$0 Copay	\$0 Copay
Urgent Care	\$75 Copay	\$75 Copay
	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000
Maximum OOP (Individual / Family)	\$7,000 / \$14,000	\$9,000 / \$18,000
Co-Insurance Percent	30%	30%
Reimbursement	80% Fair Health	80% Fair Health
	Prescriptions	Prescriptions
Deductible	\$0 Deductible	\$0 Deductible
Co-Pays	T1: \$10 / T2: \$55 / T3: \$100	T1: \$10 / T2: \$55 / T3: \$100
Covered Employees and Rates		

Cigna OAP 0	Cigna OAP 500	Cigna OAP 750
In-Network	In-Network	In-Network
0% (DW) / PCP: \$25 (DW) / Specialist: \$50 (DW)	0% (DW) / PCP: \$25 (DW) / Specialist: \$50 (DW)	0% (DW) / PCP: \$25 (DW) / Specialist: \$50 (DW)
\$0 / \$0	\$500 / \$1,000	\$750 / \$1,500
0%	20%	10%
\$4,000 / \$8,000	\$3,500 / \$7,000	\$4,000 / \$8,000
0% (AD)	20% (AD)	10% (AD)
\$350 (DW)	\$350 (DW)	\$350 (DW)
Facility: \$300 (DW) / Physician: \$300 (DW)	Facility: 20% (AD) / Physician: 20% (AD)	Facility: 10% (AD) / Physician: 10% (AD)
0% (AD)	20% (AD)	10% (AD)
0% (AD)	20% (AD)	10% (AD)
\$50 (DW)	\$85 (DW)	\$85 (DW)
Out-of-Network	Out-of-Network	Out-of-Network
\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,250 / \$4,500
\$8,000 / \$16,000	\$7,000 / \$14,000	\$8,000 / \$16,000
50%	50%	50%
300% Medicare	110% Medicare	110% Medicare
Prescriptions	Prescriptions	Prescriptions
None (\$0)	None (\$0)	None (\$0)
T1: \$10 (DW) / T2: \$45 (DW) / T3: \$70 (DW) / T4: 30% (DW)	T1: \$10 (DW) / T2: \$45 (DW) / T3: \$70 (DW) / T4: 30% (DW)	T1: \$10 (DW) / T2: \$45 (DW) / T3: \$70 (DW) / T4: 30% (DW)

Aetna NY to Oxford High End

	Plan 18 Aetna OA MANAGED CHOICE NY POS 0/100/15	Plan 19 Aetna OA MANAGED CHOICE NY POS 0/100/30
Benefits	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$15 Copay / \$25 Copay	\$0 Copay / \$30 Copay / \$50 Copay
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0
Co-Insurance Percent	0%	0%
Maximum OOP (Individual / Family)	\$4,000 / \$8,000	\$5,000 / \$10,000
Hospital Semi-Private Room	\$250/day, 3 days	\$500/day, 3 days
Hospital Emergency Room	\$350 Copay	\$350 Copay
Outpatient Surgery	\$75 Copay	\$75 Copay
Laboratory Services	\$0 Copay	\$0 Copay
MRI, MRA, PET, Ultrasound	\$0 Copay	\$0 Copay
Urgent Care	\$75 Copay	\$75 Copay
	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000
Maximum OOP (Individual / Family)	\$7,000 / \$14,000	\$9,000 / \$18,000
Co-Insurance Percent	30%	30%
Reimbursement	80% Fair Health	80% Fair Health
	Prescriptions	Prescriptions
Deductible	\$0 Deductible	\$0 Deductible
Co-Pays	T1: \$10 / T2: \$55 / T3: \$100	T1: \$10 / T2: \$55 / T3: \$100

Plan 04 Oxford Freedom Direct NY	Plan 04B Oxford Freedom Direct NY	Plan 05 Oxford Freedom Access NY	Plan 15 Oxford Freedom Direct NY
In-Network	In-Network	In-Network	In-Network
\$0 Copay / \$25 Copay / \$50 Copay	\$0 Copay / \$25 Copay / \$50 Copay	\$0 Copay / \$25 Copay / \$50 Copay	\$0 Copay / \$25 Copay / \$50 Copay
\$500 / \$1,000	\$500 / \$1,000	\$0 / \$0	\$750 / \$1,500
10%	10%	0%	10%
\$3,500 / \$7,000	\$3,500 / \$7,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Ded & Co-Ins	Ded & Co-Ins	\$500 Copay	Ded & Co-Ins
\$500 Copay	\$500 Copay	\$500 Copay	\$500 Copay
Ded & Co-Ins	Ded & Co-Ins	\$250 FS/\$500 Hosp	Ded & Co-Ins
Preferred Lab \$0 Copay	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay
FS Facility Ded & Co-Ins	FS Facility Ded & Co-Ins	FS Facility \$0 Copay	Ded & Co-Ins
\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
\$1,000 / \$2,000	\$1,000 / \$2,000	\$750 / \$1,500	\$2,500 / \$5,000
\$4,500 / \$9,000	\$4,500 / \$9,000	\$2,750 / \$5,500	\$8,000 / \$16,000
30%	30%	20%	30%
70% UCR	225% MNRP	80% UCR	140% Medicare
Prescriptions	Prescriptions	Prescriptions	Prescriptions
\$100 Deductible	\$100 Deductible	\$100 Deductible	\$100 Deductible
T1: \$15 / T2: \$35 / T3: \$75	T1: \$15 / T2: \$35 / T3: \$75	T1: \$15 / T2: \$35 / T3: \$75	T1: \$15 / T2: \$40 / T3: \$90

Aetna NY to Cigna

	Plan 24 Aetna OA ELECT CHOICE NY EPO 0/100/30/65	Plan 25 Aetna OA ELECT CHOICE NY EPO 0/100/45
Benefits	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$30 Copay / \$65 Copay	\$0 Copay / \$45 Copay / \$65 Copay
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0
Co-Insurance Percent	0%	0%
Maximum OOP (Individual / Family)	\$5,000 / \$10,000	\$5,500 / \$11,000
Hospital Semi-Private Room	\$750 Copay	\$500/day, 5 days
Hospital Emergency Room	\$350 Copay	\$350 Copay
Outpatient Surgery	\$0 Copay	\$0 Copay
Laboratory Services	\$0 Copay	\$0 Copay
MRI, MRA, PET, Ultrasound	\$0 Copay	\$0 Copay
Urgent Care	\$75 Copay	\$75 Copay
	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	N/A / N/A	N/A / N/A
Maximum OOP (Individual / Family)	N/A / N/A	N/A / N/A
Co-Insurance Percent	N/A	N/A
Reimbursement	N/A	N/A
	Prescriptions	Prescriptions
Deductible	\$100/\$300 Deductible	\$100/\$300 Deductible
Co-Pays	T1: \$10 / T2: \$55 / T3: \$100	T1: \$10 / T2: \$55 / T3: \$100

	Cigna OAP 0	Cigna OAP Base 0
	In-Network	In-Network
	0% (DW) / PCP: \$25 (DW) / Specialist: \$50 (DW)	0% (DW) / PCP: \$25 (DW) / Specialist: \$50 (DW)
	\$0 / \$0	\$0 / \$0
	0%	0%
	\$4,000 / \$8,000	\$4,000 / \$8,000
	0% (AD)	0% (AD)
	\$350 (DW)	\$350 (DW)
	Facility: \$300 (DW) / Physician: \$300 (DW)	Facility: \$300 (DW) / Physician: \$300 (DW)
	0% (AD)	0% (AD)
	0% (AD)	0% (AD)
	\$50 (DW)	\$50 (DW)
	Out-of-Network	Out-of-Network
	\$1,000 / \$2,000	\$10,000 / \$20,000
	\$8,000 / \$16,000	\$45,000 / \$90,000
	50%	50%
	300% Medicare	110% Medicare
	Prescriptions	Prescriptions
	None (\$0)	None (\$0)
	T1: \$10 (DW) / T2: \$45 (DW) / T3: \$70 (DW) / T4: 30% (DW)	T1: \$10 (DW) / T2: \$45 (DW) / T3: \$70 (DW) / T4: 30% (DW)

Aetna NY to Oxford

	Plan 24 Aetna OA ELECT CHOICE NY EPO 0/100/30/65	Plan 25 Aetna OA ELECT CHOICE NY EPO 0/100/45
Benefits	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$30 Copay / \$65 Copay	\$0 Copay / \$45 Copay / \$65 Copay
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0
Co-Insurance Percent	0%	0%
Maximum OOP (Individual / Family)	\$5,000 / \$10,000	\$5,500 / \$11,000
Hospital Semi-Private Room	\$750 Copay	\$500/day, 5 days
Hospital Emergency Room	\$350 Copay	\$350 Copay
Outpatient Surgery	\$0 Copay	\$0 Copay
Laboratory Services	\$0 Copay	\$0 Copay
MRI, MRA, PET, Ultrasound	\$0 Copay	\$0 Copay
Urgent Care	\$75 Copay	\$75 Copay
	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	N/A / N/A	N/A / N/A
Maximum OOP (Individual / Family)	N/A / N/A	N/A / N/A
Co-Insurance Percent	N/A	N/A
Reimbursement	N/A	N/A
	Prescriptions	Prescriptions
Deductible	\$100/\$300 Deductible	\$100/\$300 Deductible
Co-Pays	T1: \$10 / T2: \$55 / T3: \$100	T1: \$10 / T2: \$55 / T3: \$100

Plan 03 Oxford Freedom EPO NY
In-Network
\$0 Copay / \$30 Copay / \$60 Copay
\$0 / \$0
0%
\$4,000 / \$8,000
\$500 Copay
\$500 Copay
\$250 FS/\$500 Hosp
Preferred Lab \$0 Copay
FS Facility \$0 Copay
\$100 Copay
Out-of-Network
N/A / N/A
N/A / N/A
N/A
N/A
Prescriptions
\$100 Deductible
T1: \$15 / T2: \$35 / T3: \$75

Aetna NY to Cigna

	Plan 26 Aetna OA ELECT CHOICE NY EPO 1000/80
Benefits	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$20 Copay / \$65 Copay
Deductible (Invididual / Family)	\$1,000 / \$2,000
Co-Insurance Percent	20%
Maximum OOP (Individual / Family)	\$5,500 / \$11,000
Hospital Semi-Private Room	Ded & Co-Ins
Hospital Emergency Room	\$350 Copay
Outpatient Surgery	Ded & Co-Ins
Laboratory Services	Ded & Co-Ins
MRI, MRA, PET, Ultrasound	Ded & Co-Ins
Urgent Care	\$75 Copay
	Out-of-Network
Deductible (Invididual / Family)	N/A / N/A
Maximum OOP (Individual / Family)	N/A / N/A
Co-Insurance Percent	N/A
Reimbursement	N/A
	Prescriptions
Deductible	\$100/\$300 Deductible
Co-Pays	T1: \$10 / T2: \$55 / T3: \$100

Cigna OAP 1000	Cigna OAP Base 0	Cigna OAP Base 1000
In-Network	In-Network	In-Network
0% (DW) / PCP: \$25 (DW) / Specialist: \$50 (DW)	0% (DW) / PCP: \$25 (DW) / Specialist: \$50 (DW)	0% (DW) / PCP: \$25 (DW) / Specialist: \$50 (DW)
\$1,000 / \$2,000	\$0 / \$0	\$1,000 / \$2,000
20%	0%	20%
\$4,000 / \$9,000	\$4,000 / \$8,000	\$4,000 / \$9,000
20% (AD)	0% (AD)	20% (AD)
\$350 (DW)	\$350 (DW)	\$350 (DW)
Facility: 20% (AD) / Physician: 20% (AD)	Facility: \$300 (DW) / Physician: \$300 (DW)	Facility: 20% (AD) / Physician: 20% (AD)
20% (AD)	0% (AD)	20% (AD)
20% (AD)	0% (AD)	20% (AD)
\$50 (DW)	\$50 (DW)	\$50 (DW)
Out-of-Network	Out-of-Network	Out-of-Network
\$2,000 / \$6,000	\$10,000 / \$20,000	\$10,000 / \$20,000
\$8,000 / \$18,000	\$45,000 / \$90,000	\$45,000 / \$90,000
50%	50%	50%
110% Medicare	110% Medicare	110% Medicare
Prescriptions	Prescriptions	Prescriptions
None (\$0)	None (\$0)	None (\$0)
T1: \$10 (DW) / T2: \$45 (DW) / T3: \$70 (DW) / T4: 30% (DW)	T1: \$10 (DW) / T2: \$45 (DW) / T3: \$70 (DW) / T4: 30% (DW)	T1: \$10 (DW) / T2: \$45 (DW) / T3: \$70 (DW) / T4: 30% (DW)

Aetna NY to Cigna

	Plan 27 Aetna OA ELECT CHOICE NY EPO 2000/80
Benefits	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$30 Copay / \$65 Copay
Deductible (Invididual / Family)	\$2,000 / \$4,000
Co-Insurance Percent	20%
Maximum OOP (Individual / Family)	\$6,500 / \$13,000
Hospital Semi-Private Room	Ded & Co-Ins
Hospital Emergency Room	\$350 Copay
Outpatient Surgery	Ded & Co-Ins
Laboratory Services	Ded & Co-Ins
MRI, MRA, PET, Ultrasound	Ded & Co-Ins
Urgent Care	\$75 Copay
	Out-of-Network
Deductible (Invididual / Family)	N/A / N/A
Maximum OOP (Individual / Family)	N/A / N/A
Co-Insurance Percent	N/A
Reimbursement	N/A
	Prescriptions
Deductible	\$100/\$300 Deductible
Co-Pays	T1: \$10 / T2: \$55 / T3: \$100

