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# Anchorage School District AEA: Fully Insured Marketing Results

Medical Plan - Illustrative effective date: July 1, 2025

Presented August 26, 2025

# Introductions



Cherie Hendrix  
Lead Consultant, National Accounts



Tyler Kapfhammer  
Executive Director, Underwriting

- Lead consultant on large, self-funded and complex clients with strong public employer expertise
- 26+ years of industry experience
- Alaska marketplace: 10+ years
- Leads large group & self-funded plan teams
- Certified Advanced Specialist for self-funded plans (NABIP)
- Works with clients: Native corporations, public employers, nonprofits, professional firms
- Former Principal & Senior Consultant at Mercer (16 years)
- Life & disability insurance licenses in multiple states
- Member of professional organizations: NABIP, SHRM, IFEBP and more
- Speaker at industry events (e.g., State of Reform, Alaska Chamber of Commerce)
- Seattle University graduate (BA in French, Business minor)

- Lead consultant for key accounts requiring specialized attention
- 27+ years of industry experience
- Experienced Underwriter with large carriers, specializing in senior and leadership roles
- Expertise with clients of all sizes: small businesses to multinational companies
- Experience with public employers and association health plans
- Joined Alera Group in 2012
  - Developed analytics team
  - Led renewals, negotiations, and new business
  - Consulted on benefit plans, pricing strategy, and strategic planning
- University of Puget Sound graduate (BA in Accounting)

# Contents



CURRENT STATE:  
PEHT



PROJECT SCOPE



BENCHMARKING



MARKETING  
RESULTS

# Current State: PEHT 2025 plan year

Self funded plan  
offered by Public  
Education Health  
Trust

	Plan HDHP	Plan C	Plan F
Provider Network	Aetna Signature Administrators		
Deductible (Individual / Family)	\$1,650 / \$3,300	\$500/\$1,500	\$1,500 / \$3,000
Member Coinsurance (Coins)	20%	20%	20%
Out-of-Pocket (Individual / Family) Med + Rx	Med: \$5,150 / \$10,300 Med/Rx: \$7,200 / \$14,400	Med only: \$2,500 3x \$5,500 / \$13,500	Med only: \$3,000 2x \$7,500 / \$13,500
Primary Care Office Visit Copay/Coins	20%	20%	\$25 copayment first six combined visits; thereafter, 20% after Ded
Specialist Office Visit Copay/Coins	20%	20%	
Urgent Care Office Visit Copay/Coins	20%	20%	
Emergency Room Copay/Coins	20%	20%	20%
Hospital Copays/Coins	20%	20%	20%
Outpatient X-Ray & Lab Services	20%	20%	20%
Retail Prescription Copays/Coins (Rx - Tier 1 / Tier 2 / Tier 3)	20% OOP Max \$2,050 / \$4,100	30% \$35/\$70/\$115 max OOP Max \$3,000 / \$6,000	
Rx - Specialty (Tier 1 / Tier 2 / Tier 3)	Value: 25% to \$50 / Preferred: 25% to \$200 / Non-Preferred: 50% to \$600		
Other (all 3 plans)	Includes VSP Vision \$0/\$25/\$25 12/12/24		
Notes (all 3 plans)	Deductible has been added to Max Out of Pocket amounts. Pharmacy only applies to Pharmacy Out of Pocket Max.		

# Scope of Project

Solicit proposals from 3 vendors  
for fully insured medical plan to  
compare with PEHT

Benchmarking

Aetna

Alaska State Employees Association (ASEA) / AFSCME

Premiera Blue Cross Blue Shield of Alaska

Note: Alera requested a quote from MODA, in addition to the 3 mentioned above.