Cigna OAP 2000	Cigna OAP Base 1000	Cigna OAP Base 2000
In-Network	In-Network	In-Network
0% (DW) / PCP: \$35 (DW) / Specialist: \$70 (DW)	0% (DW) / PCP: \$25 (DW) / Specialist: \$50 (DW)	0% (DW) / PCP: \$35 (DW) / Specialist: \$70 (DW)
\$2,000 / \$6,000	\$1,000 / \$2,000	\$2,000 / \$6,000
30%	20%	30%
\$6,000 / \$12,000	\$4,000 / \$9,000	\$6,000 / \$12,000
30% (AD)	20% (AD)	30% (AD)
\$350 (DW)	\$350 (DW)	\$350 (DW)
Facility: 30% (AD) / Physician: 30% (AD)	Facility: 20% (AD) / Physician: 20% (AD)	Facility: 30% (AD) / Physician: 30% (AD)
30% (AD)	20% (AD)	30% (AD)
30% (AD)	20% (AD)	30% (AD)
\$70 (DW)	\$50 (DW)	\$70 (DW)
Out-of-Network	Out-of-Network	Out-of-Network
\$4,000 / \$12,000	\$10,000 / \$20,000	\$10,000 / \$20,000
\$8,000 / \$20,000	\$45,000 / \$90,000	\$45,000 / \$90,000
50%	50%	50%
110% Medicare	110% Medicare	110% Medicare
Prescriptions	Prescriptions	Prescriptions
None (\$0)	None (\$0)	None (\$0)
T1: \$20 (DW) / T2: \$50 (DW) / T3: \$70 (DW) / T4: 30% (DW)	T1: \$10 (DW) / T2: \$45 (DW) / T3: \$70 (DW) / T4: 30% (DW)	T1: \$20 (DW) / T2: \$50 (DW) / T3: \$70 (DW) / T4: 30% (DW)

Aetna NY to Oxford

	Plan 26 Aetna OA ELECT CHOICE NY EPO 1000/80
Benefits	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$20 Copay / \$65 Copay
Deductible (Invididual / Family)	\$1,000 / \$2,000
Co-Insurance Percent	20%
Maximum OOP (Individual / Family)	\$5,500 / \$11,000
Hospital Semi-Private Room	Ded & Co-Ins
Hospital Emergency Room	\$350 Copay
Outpatient Surgery	Ded & Co-Ins
Laboratory Services	Ded & Co-Ins
MRI, MRA, PET, Ultrasound	Ded & Co-Ins
Urgent Care	\$75 Copay
	Out-of-Network
Deductible (Invididual / Family)	N/A / N/A
Maximum OOP (Individual / Family)	N/A / N/A
Co-Insurance Percent	N/A
Reimbursement	N/A
	Prescriptions
Deductible	\$100/\$300 Deductible
Co-Pays	T1: \$10 / T2: \$55 / T3: \$100

Plan 02 Oxford Liberty POS NY	Plan 06 Oxford Liberty EPO NY	Plan 09 Oxford Freedom EPO NY
In-Network	In-Network	In-Network
\$0 Copay / \$25 Copay / \$50 Copay	\$0 Copay / \$30 Copay / \$60 Copay	\$0 Copay / \$30 Copay / \$60 Copay
\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000
20%	0%	10%
\$6,000 / \$12,000	\$6,000 / \$10,000	\$4,000 / \$8,000
Ded & Co-Ins	Deductible	Ded & Co-Ins
\$500 Copay	\$500 Copay	\$500 Copay
Ded & Co-Ins	Deductible	Ded & Co-Ins
Preferred Lab \$0 Copay	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay
FS Facility Ded & Co-Ins	FS Facility Deductible	FS Facility Ded & Co-Ins
\$100 Copay	\$100 Copay	\$100 Copay
Out-of-Network	Out-of-Network	Out-of-Network
\$1,500 / \$3,000	N/A / N/A	N/A / N/A
\$8,000 / \$16,000	N/A / N/A	N/A / N/A
30%	N/A	N/A
140% Medicare	N/A	N/A
Prescriptions	Prescriptions	Prescriptions
\$100 Deductible	\$100 Deductible	\$100 Deductible
T1: \$15 / T2: \$40 / T3: \$90	T1: \$15 / T2: \$40 / T3: \$90	T1: \$15 / T2: \$40 / T3: \$90

Aetna NY to Oxford

	Plan 27 Aetna OA ELECT CHOICE NY EPO 2000/80
Benefits	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$30 Copay / \$65 Copay
Deductible (Individual / Family)	\$2,000 / \$4,000
Co-Insurance Percent	20%
Maximum OOP (Individual / Family)	\$6,500 / \$13,000
Hospital Semi-Private Room	Ded & Co-Ins
Hospital Emergency Room	\$350 Copay
Outpatient Surgery	Ded & Co-Ins
Laboratory Services	Ded & Co-Ins
MRI, MRA, PET, Ultrasound	Ded & Co-Ins
Urgent Care	\$75 Copay
	Out-of-Network
Deductible (Individual / Family)	N/A / N/A
Maximum OOP (Individual / Family)	N/A / N/A
Co-Insurance Percent	N/A
Reimbursement	N/A
	Prescriptions
Deductible	\$100/\$300 Deductible
Co-Pays	T1: \$10 / T2: \$55 / T3: \$100

Plan 01 Oxford Liberty Direct NY	Plan 16 Oxford Freedom Direct NY
In-Network	In-Network
\$0 Copay / \$40 Copay / \$80 Copay	\$0 Copay / \$25 Copay / \$50 Copay
\$2,000 / \$4,000	\$2,000 / \$4,000
30%	20%
\$7,000 / \$14,000	\$5,000 / \$10,000
Ded & Co-Ins	Ded & Co-Ins
\$500 Copay	\$500 Copay
Ded & Co-Ins	Ded & Co-Ins
Preferred Lab \$0 Copay	Preferred Lab \$0 Copay
FS Facility Ded & Co-Ins	FS Facility Ded & Co-Ins
\$100 Copay	\$100 Copay
Out-of-Network	Out-of-Network
N/A / N/A	\$5,000 / \$10,000
N/A / N/A	\$10,000 / \$20,000
N/A	40%
N/A	140% Medicare
Prescriptions	Prescriptions
\$100 Deductible	\$100 Deductible
T1: \$15 / T2: \$40 / T3: \$90	T1: \$15 / T2: \$40 / T3: \$90

Aetna NY HDHP to Cigna

	Plan 31 Aetna OA MANAGED CHOICE NY POS HDHP 5000/80	Plan 32 Aetna OA ELECT CHOICE NY EPO HDHP 5000/100	Plan 52 Aetna OA MC HDHP 3500/90
Benefits	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / 20% Co-Ins (AD) / 20% Co-Ins (AD)	\$0 Copay / \$0 Copay (AD) / \$0 Copay (AD)	\$0 Copay / 10% Co-Ins (AD) / 10% Co-Ins (AD)
Deductible (Individual / Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$3,500 / \$7,000
Co-Insurance Percent	20%	0%	10%
Maximum OOP (Individual / Family)	\$6,900 / \$13,800	\$5,500 / \$11,000	\$5,500 / \$11,000
Hospital Semi-Private Room	Ded & Co-Ins	Deductible	Ded & Co-Ins
Hospital Emergency Room	Ded & Co-Ins	Deductible	Ded & Co-Ins
Outpatient Surgery	Ded & Co-Ins	Deductible	Ded & Co-Ins
Laboratory Services	Ded & Co-Ins	Deductible	Ded & Co-Ins
MRI, MRA, PET, Ultrasound	Ded & Co-Ins	Deductible	Ded & Co-Ins
Urgent Care	Ded & Co-Ins	Deductible	Ded & Co-Ins
	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$10,000 / \$20,000	N/A / N/A	\$7,000 / \$14,000
Maximum OOP (Individual / Family)	\$14,000 / \$28,000	N/A / N/A	\$13,000 / \$26,000
Co-Insurance Percent	See Service for %	N/A	40%
Reimbursement	140%/140%	N/A	140%/140%
	Prescriptions	Prescriptions	Prescriptions
Deductible	Plan Deductible Applies	Plan Deductible Applies	Plan Deductible Applies
Co-Pays	T1: \$10 / T2: \$55 / T3: \$100	T1: \$10 / T2: \$55 / T3: \$100	T1: \$10 / T2: \$55 / T3: \$100

	Cigna OAP HDHP 3500	Cigna OAP HDHP 5500	Cigna OAP HDHP 6000
	In-Network	In-Network	In-Network
0% (DW) / PCP: 0% (AD) / Specialist: 0% (AD)	0% (DW) / PCP: 0% (AD) / Specialist: 0% (AD)	0% (DW) / PCP: 0% (AD) / Specialist: 0% (AD)	0% (DW) / PCP: 0% (AD) / Specialist: 0% (AD)
\$3,500 / \$7,000	\$3,500 / \$7,000	\$5,500 / \$7,350	\$6,000 / \$12,000
0%	0%	0%	0%
\$3,500 / \$7,000	\$3,500 / \$7,000	\$5,500 / \$7,350	\$6,000 / \$12,000
0% (AD)	0% (AD)	0% (AD)	0% (AD)
0% (AD)	0% (AD)	0% (AD)	0% (AD)
Facility: 0% (AD) / Physician: 0% (AD)	Facility: 0% (AD) / Physician: 0% (AD)	Facility: 0% (AD) / Physician: 0% (AD)	Facility: 0% (AD) / Physician: 0% (AD)
0% (AD)	0% (AD)	0% (AD)	0% (AD)
0% (AD)	0% (AD)	0% (AD)	0% (AD)
0% (AD)	0% (AD)	0% (AD)	0% (AD)
	Out-of-Network	Out-of-Network	Out-of-Network
\$3,500 / \$7,000	\$3,500 / \$7,000	\$5,500 / \$7,350	\$10,000 / \$20,000
\$7,000 / \$14,000	\$7,000 / \$14,000	\$10,000 / \$20,000	\$18,000 / \$36,000
30%	30%	30%	50%
110% Medicare	110% Medicare	110% Medicare	110% Medicare
	Prescriptions	Prescriptions	Prescriptions
Combined With Medical	Combined With Medical	Combined With Medical	Combined With Medical
T1: 0% (APD) / T2: 0% (APD) / T3: 0% (APD) / T4: 0% (APD)	T1: 0% (APD) / T2: 0% (APD) / T3: 0% (APD) / T4: 0% (APD)	T1: 0% (APD) / T2: 0% (APD) / T3: 0% (APD) / T4: 0% (APD)	T1: 0% (APD) / T2: 0% (APD) / T3: 0% (APD) / T4: 0% (APD)

Aetna NY HDHP to Oxford

	Plan 31 Aetna OA MANAGED CHOICE NY POS HDHP 5000/80	Plan 32 Aetna OA ELECT CHOICE NY EPO HDHP 5000/100	Plan 52 Aetna OA MC HDHP 3500/90
Benefits	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / 20% Co-Ins (AD) / 20% Co-Ins (AD)	\$0 Copay / \$0 Copay (AD) / \$0 Copay (AD)	\$0 Copay / 10% Co-Ins (AD) / 10% Co-Ins (AD)
Deductible (Invididual / Family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$3,500 / \$7,000
Co-Insurance Percent	20%	0%	10%
Maximum OOP (Individual / Family)	\$6,900 / \$13,800	\$5,500 / \$11,000	\$5,500 / \$11,000
Hospital Semi-Private Room	Ded & Co-Ins	Deductible	Ded & Co-Ins
Hospital Emergency Room	Ded & Co-Ins	Deductible	Ded & Co-Ins
Outpatient Surgery	Ded & Co-Ins	Deductible	Ded & Co-Ins
Laboratory Services	Ded & Co-Ins	Deductible	Ded & Co-Ins
MRI, MRA, PET, Ultrasound	Ded & Co-Ins	Deductible	Ded & Co-Ins
Urgent Care	Ded & Co-Ins	Deductible	Ded & Co-Ins
	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Invididual / Family)	\$10,000 / \$20,000	N/A / N/A	\$7,000 / \$14,000
Maximum OOP (Individual / Family)	\$14,000 / \$28,000	N/A / N/A	\$13,000 / \$26,000
Co-Insurance Percent	See Service for %	N/A	40%
Reimbursement	140%/140%	N/A	140%/140%
	Prescriptions	Prescriptions	Prescriptions
Deductible	Plan Deductible Applies	Plan Deductible Applies	Plan Deductible Applies
Co-Pays	T1: \$10 / T2: \$55 / T3: \$100	T1: \$10 / T2: \$55 / T3: \$100	T1: \$10 / T2: \$55 / T3: \$100

	Plan 07 Oxford Freedom HDHP POS NY	Plan 08 Oxford Freedom HDHP EPO NY	Plan 17 Oxford Freedom HDHP EPO NY
Benefits	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / Ded & Co-Ins / Ded & Co-Ins	\$0 Copay / \$30 Copay (AD) / \$60 Copay (AD)	\$0 Copay / Ded & Co-Ins / Ded & Co-Ins
Deductible (Invididual / Family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$6,550 / \$13,100
Co-Insurance Percent	10%	0%	0%
Maximum OOP (Individual / Family)	\$4,650 / \$9,300	\$6,550 / \$13,100	\$6,570 / \$13,140
Hospital Semi-Private Room	Ded & Co-Ins	\$300/day to \$1,500 Max (AD)	Deductible
Hospital Emergency Room	Ded & Co-Ins	\$500 Copay (AD)	Deductible
Outpatient Surgery	Ded & Co-Ins	\$300 Copay (AD)	Deductible
Laboratory Services	Ded & Co-Ins	FS Facility \$0 Copay (AD)	Deductible
MRI, MRA, PET, Ultrasound	Ded & Co-Ins	FS Facility \$0 Copay (AD)	Deductible
Urgent Care	Ded & Co-Ins	\$100 Copay (AD)	Deductible
	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Invididual / Family)	\$3,000 / \$6,000	N/A / N/A	N/A / N/A
Maximum OOP (Individual / Family)	\$6,650 / \$13,300	N/A / N/A	N/A / N/A
Co-Insurance Percent	30%	N/A	N/A
Reimbursement	225% MNRP	N/A	N/A
	Prescriptions	Prescriptions	Prescriptions
Deductible	Plan Deductible Applies	Plan Deductible Applies	Plan Deductible Applies
Co-Pays	T1: \$15 / T2: \$35 / T3: \$75	T1: \$15 / T2: \$40 / T3: \$90	T1: \$15 / T2: \$35 / T3: \$75

Aetna Nat to UHC

	Plan 04 Aetna OA MC POS 1000/80	Plan 06 Aetna OA MC POS 2000/80	Plan 10 Aetna OA ELECT CHOICE EPO 0/100/25
Benefits	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$25 Copay / \$50 Copay	\$0 Copay / \$30 Copay / \$60 Copay	\$0 Copay / \$25 Copay / \$50 Copay
Deductible (Individual / Family)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$0 / \$0
Co-Insurance Percent	20%	20%	0%
Maximum OOP (Individual / Family)	\$4,500 / \$9,000	\$6,850 / \$13,700	\$4,000 / \$8,000
Hospital Semi-Private Room	Ded & Co-Ins	Ded & Co-Ins	\$300/day, 5 days
Hospital Emergency Room	\$500 Copay	\$500 Copay	\$350 Copay
Outpatient Surgery	Ded & Co-Ins	Ded & Co-Ins	\$300 Copay
Laboratory Services	Ded & Co-Ins	Ded & Co-Ins	\$0 Copay
MRI, MRA, PET, Ultrasound	Ded & Co-Ins	Ded & Co-Ins	\$250 Copay
Urgent Care	\$85 Copay	\$85 Copay	\$85 Copay
	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$3,000 / \$6,000	\$6,000 / \$12,000	N/A / N/A
Maximum OOP (Individual / Family)	\$9,000 / \$18,000	\$14,000 / \$28,000	N/A / N/A
Co-Insurance Percent	50%	50%	N/A
Reimbursement	105%/140%	105%/140%	N/A
	Prescriptions	Prescriptions	Prescriptions
Deductible	\$0 Deductible	\$0 Deductible	\$0 Deductible
Co-Pays	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max

	Plan 01 UHC Choice Plus	Plan 07 UHC Choice Plus Premier	Plan 07 UHC Choice Plus Premier - Plan A	Plan 11 UHC Choice Plus
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$30 Copay / \$90 Copay	\$0 Copay / \$30 Copay / \$30 DN \$60 N Copay	\$0 Copay / \$30 Copay / \$90 Copay	\$0 Copay / \$30 Copay / \$50 Copay
Deductible (Individual / Family)	\$500 / \$1,000	\$2,000 / \$4,000	\$0 / \$0	\$1,000 / \$3,000
Co-Insurance Percent	0%	20%	0%	0%
Maximum OOP (Individual / Family)	\$6,000 / \$18,000	\$6,000 / \$12,000	\$8,000 / \$16,000	\$2,500 / \$7,500
Hospital Semi-Private Room	\$2,000 Copay	Ded & Co-Ins	\$2,000 Copay	Deductible
Hospital Emergency Room	\$500 Copay	\$500 Copay	\$500 Copay	\$500 Copay
Outpatient Surgery	\$750 Copay	Ded & Co-Ins	\$750 Copay	Deductible
Laboratory Services	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay	Preferred Lab \$0 Copay
MRI, MRA, PET, Ultrasound	Designated Network: Deductible	Ded & Co-Ins	Designated Network \$0 Copay	Designated Network: Deductible
Urgent Care	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$2,000 / \$4,000	\$5,000 / \$10,000	\$500 / \$1,000	\$2,000 / \$6,000
Maximum OOP (Individual / Family)	\$6,000 / \$18,000	\$10,000 / \$20,000	\$16,000 / \$32,000	\$5,000 / \$15,000
Co-Insurance Percent	40%	40%	50%	20%
Reimbursement	100% Medicare	100% Medicare	100% Medicare	100% Medicare
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	\$100 Deductible	\$100 Deductible	\$100 Deductible	\$100 Deductible
Co-Pays	T1: \$15 / T2: \$40 / T3: \$90	T1: \$15 / T2: \$40 / T3: \$90	T1: \$15 / T2: \$40 / T3: \$90	T1: \$15 / T2: \$40 / T3: \$90

Aetna Nat HDHP to UHC

	Plan 32 Aetna OA ELECT CHOICE NY EPO HDHP 5000/100	Plan 38 Aetna OA EPO HDHP 3250/90	Plan 40 Aetna OA MC HDHP COPAY 4000/100
Benefits	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 Copay / \$0 Copay (AD) / \$0 Copay (AD)	\$0 Copay / \$40 Copay (AD) / \$70 Copay (AD)	\$0 Copay / \$30 Copay (AD) / \$60 Copay (AD)
Deductible (Individual / Family)	\$5,000 / \$10,000	\$3,400 / \$6,800	\$4,000 / \$8,000
Co-Insurance Percent	0%	10%	0%
Maximum OOP (Individual / Family)	\$5,500 / \$11,000	\$6,000 / \$12,000	\$7,000 / \$14,000
Hospital Semi-Private Room	Deductible	\$750;then 10% Co-Ins (AD)	\$500 Copay (AD)
Hospital Emergency Room	Deductible	Ded & Co-Ins	\$350 Copay (AD)
Outpatient Surgery	Deductible	\$300 Copay (AD)	\$300 Copay (AD)
Laboratory Services	Deductible	Ded & Co-Ins	Deductible
MRI, MRA, PET, Ultrasound	Deductible	Ded & Co-Ins	Deductible
Urgent Care	Deductible	Ded & Co-Ins	\$85 Copay (AD)
	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	N/A / N/A	N/A / N/A	\$8,000 / \$16,000
Maximum OOP (Individual / Family)	N/A / N/A	N/A / N/A	\$14,000 / \$28,000
Co-Insurance Percent	N/A	N/A	50%
Reimbursement	N/A	N/A	105%/140%
	Prescriptions	Prescriptions	Prescriptions
Deductible	Plan Deductible Applies	Plan Deductible Applies	Plan Deductible Applies
Co-Pays	T1: \$10 / T2: \$55 / T3: \$100	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max	T1: \$10 / T2: \$45 / T3: \$70 / T4: 30% to \$300 Max / 50% to \$500 Max

Plan 05 UHC Choice Plus HDHP	Plan 06 UHC Choice Plus HDHP
In-Network	In-Network
\$0 Copay / Deductible / Deductible	\$0 Copay / Deductible / Deductible
\$3,500 / \$6,600	\$5,000 / \$10,000
0%	0%
\$4,500 / \$9,000	\$6,000 / \$12,000
Deductible	Deductible
Deductible	Deductible
Deductible	Deductible
Preferred Lab: Deductible	Preferred Lab: Deductible
Designated Network: Deductible	Designated Network: Deductible
Deductible	Deductible
Out-of-Network	Out-of-Network
\$5,000 / \$10,000	\$5,000 / \$10,000
\$10,000 / \$20,000	\$10,000 / \$20,000
20%	20%
100% Medicare	100% Medicare
Prescriptions	Prescriptions
Plan Deductible Applies	Plan Deductible Applies
T1: \$15 / T2: \$40 / T3: \$90	T1: \$15 / T2: \$40 / T3: \$90

Questions?



www.prestigepeo.com/oe/cigna



www.prestigepeo.com/oe/oxford

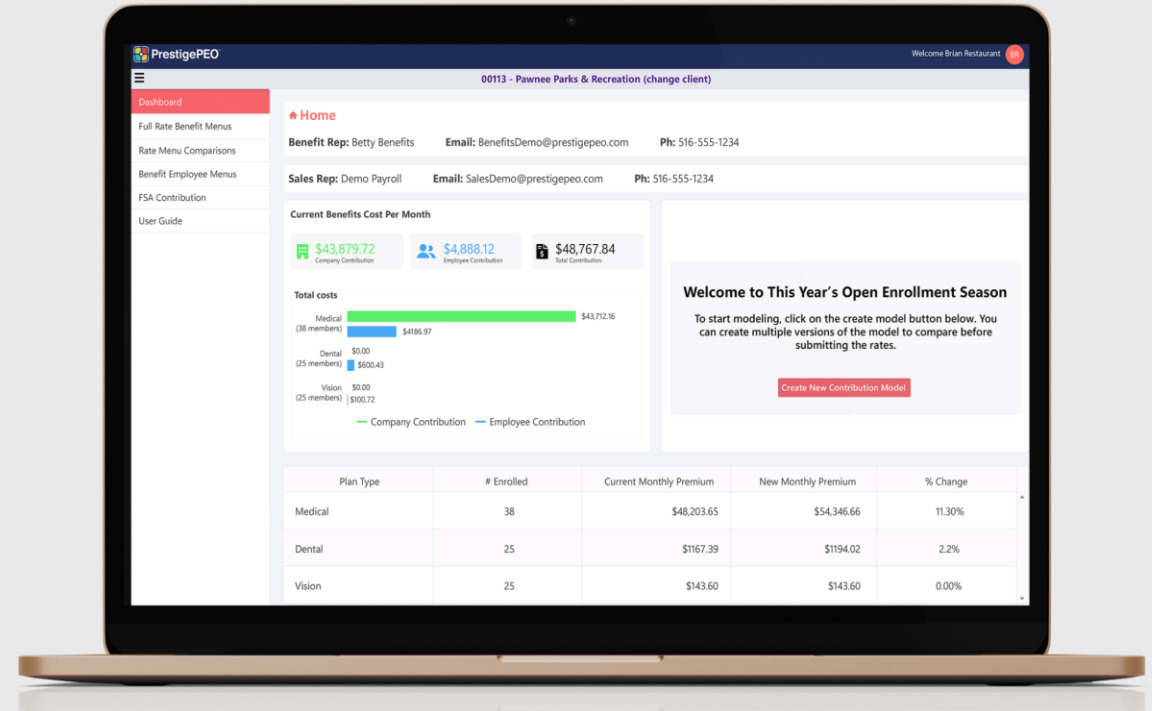


www.prestigepeo.com/oe/uhc



www.prestigepeo.com/oe/aetna

Navigating Your PrestigePEO Renewal Portal

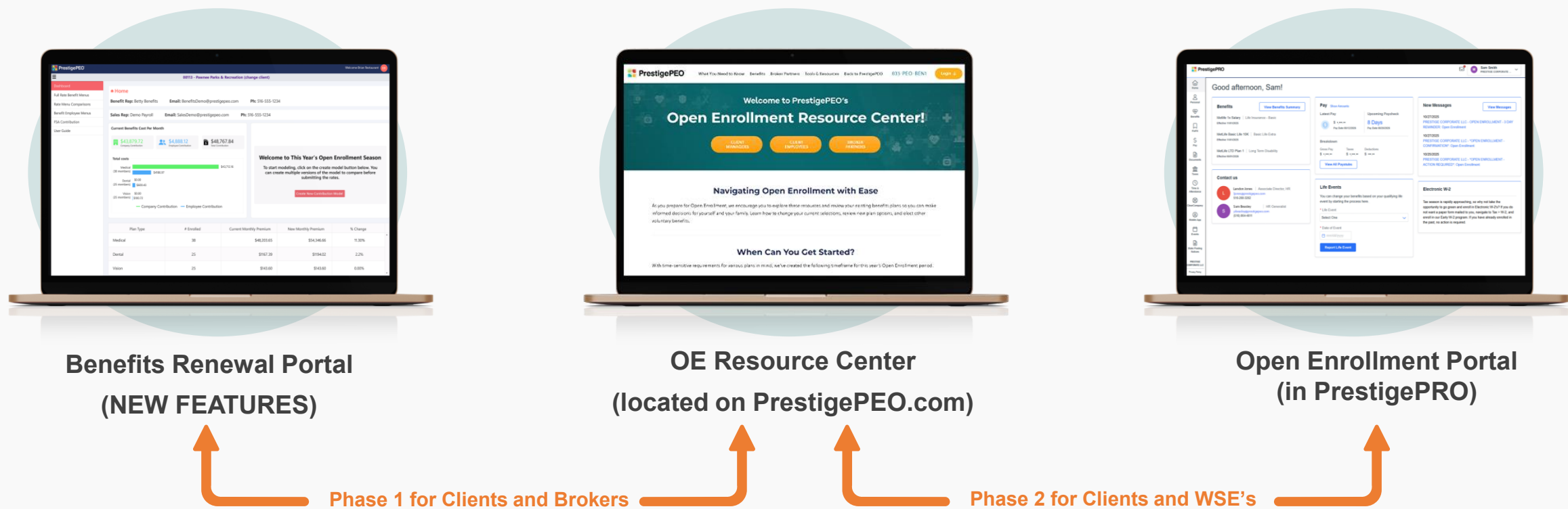




What to Expect

- Client decisions for Plans offered and contribution strategy:
Due September 24th
- Portal set up between Sept 18th and September 30th for employee e-mails to go out starting on October 2nd (there are 2 employees waves Oct 2nd -16th and Oct 9th -23rd)
- By request, Open Enrollment Meetings with specialists and employees are scheduled after decisions from employers are received mid September through the beginning of October.
- Employee decisions for their own plan elections due October 16th (Wave 1) or October 23rd (Wave 2)