# Cost Summary: UPDATED for 2025

## COBRA and Funding rates (Dental Excluded)

ASD contributes \$1,900 per employee per month

Rates shown are based on Fully Insured Equivalents for COBRA

Plan/Tier	MV & Dental		
	25-26	25-26	10.24 census
Plan C EE	\$ 876.34	\$ 2,776.34	126
Plan C EE+Spouse	\$ 1,050.96	\$ 2,950.96	103
Plan C EE+Children	\$ 993.00	\$ 2,893.00	63
Plan C Family	\$ 1,167.64	\$ 3,067.64	299
Plan F EE	\$ 466.18	\$ 2,366.18	422
Plan F EE+Spouse	\$ 596.65	\$ 2,496.65	202
Plan F EE+Children	\$ 540.27	\$ 2,440.27	187
Plan F Family	\$ 675.07	\$ 2,575.07	666
Plan HDHP EE	\$ 233.12	\$ 2,133.12	195
Plan HDHP EE+Spouse	\$ 317.78	\$ 2,217.78	27
Plan HDHP EE+Children	\$ 270.13	\$ 2,170.13	25
Plan HDHP Family	\$ 357.05	\$ 2,257.05	58
ASD CONTRIBUTION	\$ 1,900.00		

MEDICAL COMPARISON Triple Plans					Effective July 1, 2025						
					Plan 1		Plan 2		Plan 3		
CARRIER					Aetna- Public Education Health Trust						
Plan Name					Plan HDHP		Plan C		Plan F		
					HDHP \$1650		PPO \$500		PPO \$1,500		
Assumed Enrollment					Total Rates	Employee Cost	Total Rates	Employee Cost	Total Rates	Employee Cost	
EE Only			Plan 1	Plan 2	Plan 3	\$1,078.00	\$233.12	\$1,217.00	\$876.34	\$1,132.00	\$466.18
EE + Spouse			27	103	202	\$2,265.00	\$317.78	\$2,557.00	\$1,050.96	\$2,377.00	\$596.65
EE + Spouse + Children			58	299	666	\$3,278.00	\$357.05	\$3,701.00	\$1,167.64	\$3,442.00	\$675.07
EE + Children			25	63	187	\$2,091.00	\$270.13	\$2,362.00	\$993.00	\$2,196.00	\$540.27
Total	2373	305	591	1477							
INSURANCE PREMIUMS COST					Premiums	Employee	Premiums	Employee	Premiums	Employee	
Insurance Premiums Per Month					\$513,764	\$81,501	\$1,672,118	\$630,351	\$3,660,882	\$867,878	
GRAND TOTAL ANNUAL COST - COMBINED											
Combined Grand Total Cost					\$70,161,168						
Combined Grand Total Employee Cost					\$18,956,761						
Combined Employer Cost Based on Premium					\$51,204,407						
Employer Cost Based on \$1900 PEPM					\$54,104,400						

Difference between 2024 & 2025:  
Total: +\$9,475,296



The background of the slide is a photograph of a person standing on a snowy mountain peak, looking out over a vast, snow-covered landscape. The image is overlaid with a geometric pattern of translucent triangles in shades of blue and green.

# Anchorage Education Association: Benchmarking Results

Sources:

AEA PEHT 2025-26 plan year

Alera Group 2025

Updated: August 20, 2025

# Healthcare & Employee Benefits Benchmarking Tool

Select Company:

ANCHORAGE EDUCATION ASSOCIATION

Select Measure

Top 25%

Top 10%

Median

Average

## Peer Group 1

Industry

All

Employer Size

All

State

Alaska

Agency

All

Region

All

Corporate Structure

All

Industry	All
Size	All
State	Alaska
Agency	All
Region	All
Corporate Structure	All

## Peer Group 2

Industry

Multiple selections

Employer Size

All

State

All

Agency

All

Region

All

Corporate Structure

All

Industry	82 All Other Educational Elementary and Secondary
Size	All
States	All
Agency	All
Region	All
Corporate Structure	All

## Peer Group 3

Industry

All

Employer Size

1000+

State

All

Agency

All

Region

All

Corporate Structure

All

Industry	All
Size	1000+
States	All
Agency	All
Region	All
Corporate Structure	All

The below tables should be used when defining your peer group. Be mindful of counts to ensure reliability in the data.