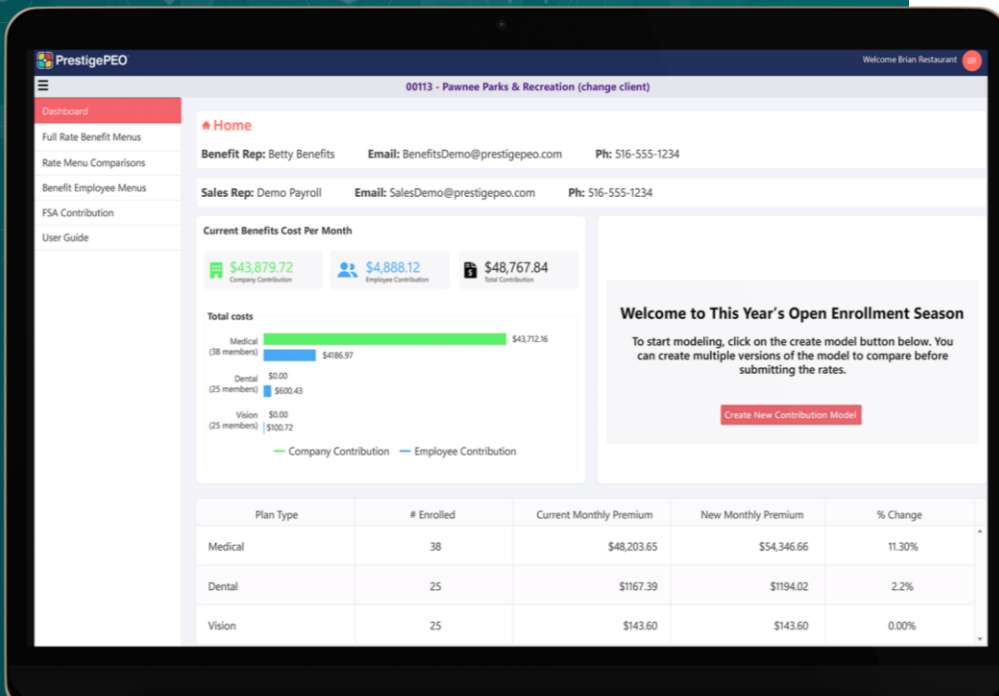
PrestigePEO conducts Open enrollment for our employer groups and employees. It is broken down into 2 phases.



PHASE 1

Benefits Renewal Portal

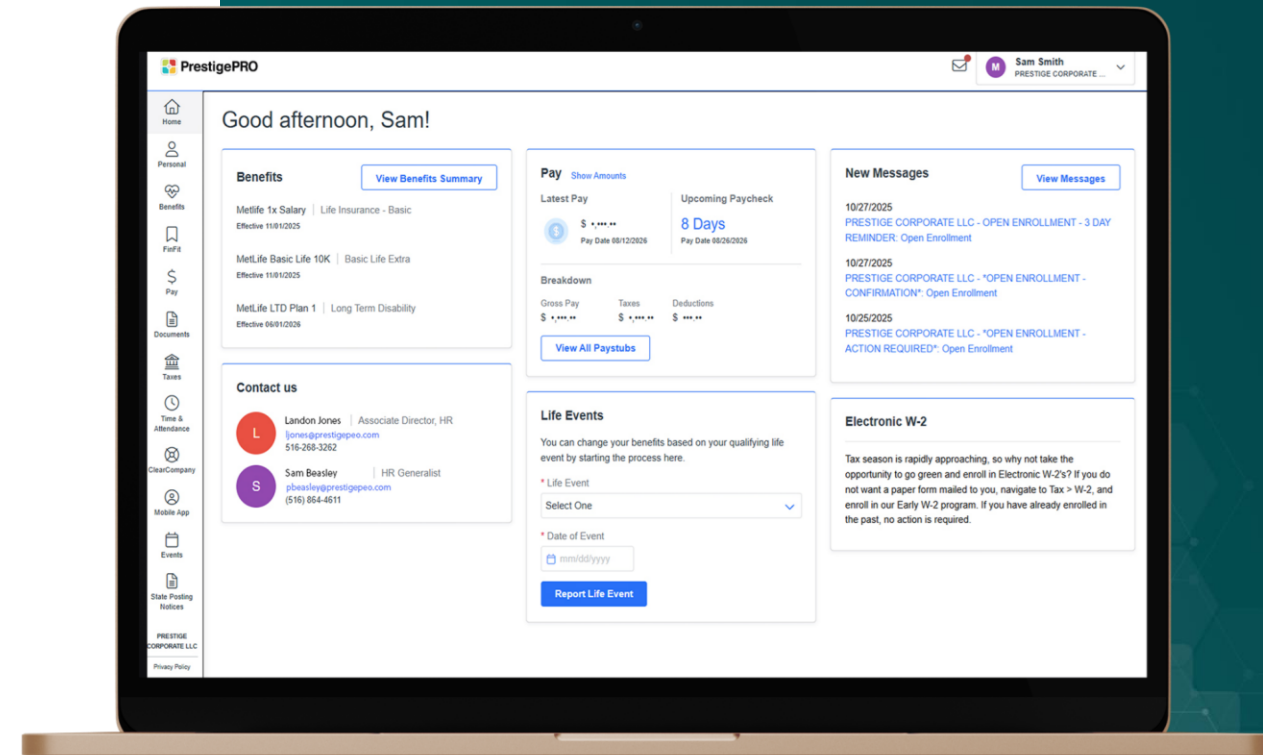
Phase 1 is the delivery of renewal rates and plans to the client/broker contacts and decision makers. Strategy meetings are conducted and decisions made for plans offered and contributions by employer for each coverage.



PHASE 2

Open Enrollment Employee Portal (PrestigePRO)

The second phase is the set up for all employees to go through their own benefit portal and see the changes, their costs, and any new products. We offer meetings for employees to go over changes and what to expect for open enrollment.



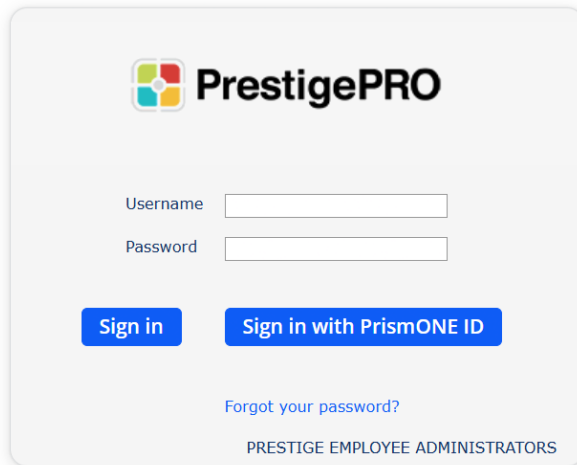
— Open Enrollment —

As we gear up for another Open Enrollment, we have new features in the Benefits Renewal Portal! This year the technology was improved to allow you to plan your benefits for the upcoming year and share those plans with decision makers.

- **Compare existing plans to new plans using the Rate Comparison tool**
- **View or download Full Renewal and Employee Census Report**
- **View your dashboard with Open Enrollment rates**
- **Download easier to read benefit menus with just the employee costs**
- **See elections made by employees**
- **Track status as employees complete open enrollment**

GETTING STARTED

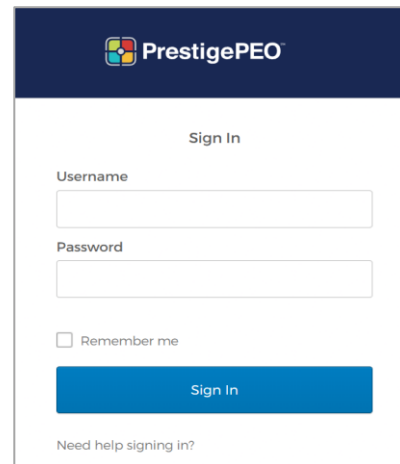
Log in to PrestigePRO with your username and password.



The image shows the PrestigePRO Client Manager Login page. It features the PrestigePRO logo at the top left. Below the logo, there are two input fields: "Username" and "Password". To the right of the "Username" field is a blue button labeled "Sign in". To the right of the "Password" field is a blue button labeled "Sign in with PrismONE ID". Below these buttons, there is a link that says "Forgot your password?". At the bottom of the form, it says "PRESTIGE EMPLOYEE ADMINISTRATORS".

Client Manager Login

<https://pea.prismhr.com/pea/>

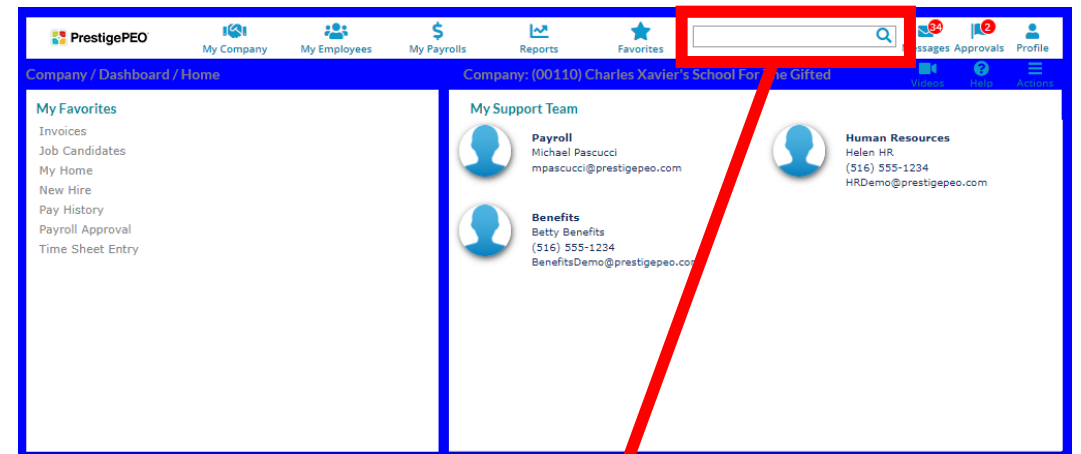


The image shows the PrestigePEO Broker Login page. It features the PrestigePEO logo at the top left. Below the logo, there is a "Sign In" heading. Underneath, there are two input fields: "Username" and "Password". To the right of the "Password" field is a blue button labeled "Sign In". Below this button, there is a checkbox labeled "Remember me". At the bottom of the form, it says "Need help signing in?".

Broker Login

<https://openenrollment.prestigepeo.com/login>

In the search box in the upper right corner, type the words "Renewal Portal" and click enter.



The image shows the PrestigePEO Dashboard. At the top, there is a navigation bar with icons for "My Company", "My Employees", "My Payrolls", "Reports", and "Favorites". To the right of these icons is a search box, which is highlighted with a red rectangle. Below the navigation bar, there is a "My Favorites" section on the left and a "My Support Team" section on the right. The "My Support Team" section lists "Payroll" (Michael Pascucci) and "Benefits" (Betty Benefits). A red line points from the search box to a red rectangle containing the text "Renewal Portal".

Renewal Portal

Welcome to The real 2026 OE Season. Below are your Salesforce-assigned clients.

Search...

Compa... ⋮	Compan... ⋮	Broker ⋮	Sales Rep... ⋮	Current ... ⋮	New Cost ⋮	Percen... ⋮	Notific... ⋮	Notific... ⋮	Status ⋮	Renew... ⋮	Carrier ⋮	Action ⋮	Submi... ⋮
00110	Charles Xa...	Michael Sc...	Jim Halpe...	\$14,191.29	\$15,127.44	6.60%			In Progress		Oxford...		Review
00105	Demo Cyb...	Pam Beesl...	Ryan Howa...	\$51,388.95	\$56,013.95	9.00%			In Progress		Oxford...		Review
00113	Pawnee Pa...	Dwight Sch...	Phyllis Lap...	\$5,661.41	\$5,992.31	5.84%			Not Started		Oxford...		Review
00112	Ryan's Res...	Stanley Hu...	Clark Gree...	\$70,643.09	\$78,413.83	11.00%			In Progress		Oxford...		Review
⏪ ⏩ 1 ⏪ ⏩ 20 ▼ items per page													1 - 4 of 4 items

The background features a teal color with a decorative pattern of hexagons and lines. Various icons are scattered throughout, including medical symbols like a heart with a pulse line, a DNA helix, a first aid kit, and a group of people, as well as financial symbols like a dollar sign, a piggy bank, and a bar chart.

CLIENT DASHBOARD

-
- Dashboard
- Full Rate Benefit Menus
- Rate Menu Comparisons
- Benefit Employee Menus
- FSA Contribution
- User Guide

00113 - Pawnee Parks & Recreation (change client)

Home

Benefit Rep: Betty Benefits **Email:** BenefitsDemo@prestigepeo.com **Ph:** 516-555-1234

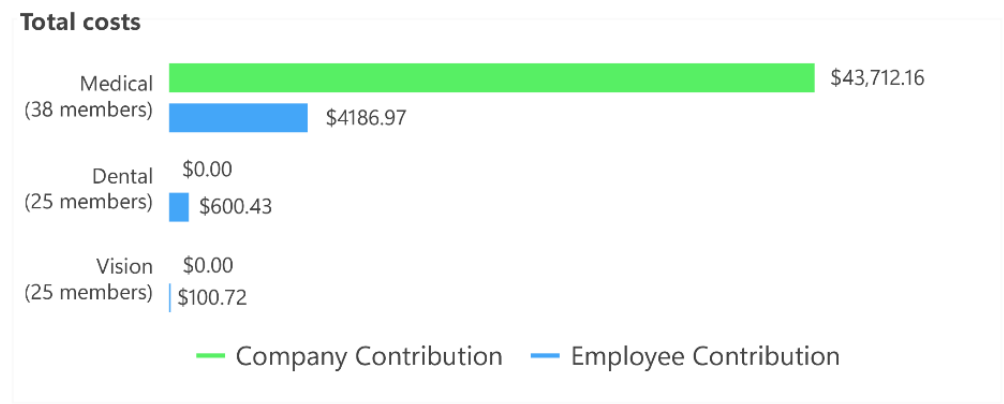
Sales Rep: Demo Payroll **Email:** SalesDemo@prestigepeo.com **Ph:** 516-555-1234

Current Benefits Cost Per Month

 **\$43,879.72**
Company Contribution

 **\$4,888.12**
Employee Contribution

 **\$48,767.84**
Total Contribution

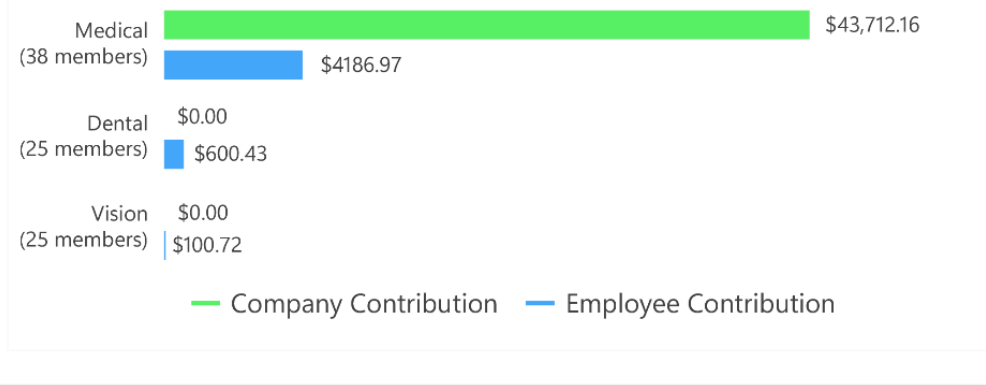


Welcome to This Year's Open Enrollment Season

To start modeling, click on the create model button below. You can create multiple versions of the model to compare before submitting the rates.

Create New Contribution Model

Plan Type	# Enrolled	Current Monthly Premium	New Monthly Premium	% Change
Medical	38	\$48,203.65	\$54,346.66	11.30%



To start modeling, click on the create model button below. You can create multiple versions of the model to compare before submitting the rates.

Create New Contribution Model

Plan Type	# Enrolled	Current Monthly Premium	New Monthly Premium	% Change
Medical	38	\$48,203.65	\$54,346.66	11.30%
Dental	25	\$1167.39	\$1194.02	2.2%
Vision	25	\$143.60	\$143.60	0.00%

The following plans are no longer available from the carrier and have been excluded from totals and rate calculations.

Plan	Type	Last Known Monthly Premium
Plan 08 Oxford Freedom HDHP EPO NY No Longer Available	Medical	--
Plan 13 Oxford Freedom HDHP EPO NY No Longer Available	Medical	--
Plan 14 Oxford Freedom HDHP EPO NY No Longer Available	Medical	--

Dashboard

Full Rate Benefit Menus

Rate Menu Comparisons

Benefit Employee Menus

FSA Contribution

User Guide

00113 - Pawnee Parks & Recreation (change client)

Home

Benefit Rep: Betty Benefits

Email: BenefitsDemo@prestigepeo.com

Ph: 516-555-1234

Sales Rep: Demo Payroll

Email: SalesDemo@prestigepeo.com

Ph: 516-555-1234

Current Benefits Cost Per Month



\$43,879.72

Company Contribution



\$4,888.12

Employee Contribution



\$48,767.84

Total Contribution

Total costs

Medical
(38 members)

\$43,712.16

\$4186.97

Dental
(25 members)

\$0.00

\$600.43

Vision
(25 members)

\$0.00

\$100.72

Company Contribution

Employee Contribution

Welcome to This Year's Open Enrollment Season

To start modeling, click on the create model button below. You can create multiple versions of the model to compare before submitting the rates.

Create New Contribution Model

Plan Type	# Enrolled	Current Monthly Premium	New Monthly Premium	% Change
Medical	38	\$48,203.65	\$54,346.66	11.30%

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PrestigePEO

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The background of the slide is a solid teal color. It features a decorative pattern of white hexagons and lines, primarily concentrated on the left and right sides. Within these hexagons are various white icons: medical symbols like a plus sign, a heart with a pulse line, a DNA helix, a first aid kit, and a group of people; and financial symbols like a dollar sign, a shield with a dollar sign, a piggy bank, and a bar chart.

SUMMARY PAGE



Home > Model Version 1

- Summary
- CENSUS REPORT
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES
- WAITING PERIOD WAIVED
- HSA
- DCA
- FSA

Summary

Export

Class Name	Medical Employee Count	Dental Employee Count	Vision Employee Count	Current Total Employer Cost	Estimated Renewal Total Employer Cost	Status
OWNERS	2	1	1	\$4,667.74	\$5,249.12	Pending
SUPERVISORS	5	4	4	\$8,612.81	\$10,053.74	Pending
ALL EMPLOYEES	31	20	20	\$30,599.17	\$34,498.66	Pending
WAITING PERIOD WAIVED	0	0	0	\$0.00	\$0.00	Pending
Total	38	25	25	\$43,879.72	\$49,801.52	0/3 Completed

NOTE:

Disclosure acknowledgment required. You must review and acknowledge this model before December 1, 2026 to submit.

Submit Contribution Model

Home > Model Version 1

- Summary
- CENSUS REPORT
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES
- WAITING PERIOD WAIVED
- HSA
- DCA
- FSA

Employee Census Report

Export to Excel

Employee N...	Benefit Grou...	Plan ID	Plan Descrip...	Status	Plan Type	Premium A...	Company C...	Employee C...	Employee St...
Scott, Michael	DIRECTORS	METDENS	Metlife Dental Standard	A	ES	52.24	0	52.24	NY
Scott, Michael	DIRECTORS	OXNY01	Plan 01 Oxford Liberty Direct NY	A	ES	1607.94	1607.94	0	NY
Scott, Michael	DIRECTORS	VISV	UHC Vision Voluntary	A	ES	7.9	7.9	0	NY
Schrute, Dwight	ALL FT EMPLOYEES	METDENS	Metlife Dental Standard	A	EE	28.61	0	28.61	NY
Schrute, Dwight	ALL FT EMPLOYEES	OXNY01	Plan 01 Oxford Liberty Direct NY	A	EE	784.16	784.16	0	NY
Schrute, Dwight	ALL FT EMPLOYEES	VISV	UHC Vision Voluntary	A	EE	4.27	4.27	0	NY
Beesly, Pam	ALL FT EMPLOYEES	METDENS	Metlife Dental Standard	A	EE	28.61	0	28.61	NY
	ALL FT		Plan 01 Oxford						

The background features a teal color with a pattern of hexagons. Some hexagons contain white icons: a plus sign, a heart with a pulse line, a DNA helix, a shield with a dollar sign, a piggy bank with a dollar sign, a flask, a bar chart, a group of people, and a first aid kit. The text "REVIEW GROUP OFFERINGS" is centered in a bold, yellow, sans-serif font.

REVIEW GROUP OFFERINGS

Home > Model Version 1

- Summary
- CENSUS REPORT
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES
- WAITING PERIOD WAIVED
- HSA
- DCA
- FSA

Class:3 - ALL EMPLOYEES

Add or Terminate Plans

Set Max Medical Plan Contribution

Contribution Shortcuts

Save Draft

		Last Year Rate							Next Year Rate				
Tier	Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2026	Monthly Contributions		Final Contribution			
		%	Employer	Employee				%	\$	Employer	Employee	Rate Change %	
▼ Plan 03 Oxford Freedom EPO NY								☐	☐				
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98		☐		☐	▲ 12.74%	
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17		☐		☐	▲ 12.74%	
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74		☐		☐	▲ 12.74%	
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41		☐		☐	▲ 12.74%	
▼ Plan 04 Oxford Freedom Direct NY								☐	☐				
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79		☐		☐	▲ 12.74%	
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04		☐		☐	▲ 12.74%	
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85		☐		☐	▲ 12.74%	
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87		☐		☐	▲ 12.74%	
▼ Plan 09 Oxford Freedom EPO NY								☐	☐				
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86		☐		☐	▲ 12.74%	
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36		☐		☐	▲ 12.74%	

-
- Dashboard
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- Rate Menu Comparisons
- Benefit Employee Menus
- FSA Contribution
- User Guide

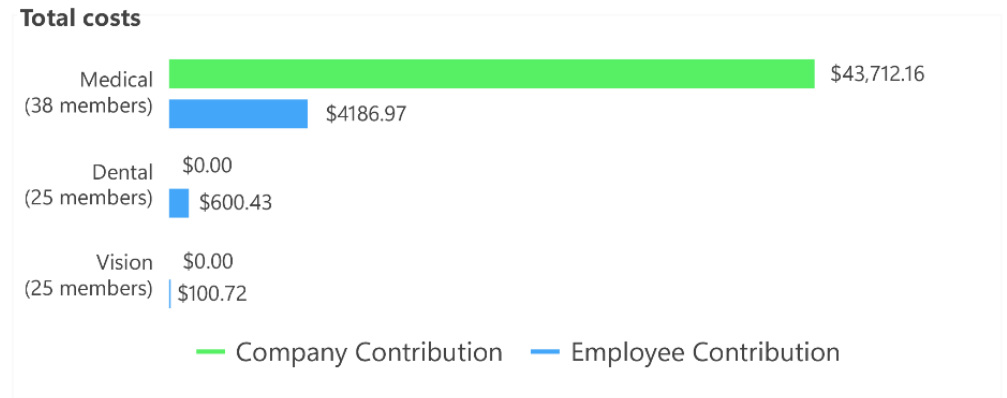
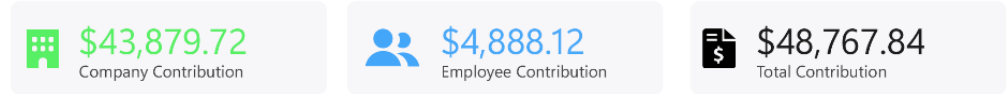
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Home

Benefit Rep: Betty Benefits Email: BenefitsDemo@prestigepeo.com Ph: 516-555-1234

Sales Rep: Demo Payroll Email: SalesDemo@prestigepeo.com Ph: 516-555-1234

Current Benefits Cost Per Month



Welcome to This Year’s Open Enrollment Season

To start modeling, click on the create model button below. You can create multiple versions of the model to compare before submitting the rates.

Create New Contribution Model

Plan Type	# Enrolled	Current Monthly Premium	New Monthly Premium	% Change
Medical	38	\$48,203.65	\$54,346.66	11.30%



Dashboard

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Full Rate Benefits Menus

Medical Benefit Menu

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Dental Benefit Menu

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Previous Year Full Rate Benefits Menus

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Dental Benefit Menu

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Medical Benefit Menu

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- Dashboard

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Full Rate Benefits Menus

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Previous Year

Medical Benefit Menu

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Dental Benefit Menu

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Medical Benefit Filter Menus

Please select ...

Download All

Close

	Cigna OAP 0	Cigna OAP 1000	Cigna OAP 2000	Cigna OAP 3000
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	0% (DW) / PCP: \$25 (DW) / Specialist: \$50 (DW)	0% (DW) / PCP: \$25 (DW) / Specialist: \$50 (DW)	0% (DW) / PCP: \$35 (DW) / Specialist: \$70 (DW)	0% (DW) / PCP: \$30 (DW) / Specialist: \$60 (DW)
Deductible (Invididual / Family)	\$0 / \$0	\$1,000 / \$2,000	\$2,000 / \$6,000	\$3,000 / \$6,000
Co-Insurance Percent	0%	20%	30%	30%
Maximum OOP (Individual / Family)	\$4,000 / \$8,000	\$4,000 / \$9,000	\$6,000 / \$12,000	\$5,000 / \$10,000
Hospital Semi-Private Room	0% (AD)	20% (AD)	30% (AD)	30% (AD)
Hospital Emergency Room	\$350 (DW)	\$350 (DW)	\$350 (DW)	\$350 (DW)
Outpatient Surgery	Facility: \$300 (DW) / Physician: \$300 (DW)	Facility: 20% (AD) / Physician: 20% (AD)	Facility: 30% (AD) / Physician: 30% (AD)	Facility: 30% (AD) / Physician: 30% (AD)
Laboratory Services	0% (AD)	20% (AD)	30% (AD)	30% (AD)
MRI, MRA, PET, Ultrasound	0% (AD)	20% (AD)	30% (AD)	30% (AD)
Urgent Care	\$50 (DW)	\$50 (DW)	\$70 (DW)	\$60 (DW)
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Invididual / Family)	\$1,000 / \$2,000	\$2,000 / \$6,000	\$4,000 / \$12,000	\$9,000 / \$18,000
Maximum OOP (Individual / Family)	\$8,000 / \$16,000	\$8,000 / \$18,000	\$8,000 / \$20,000	\$19,500 / \$39,000
Co-Insurance Percent	50%	50%	50%	50%
Reimbursement	300% Medicare	110% Medicare	110% Medicare	110% Medicare
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	None (\$0)	None (\$0)	None (\$0)	None (\$0)
Co-Pays	T1: \$10 (DW) / T2: \$45 (DW) / T3: \$70 (DW) / T4: 30% (DW)	T1: \$10 (DW) / T2: \$45 (DW) / T3: \$70 (DW) / T4: 30% (DW)	T1: \$20 (DW) / T2: \$50 (DW) / T3: \$70 (DW) / T4: 30% (DW)	T1: \$10 (DW) / T2: \$45 (DW) / T3: \$70 (DW) / T4: 30% (DW)
Covered Employees and Rates				
Employee	\$1,313.28	\$1,255.19	\$1,026.73	\$864.50
Employee + Spouse	\$2,889.19	\$2,761.37	\$2,258.79	\$1,901.91
Employee + Child(ren)	\$2,363.83	\$2,259.29	\$1,848.09	\$1,556.11
Employee + Family	\$4,071.10	\$3,891.02	\$3,182.85	\$2,679.98

Please Note: All co-payments, deductibles, and co-insurance (medical & prescription) paid for In-Network Covered Services contribute to the In-Network out-of-pocket maximum. Information above is for illustration purposes. Refer to the Summary Plan Description for full details and plan provisions. For detailed summaries contact your Benefit Specialist.

☰

Dashboard

Full Rate Benefit Menus

Rate Menu Comparisons

Benefit Employee Menus

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Full Rate Benefit Plan Comparisons

Medical Benefit Menu

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Dental Benefit Menu

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-
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Full Rate Benefit Plan Comparisons

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Medical Benefit Filter Menus

Plan 04 Oxford Liberty Direct NY

Plan 03 Oxford Freedomw EOP NY

Plan 09 Oxford Freedomw EOP NY

Plan 15 Oxford Freedomw Direct NY

Download All

Close

	Plan 04 Oxford Freedom Direct NY	Plan 03 Oxford Freedom EPO NY	Plan 09 Oxford Freedom EPO NY	Plan 15 Oxford Freedom Direct NY
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 / \$25 / \$50	\$0 / \$30 / \$60	\$0 / \$30 / \$60	\$0 / \$25 / \$50
Deductible (Individual / Family)	\$500 / \$1,000	N/A / N/A	\$1,000 / \$2,000	\$750 / \$1,500
Co-Insurance Percent	10%	N/A	10%	10%
Maximum OOP (Individual / Family)	3000 / \$4,000	4000 / \$5,000	4000 / \$5,000	\$5,000 / \$10,000
Hospital Semi-Private Room	Deductible & Co-insurance	\$500 Copay	Deductible & Co-insurance	Deductible & Co-insurance
Hospital Emergency Room	\$400 (Waived if Admitted)	\$400 (Waived if Admitted)	\$400 (Waived if Admitted)	\$400 (Waived if Admitted)
Outpatient Surgery	Deductible & Co-insurance	\$250 Copay	Deductible & Co-insurance	Deductible & Co-insurance
Laboratory Services	PL: \$0 / NPL: Deductible & Co-insurance	PL: \$0 / NPL: Deductible & Co-insurance	PL: \$0 / NPL: Deductible & Co-insurance	PL: \$0 / NPL: Deductible & Co-insurance
MRI, MRA, PET, Ultrasound	Deductible & Co-insurance	Hosp: Co-insurance / FS: \$0	Deductible & Co-insurance	Deductible & Co-insurance
Urgent Care	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Deductible (Individual / Family)	\$1,000 / \$2,000	N/A / N/A	N/A / N/A	\$2,500 / \$5,000
Maximum OOP (Individual / Family)	\$4500 / \$7,000	N/A / N/A	N/A / N/A	\$8,000 / \$16,000
Co-Insurance Percent	30%	N/A	N/A	30%
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	\$100 Deductible Tier 2 & 3	\$100 Deductible Tier 2 & 3	\$100 Deductible Tier 2 & 3	\$100 Deductible Tier 2 & 3
Co-Pays	\$15 / \$35 / \$75	\$15 / \$35 / \$75	\$15 / \$35 / \$75	\$15 / \$35 / \$75
Coverage Tiers	Monthly Cost	Monthly Cost	Monthly Cost	Monthly Cost
Employee	1 enrolled @ \$1,914.15	\$1,750.30	\$1,449.31	\$1,699.96
Employee + Spouse	1 enrolled @ \$3,923.96	\$3,588.13	\$2,971.08	\$3,447.96
Employee + Child(ren)	1 enrolled @ \$3,303.80	\$3,021.05	\$2,501.51	\$2,902.27
Employee + Family	1 enrolled @ \$5,773.04	\$5,278.86	\$4,371.10	\$5,071.37
Totals				
Monthly Premium	\$14,914.95	\$13,638.34	\$11,293.00	\$13,120.56
		\$0.00	\$0.00	\$0.00
Annualized Premium	\$178,979.40	\$163,660.08	\$135,516.00	\$157,446.72
		\$0.00	\$0.00	\$0.00

Please Note: All co-payments, deductibles, and co-insurance (medical & prescription) paid for In-Network Covered Services contribute to the In-Network out-of-pocket maximum. Information above is for illustration purposes. Refer to the Summary Plan Description for full details and plan provisions. For detailed summaries contact your Benefit Specialist.

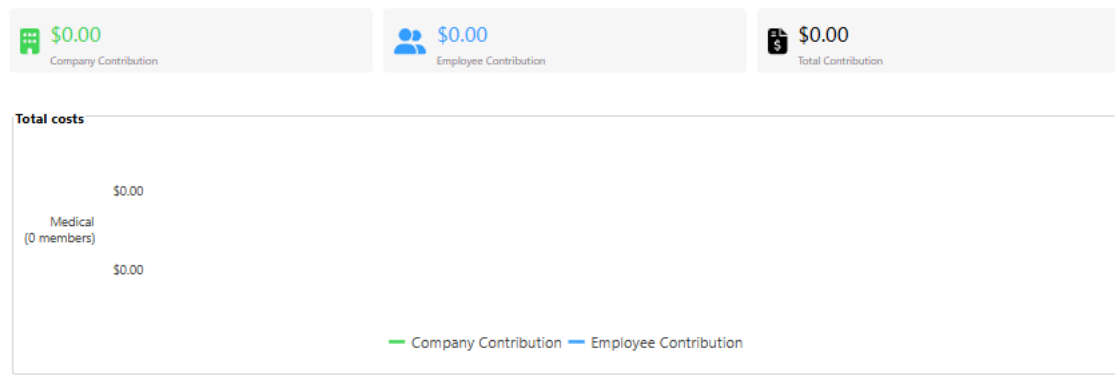
- Dashboard
- Workflows
- Carrier Administration >
- Send Notifications v
- Waves
- Client Administration v
- Assigned Clients
- Status Tracking Report
- Parent Renewal Dashboard
- Data Sync
- Brokers v
- Broker Users
- Setup v
- Open Enrollment
- PrismHR Mapping
- Benefit Group Mapping
- Carrier Setup
- Notification Redirects
- Notification Reminders
- Flex Contribution Limits
- User Guide Setup
- Feature Access Control

00130 - Fleetwood Mac Logistics Demo

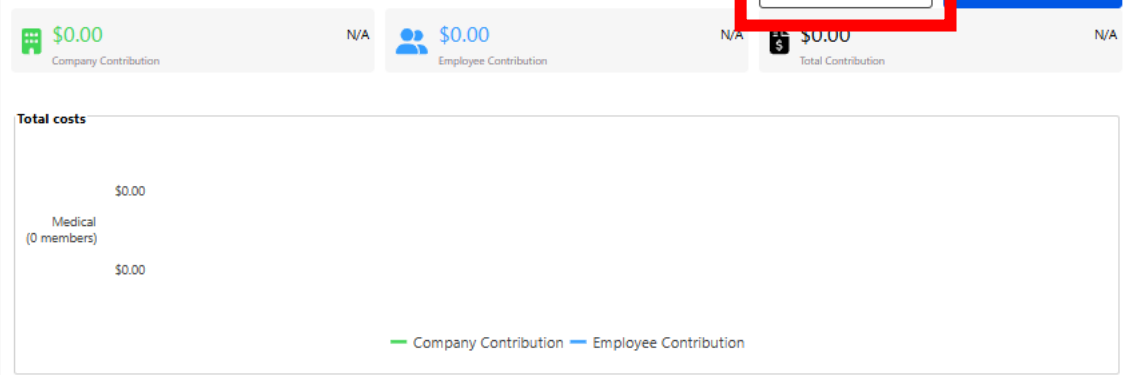
Benefit Rep: Betsy Ross Email: bross@prestigepeo.com Ph: 727-458-7532

Sales Rep: Paul Creager Email: pcreager@prestigepeo.com Ph: (702) 357-4410

Current Benefit Cost Per Month



Projected Benefit Cost Per Month



View Plan Comparisons

Edit Contribution Model

% Change is not accurate due to terminated plan premium no longer available

Terminated Plans 1 terminated plan (hidden by default). Click to view details.

Plan-type rollups are not available because termed plans are included for comparison context.

Class Name	Medical Employee Count	Dental Employee Count	Vision Employee Count	Current Total Employer Cost	Estimated Total Employer Cost	Status	
BASIC1XSAL	0	0	0	\$0.00	\$0.00	Pending	
test group	0	0	0	\$0.00	\$0.00	Pending	
Total	0	0	0	\$0.00	\$0.00	0/2 Completed	

Full Rate Benefit Plan Comparisons

Medical Benefit Menu

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Dental Benefit Menu

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Vision Benefit Menu

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Current vs Renewal Year Full Rate Benefit Menus

Medical Benefit Menu

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Dental Benefit Menu

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Vision Benefit Menu

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[PrestigePEO Year-to-Year Vision Comparison.xlsx](#)

Aetna Renewal to Multi Carrier Plan Comparison

Aetna Renewal to Multi Carrier Comparison

Compare Aetna plans against other carriers at the selected season's renewal rates

[PrestigePEO Aetna to Multi Carrier](#)

- Dashboard
- Workflows
- Carrier Administration >
- Send Notifications >
- Client Administration ▾
- Assigned Clients
- Status Tracking Report
- Parent Renewal Dashboard
- Data Sync
- Brokers ▾
- Broker Users
- Setup ▾
- Open Enrollment
- PrismHR Mapping
- Benefit Group Mapping
- Carrier Setup
- Notification Redirects
- Notification Reminders
- Flex Contribution Limits
- User Guide Setup
- Feature Access Control

Full Rate Benefit Plan Comparisons

Medical Benefit Menu

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Dental Benefit Menu

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Vision Benefit Menu

Please select the desired file format below to initiate the download

PrestigePEO 2026 Vision Benefits Menu.pdf

Current vs Renewal

Medical Benefit Menu

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PrestigePEO Year-to-Year Comparison.xlsx

Aetna Renewal

Aetna Renewal to Multi Carrier Comparison

Compare Aetna plans against other carriers at the selected season's renewal rates

PrestigePEO Aetna to Multi Carrier Comparison.xlsx

Aetna Renewal to Multi Carrier Plan Comparison

Renewal rates for the selected open enrollment season are shown for every plan. The workbook has one tab per Aetna plan you select, each showing that plan in the first column with the compared plans to the right of it.

Select Aetna plans to compare against.

Plan 21 Aetna OA MANAGED CHOICE NY POS 1000/80 Plan 27 Aetna OA ELECT CHOICE NY EPO 2000/80

Select plans to compare.

Cigna OAP 0 Cigna OAP HDHP 6000 Plan 04 Oxford Freedom Direct CT Plan 05 Oxford Freedom Access CT Plan 04 UHC Core Essential Plan 05 UHC Choice Plus HDHP

- Cigna OAP 0
- Cigna OAP HDHP 6000
- Plan 04 Oxford Freedom Direct CT
- Plan 05 Oxford Freedom Access CT
- Plan 04 UHC Core Essential
- Plan 05 UHC Choice Plus HDHP

00119 - Tory's 3-Point Hoops > A-test

- Summary
- Census Report
- OWNERS - BENEFITS
- ALL EMPLOYEES HIRED ...
- HSA
- DCA
- FSA

Class: 2 - ALL EMPLOYEES HIRED PRIOR 01/01/08 - BENEFITS

Add or Terminate Plans

Set Max Medical Plan Contribution

Contribution Shortcuts

Save Draft

Tier	Last Year Rate							Next Year Rate				
	Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2026	Monthly Contributions		Final Contribution		
		%	Employer	Employee				%	\$	Employer	Employee	Rate Change (%)
▼ Cigna OAP 0												
Single	\$0.00	0.00%	\$0.00	\$0.00	0	\$0.00	\$1,241.80					100%
Couple	\$0.00	0.00%	\$0.00	\$0.00	0	\$0.00	\$2,731.93					100%
Single Parent	\$0.00	0.00%	\$0.00	\$0.00	0	\$0.00	\$2,235.16					100%
Family	\$0.00	0.00%	\$0.00	\$0.00	0	\$0.00	\$3,849.52					100%
▼ Plan 05 Oxford Freedom Access CT												
Single	\$0.00	0.00%	\$0.00	\$0.00	0	\$0.00	\$1,828.29					100%
Couple	\$0.00	0.00%	\$0.00	\$0.00	0	\$0.00	\$3,747.97					100%
Single Parent	\$0.00	0.00%	\$0.00	\$0.00	0	\$0.00	\$3,155.63					100%
Family	\$0.00	0.00%	\$0.00	\$0.00	0	\$0.00	\$5,514.13					100%
▼ Plan 05 UHC Choice Plus HDHP												
Single	\$0.00	0.00%	\$0.00	\$0.00	0	\$0.00	\$1,432.71					100%
Couple	\$0.00	0.00%	\$0.00	\$0.00	1	\$0.00	\$3,008.66					100%
Single Parent	\$0.00	0.00%	\$0.00	\$0.00	0	\$0.00	\$2,464.24					100%
Family	\$0.00	0.00%	\$0.00	\$0.00	0	\$0.00	\$4,326.75					100%
									Total	\$0.00	\$0.00	

Save Draft



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Class:3 - ALL EMPLOYEES

Add or Terminate Plans

Set Max Medical Plan Contribution

Contribution Shortcuts

Save Draft

		Last Year Rate							Next Year Rate				
Tier	Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2026	Monthly Contributions		Final Contribution			
		%	Employer	Employee				%	\$	Employer	Employee	Rate Change %	
▼ Plan 03 Oxford Freedom EPO NY													
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98					▲ 12.74%	
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17					▲ 12.74%	
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74					▲ 12.74%	
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41					▲ 12.74%	
▼ Plan 04 Oxford Freedom Direct NY													
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79					▲ 12.74%	
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04					▲ 12.74%	
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85					▲ 12.74%	
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87					▲ 12.74%	
▼ Plan 09 Oxford Freedom EPO NY													
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86					▲ 12.74%	
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36					▲ 12.74%	

-
- Dashboard
- Full Rate Benefit Menus
- Rate Menu Comparisons
- Benefit Employee Menus
- FSA Contribution
- User Guide

00113 - Pawnee Parks & Recreation (change client)

Home

Benefit Rep: Betty Benefits

Email: BenefitsDemo@prestigepeo.com

Ph: 516-555-1234

Sales Rep: Demo Payroll

Email: SalesDemo@prestigepeo.com

Ph: 516-555-1234

Current Benefits Cost Per Month

\$43,879.72

Company Contribution

\$4,880.00

Employee Contribution

Total costs

Medical
(38 members)

\$4186.97

Dental
(25 members)

\$0.00

\$600.43

Vision
(25 members)

\$0.00

\$100.72

Company Contribution

Employee Contribution

Contribution Shortcuts

Keep same contribution % as previous year

Keep same contribution \$ as previous year

Split increase 50/50 between employer and employee

Assign 100% of increase to employer

Cancel

Update Contribution

Home to This Year's Open Enrollment Season

Start modeling, click on the create model button below. You can create multiple versions of the model to compare before submitting the rates.

Create New Contribution Model

Plan Type	# Enrolled	Current Monthly Premium	New Monthly Premium	% Change
Medical	38	\$48,203.65	\$54,346.66	11.30%

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PrestigePEO

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Class:3 - ALL EMPLOYEES

Add or Terminate Plans

Set Max Medical Plan Contribution

Contribution Shortcuts

Save Draft

		Last Year Rate							Next Year Rate					
Tier	Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2026	Monthly Contributions			Final Contribution			
		%	Employer	Employee				%	\$	Employer	Employee	Rate Change %		
▼ Plan 03 Oxford Freedom EPO NY								☐	☐					
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98	50	☐	\$671.99	☒	\$671.99	\$671.99	▲ 12.74%
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17	50	☐	\$1,377.58	☒	\$1,377.58	\$1,377.58	▲ 12.74%
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74	50	☐	\$1,159.87	☒	\$1,159.87	\$1,159.87	▲ 12.74%
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41	50	☐	\$2,026.71	☒	\$2,026.71	\$2,026.71	▲ 12.74%
▼ Plan 04 Oxford Freedom Direct NY								☐	☒					
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79	50	☐	\$732.39	☒	\$732.39	\$732.39	▲ 12.74%
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04	50	☐	\$1,506.52	☒	\$1,506.52	\$1,506.52	▲ 12.74%
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85	50	☐	\$1,268.43	☒	\$1,268.43	\$1,268.43	▲ 12.74%
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87	50	☐	\$2,216.44	☒	\$2,216.44	\$2,216.44	▲ 12.74%
▼ Plan 09 Oxford Freedom EPO NY								☐	☒					
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	43	☐	\$732.39	☒	\$732.39	\$380.47	▲ 12.74%
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36	44	☐	\$1,506.52	☒	\$1,506.52	\$774.84	▲ 12.74%



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Class:3 - ALL EMPLOYEES

Add or Terminate Plans

Set Max Medical Plan Contribution

Contribution Shortcuts

Save Draft

		Last Year Rate								Next Year Rate				
Tier	Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2026	Monthly Contributions		Final Contribution				
		%	Employer	Employee				%	\$	Employer	Employee	Rate Change %		
▼ Plan 03 Oxford Freedom EPO NY														
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98					▲ 12.74%		
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17					▲ 12.74%		
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74					▲ 12.74%		
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41					▲ 12.74%		
▼ Plan 04 Oxford Freedom Direct NY														
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79					▲ 12.74%		
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04					▲ 12.74%		
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85					▲ 12.74%		
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87					▲ 12.74%		
▼ Plan 09 Oxford Freedom EPO NY														
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86					▲ 12.74%		
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36					▲ 12.74%		

Manage Plans



Medical **Dental** Vision

	Plan Name	Employee Rate	Spouse Rate	Single Parent Rate	Family Rate
☐	OXNY01 - Plan 01 Oxford Liberty Direct NY	\$939.22	\$1,925.87	\$1,621.09	\$2,832.66
☐	OXNY02 - Plan 02 Oxford Liberty POS NY	\$1,145.34	\$2,323.04	\$1,955.39	\$3,416.80
☒	OXNY03 - Plan 03 Oxford Freedom EPO NY	\$1,343.98	\$2,755.17	\$2,319.74	\$4,053.41
☒	OXNY04 - Plan 04 Oxford Freedom Direct NY	\$1,469.79	\$3,013.04	\$2,536.85	\$4,432.87
☐	OXNY05 - Plan 05 Oxford Freedom Access NY	\$1,938.05	\$3,972.97	\$3,345.05	\$5,845.13
☐	OXNY06 - Plan 06 Oxford Liberty EPO NY	\$1,076.82	\$2,208.04	\$1,858.60	\$3,247.67
☐	OXNY07 - Plan 07 Oxford Freedom HDHP POS NY	\$1,036.41	\$2,124.63	\$1,806.39	\$3,143.04
☐	OXNY08 - Plan 08 Oxford Freedom HDHP EPO NY	\$849.51	\$1,741.49	\$1,466.25	\$2,562.09
☒	OXNY09 - Plan 09 Oxford Freedom EPO NY	\$1,084.92	\$2,224.09	\$1,872.58	\$3,272.13

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Medical **Dental** Vision

	Plan Name	Employee Rate	Spouse Rate	Single Parent Rate	Family Rate
☐	OXNY01 - Plan 01 Oxford Liberty Direct NY			\$1,621.09	\$2,832.66
☐	OXNY02 - Plan 02 Oxford Liberty POS NY			\$1,955.39	\$3,416.80
☒	OXNY03 - Plan 03 Oxford Freedom EPO NY			\$2,319.74	\$4,053.41
☒	OXNY04 - Plan 04 Oxford Freedom Direct NY			\$2,536.85	\$4,432.87
☐	OXNY05 - Plan 05 Oxford Freedom Access NY			\$3,345.05	\$5,845.13
☐	OXNY06 - Plan 06 Oxford Liberty EPO NY			\$1,858.60	\$3,247.67
☐	OXNY07 - Plan 07 Oxford Freedom HDHP POS NY			\$1,806.39	\$3,143.04
☐	OXNY08 - Plan 08 Oxford Freedom HDHP EPO NY	\$849.51	\$1,741.49	\$1,466.25	\$2,562.09
☒	OXNY09 - Plan 09 Oxford Freedom EPO NY	\$1,084.92	\$2,224.09	\$1,872.58	\$3,272.13

Move employees to different planX

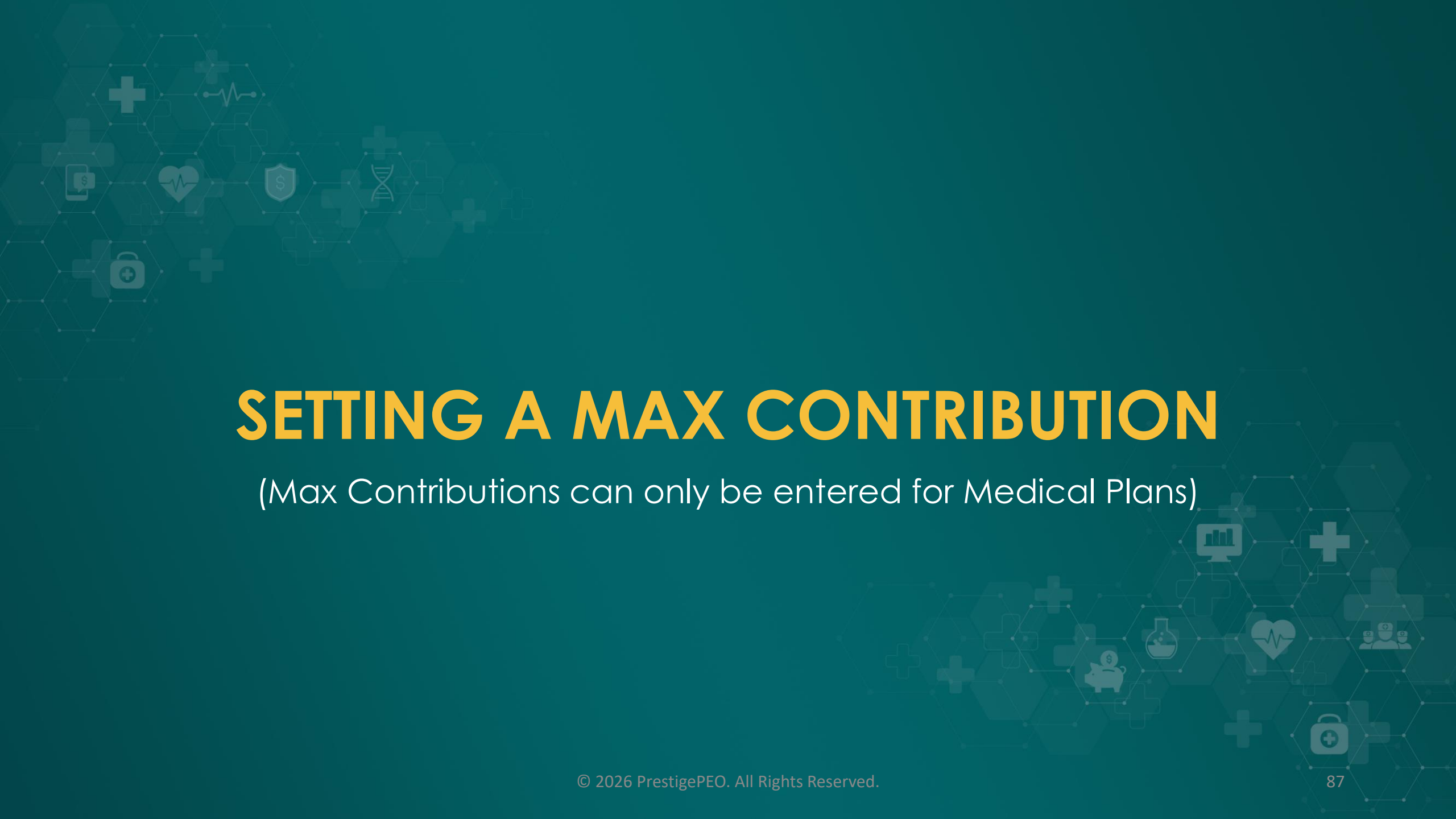
Please select Plan to move the employees to estimate project cost

Plan

Note: Employees moved to another plan only for modeling purposes. Employees on this plan will need to elect a new plan through the employee open enrollment portal before 11/1/2026

CancelSave

Cancel **Save Changes**

The background features a teal gradient with a decorative pattern of hexagons and medical icons. Icons include a plus sign, a heart with a pulse line, a DNA helix, a shield with a dollar sign, a piggy bank with a dollar sign, a flask, a bar chart, a heart with a pulse line, a first aid kit, and a group of people. The icons are arranged in a way that they appear to be part of a larger network or system.

SETTING A MAX CONTRIBUTION

(Max Contributions can only be entered for Medical Plans)



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Class:3 - ALL EMPLOYEES

Add or Terminate Plans

Set Max Medical Plan Contribution

Contribution Shortcuts

Save Draft

		Last Year Rate							Next Year Rate				
Tier	Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2026	Monthly Contributions		Final Contribution			
		%	Employer	Employee				%	\$	Employer	Employee	Rate Change %	
▼ Plan 03 Oxford Freedom EPO NY													
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98					▲ 12.74%	
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17					▲ 12.74%	
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74					▲ 12.74%	
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41					▲ 12.74%	
▼ Plan 04 Oxford Freedom Direct NY													
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79					▲ 12.74%	
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04					▲ 12.74%	
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85					▲ 12.74%	
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87					▲ 12.74%	
▼ Plan 09 Oxford Freedom EPO NY													
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86					▲ 12.74%	
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36					▲ 12.74%	



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Class:3 - ALL EMPLOYEES

	Tier	Rate	Monthly Contributions	%	Em
▼ Plan 01 Oxford Liberty Direct NY					
	Single	\$897.57	38%		\$350.00
	Couple	\$1,840.47	19%		\$350.00
	Single Parent	\$1,549.20	22%		\$350.00
	Family	\$2,707.05	12%		\$350.00
▼ Plan 02 Oxford Liberty POS NY					
	Single	\$897.57	31%		\$350.00
	Couple	\$1,840.47	15%		\$350.00
	Single Parent	\$1,549.20	18%		\$350.00
	Family	\$2,707.05	10%		\$350.00
▼ Plan 03 Oxford Freedom EPO NY					
	Single	\$1,192.06	82.00%		\$987.07
	Couple	\$2,443.73	40.00%		\$987.07

Set Max Monthly Contribution

Single Max Contribution

\$1,200.00

Couple Max Contribution

\$1,600.00

Single Parent Max Contribution

\$1,600.00

Family Max Contribution

\$1,800.00

Cancel

Set Max Contribution

Set Max Medical Plan Contribution Contribution Shortcuts Save Draft

Next Year Rate				
Monthly Contributions		Final Contribution		
%	\$	Employer	Employee	Rate Change %
☐	☐			
☐	☐			▲ 12.00%
☐	☐			▲ 16.64%
☐	☐			▲ 16.64%
☐	☐			▲ 23.50%
☐	☐			
☐	☐			▲ 36.58%
☐	☐			▲ 36.38%
☐	☐			▲ 35.09%
☐	☐			▲ 35.09%
☐	☐			
☐	☐			▲ 12.74%
☐	☐			▲ 12.74%



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Class:3 - ALL EMPLOYEES

Add or Terminate Plans Set Max Medical Plan Contribution Contribution Shortcuts Save Draft

		Last Year Rate								Next Year Rate				
Tier	Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2025	Monthly Contributions			Final Contribution			
		%	Employer	Employee				%	\$	Employer	Employee	Rate Change %		
▼ Plan 03 Oxford Freedom EPO NY									☐	☒				
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98	89	☐	\$1,200.00	☒	\$1,200.00	\$143.98	▲ 12.74%
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17	58	☐	\$1,600.00	☒	\$1,600.00	\$1,155.17	▲ 12.74%
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74	69	☐	\$1,600.00	☒	\$1,600.00	\$719.74	▲ 12.74%
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41	44	☐	\$1,800.00	☒	\$1,800.00	\$2,153.41	▲ 12.74%
▼ Plan 04 Oxford Freedom Direct NY									☐	☒				
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79	82	☐	\$1,200.00	☒	\$1,200.00	\$269.79	▲ 12.74%
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04	53	☐	\$1,600.00	☒	\$1,600.00	\$1,413.04	▲ 12.74%
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85	63	☐	\$1,600.00	☒	\$1,600.00	\$936.85	▲ 12.74%
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87	41	☐	\$1,800.00	☒	\$1,800.00	\$2,632.87	▲ 12.74%
▼ Plan 09 Oxford Freedom EPO NY									☐	☒				
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	100	☐	\$1,200.00	☒	\$1,200.00	\$0.00	▲ 12.74%
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36	70	☐	\$1,600.00	☒	\$1,600.00	\$1,168.50	▲ 12.74%

The background features a teal color with a pattern of hexagons. Some hexagons contain white icons: a plus sign, a heart with a pulse line, a DNA helix, a shield with a dollar sign, a piggy bank with a dollar sign, a flask, a bar chart, and a group of people. The text is centered in a bold, yellow, sans-serif font.

ENTERING YOUR CONTRIBUTION AMOUNTS



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Class:3 - ALL EMPLOYEES

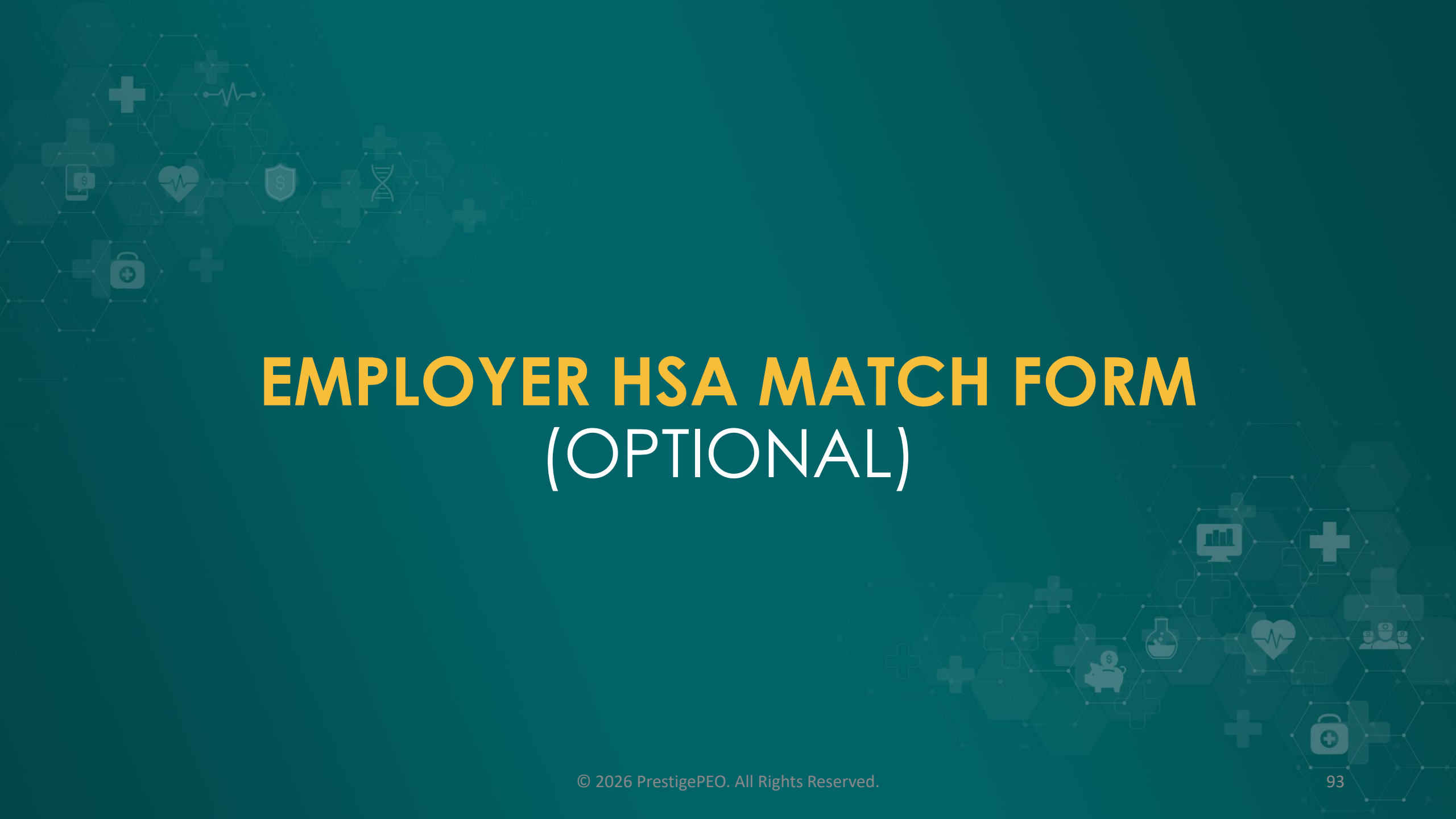
Add or Terminate Plans

Set Max Medical Plan Contribution

Contribution Shortcuts

Save Draft

		Last Year Rate							Next Year Rate				
Tier	Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2026	Monthly Contributions		Final Contribution		Rate Change %	
		%	Employer	Employee				%	\$	Employer	Employee		
▼ Plan 03 Oxford Freedom EPO NY													
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98					▲ 12.74%	
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17					▲ 12.74%	
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74					▲ 12.74%	
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41					▲ 12.74%	
▼ Plan 04 Oxford Freedom Direct NY													
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79					▲ 12.74%	
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04					▲ 12.74%	
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85					▲ 12.74%	
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87					▲ 12.74%	
▼ Plan 09 Oxford Freedom EPO NY													
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86					▲ 12.74%	
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36					▲ 12.74%	

The background features a teal color with a pattern of hexagons. Some hexagons contain white icons: a plus sign, a heart with a pulse line, a shield with a dollar sign, a DNA helix, a piggy bank with a dollar sign, a flask, a bar chart, a heart with a pulse line, and a first aid kit. The text is centered in the middle of the page.

EMPLOYER HSA MATCH FORM (OPTIONAL)

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- WAITING PERIOD WAIVED
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- DCA
- FSA

Employer HSA Match Form (Optional)

Enter the HSA setup details for this client. Additional contribution fields appear only when needed.

- HSA (Individual) - Max Contribution: \$4,500
- HSA (Family) - Max Contribution: \$9,000

HSA plan year

No

Company currently has an HSA vendor?

Select...v

Does company want to join Prestige's HSA plan?

Select...v

Does company contribute to the HSA?

Select...v

Employer HSA Match Form (Optional)

Enter the HSA setup details for this client. Additional contribution fields appear only when needed.

HSA (Individual) - Max Contribution: \$4,500

HSA (Family) - Max Contribution: \$9,000

HSA plan year

No

Company currently has an HSA vendor?

Select...

v

Does company want to join Prestige's HSA plan?

Select...

v

Does company contribute to the HSA?

Select...

v

HSA notes

REVIEWING YOUR POTENTIAL RENEWAL COSTS

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Summary

Export

Class Name	Medical Employee Count	Dental Employee Count	Vision Employee Count	Current Total Employer Cost	Estimated Renewal Total Employer Cost	Status
OWNERS	2	1	1	\$4,667.74	\$5,249.12	Pending !
SUPERVISORS	5	4	4	\$8,612.81	\$10,053.74	Pending !
ALL EMPLOYEES	31	20	20	\$30,599.17	\$34,498.66	Pending !
WAITING PERIOD WAIVED	0	0	0	\$0.00	\$0.00	Pending !
Total	38	25	25	\$43,879.72	\$49,801.52	0/3 Completed

Submit Contribution Model

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- Dashboard
- Full Rate Benefit Menus
- Rate Menu Comparisons
- Benefit Employee Menus
- FSA Contribution
- User Guide

00113 - Pawnee Parks & Recreation (change client)

🏠 Home

Model Version 1

Created by Betty Benefits

Create New Contribution Model

Benefit Rep: Betty Benefits

Email: BenefitsDemo@prestigepeo.com

Ph: 516-555-1234

Sales Rep: Demo Payroll

Email: SalesDemo@prestigepeo.com

Ph: 516-555-1234

Current Benefits Cost Per Month

\$43,879.72
Company Contribution

\$4,888.12
Employee Contribution

\$48,767.84
Total Contribution

Total costs

Medical (38 members)

\$43,712.16

\$4186.97

Dental (25 members)

\$0.00

\$600.43

Vision (25 members)

\$0.00

\$100.72

— Company Contribution

— Employee Contribution

Projected Benefits Cost Per Month

\$49,801.52 ▲12%
Company Contribution

\$5,840.79 ▲16%
Employee Contribution

\$54,499.31 ▲11%
Total Contribution

Total costs

Medical (38 members)

\$49,626.10

\$4,720.56

Dental (25 members)

\$0.00

\$976.63

Vision (25 members)

\$0.00

\$143.60

— Company Contribution

— Employee Contribution

Plan Type	# Enrolled	Current Monthly Premium	New Monthly Premium	% Change
Medical	38	\$48,203.65	\$54,346.66	11.30%

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- CENSUS REPORT
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- WAITING PERIOD WAIVED
- HSA
- DCA
- FSA

Summary

Export

Class Name	Medical Employee Count	Dental Employee Count	Vision Employee Count	Current Total Employer Cost	Estimated Renewal Total Employer Cost	Status	
OWNERS	2	1	1	\$4,667.74	\$5,249.12	Pending !	▲
SUPERVISORS	5	4	4	\$8,612.81	\$10,053.74	Pending !	
ALL EMPLOYEES	31	20	20	\$30,599.17	\$34,498.66	Pending !	
WAITING PERIOD WAIVED	0	0	0	\$0.00	\$0.00	Pending !	▼
Total	38	25	25	\$43,879.72	\$49,801.52	0/3 Completed	

Submit Contribution Model

The background features a teal color with a pattern of hexagons. Some hexagons contain white icons: a plus sign, a heart with a pulse line, a DNA helix, a shield with a dollar sign, a piggy bank with a dollar sign, a flask, a bar chart, a group of people, and a first aid kit. The text 'SUBMITTING YOUR RENEWAL' is centered in a bold, yellow, sans-serif font.

SUBMITTING YOUR RENEWAL

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Summary

CENSUS REPORT

OWNERS

SUPERVISORS

ALL EMPLOYEES

WAITING PERIOD WAIVED

HSA

DCA

FSA

Summary

Export

Class Name	Medical Employee Count	Dental Employee Count	Vision Employee Count	Current Total Employer Cost	Estimated Renewal Total Employer Cost	Status
OWNERS	2	1	1	\$4,667.74	\$5,249.12	Pending
SUPERVISORS	5	4	4	\$8,612.81	\$10,053.74	Pending
ALL EMPLOYEES	31	20	20	\$30,599.17	\$34,498.66	Pending
WAITING PERIOD WAIVED	0	0	0	\$0.00	\$0.00	Pending
Total	38	25	25	\$43,879.72	\$49,801.52	0/3 Completed

Submit Contribution Model

Plan Type	# Enrolled	Current Monthly Premium	New Monthly Premium	% Change
Medical	38	\$48,203.65	\$54,346.66	11.30%
Dental	25	\$1167.39	\$1194.02	2.2%
Vision	25	\$143.60	\$143.60	0.00%

Class Name	Medical Employee Count	Dental Employee Count	Vision Employee Count	Current Total Employer Cost	Estimated Renewal Total Employer Cost	Status
OWNERS	2	1	1	\$4,667.74	\$5,249.12	Pending !
SUPERVISORS	5	4	4	\$8,612.81	\$10,053.74	Pending !
ALL EMPLOYEES	31	20	20	\$30,599.17	\$34,498.66	Pending !
Total	38	25	25	\$43,879.72	\$49,801.52	0/3 Completed

Submit Contribution Model

Questions
Comments
Discussion?



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You started your business because you had a great idea. We started our business to handle the rest.