### Number of Completed Surveys

Subject	National	Peer Group 1	Peer Group 2	Peer Group 3	Company
Medical	7,480	205	352	444	1
Dental	6,780	175	318	431	1
Vision	5,843	152	283	412	1
Life	5,231	115	276	407	
LTD	3,707	75	204	364	
STD	3,164	61	151	225	

### Number of Insurance Plans

Subject	National	Peer Group 1	Peer Group 2	Peer Group 3	Company
Medical	17,810	336	898	1,397	3
Dental	8,665	198	424	712	1
Vision	5,843	152	283	412	1
Life	5,231	115	276	407	
LTD	3,707	75	204	364	
STD	3,164	61	151	225	



# PPO Plans

	AEA: PEHT		National	Alaska	Education	1000+ Employees
	Plan C	Plan F				
Deductible (Individual)	\$500	\$1,500	\$1,700	\$1,500	\$1,000	\$1,000
Out-of-Pocket Max (Med + Rx)	\$5,500	\$7,500	\$6,000	\$7,000	\$5,000	\$4,000
Coinsurance %	20%	20%	20%	20%	20%	20%
		\$25 1st 6 visits				
Primary Office Visit	20%	20% after deductible	\$25	\$25	\$25	\$25
Specialist Office Visit	20%	20%	\$50	\$60	\$45	\$45
Generic	30%; \$15-\$35	30%; \$15-\$35	\$10	\$15	\$10	\$10
Brand Formulary	30%; \$45-\$70	30%; \$45-\$70	\$40	\$45	\$40	\$35
Brand Non-Formulary	30%; \$70-\$115	30%; \$70-\$115	\$75	\$100	\$75	\$60
Specialty	25%; \$50-\$600	25%; \$50-\$600	\$150	\$100	\$150	\$100
<b>Total Premium</b>						
Employee Only	\$1,217	\$1,132	\$750	\$1,130	\$814	\$811
Employee + Spouse	\$2,557	\$2,377	\$1,583	\$2,413	\$1,637	\$1,689
Employee + Child(ren)	\$2,362	\$2,196	\$1,404	\$2,149	\$1,468	\$1,492
Family	\$3,701	\$3,442	\$2,263	\$3,328	\$2,443	\$2,356
<b>Employee Premium Contribution</b>						
Employee Only (Cost)	\$876	\$446	\$177	\$177	\$172	\$177
Employee + Spouse (Cost)	\$1,051	\$597	\$645	\$1,001	\$676	\$497
Employee + Child(ren) (Cost)	\$993	\$540	\$538	\$845	\$571	\$420
Family (Cost)	\$1,168	\$675	\$946	\$1,339	\$1,117	\$683
<b>Employee Contribution %</b>						
Employee Only	72%	39%	24%	16%	21%	22%
Employee + Spouse	41%	25%	41%	41%	41%	29%
Employee + Child(ren)	42%	25%	38%	39%	39%	28%
Family	32%	20%	42%	40%	46%	29%
Employee Only Package Cost *	\$11,016	\$7,094	\$3,630	\$3,621	\$3,064	\$3,128

\* Calculated using the annual employee contribution premium and adding the net deductible. Potential financial burden to an employee

AEA/PEHT: Employee contributions include medical and dental

# HDHP Plans

	AEA: PEHT HDHP	National	Alaska	Education	1000+ Employees
Deductible (Individual)	\$1,650	\$3,300	\$3,000	\$3,300	\$2,500
Out-of-Pocket Max (Med + Rx)	\$7,200	\$6,000	\$5,000	\$5,000	\$5,000
Coinsurance %	20%	10%	20%	10%	20%
Primary Office Visit	20%	\$25	\$25	\$25	\$25
Specialist Office Visit	20%	\$50	\$50	\$50	\$33
Generic	20%	\$10	\$10	\$10	\$10
Brand Formulary	20%	\$40	\$35	\$35	\$35
Brand Non-Formulary	20%	\$70	\$60	\$70	\$60
Specialty	25%; \$50-\$200 tier 3: 50%; \$600	\$100	\$60	\$120	\$95
<b>HSA Contributions</b>					
Employee Only	\$0	\$750	\$780	\$1,050	\$550
Family	\$0	\$1,250	\$1,500	\$2,000	\$1,080
<b>Total Premium</b>					
Employee Only	\$1,078	\$664	\$972	\$780	\$690
Employee + Spouse	\$2,265	\$1,397	\$2,102	\$1,488	\$1,430
Employee + Child(ren)	\$2,091	\$1,223	\$1,779	\$1,322	\$1,255
Family	\$3,278	\$1,974	\$2,872	\$2,171	\$2,013
<b>Employee Premium Contribution</b>					
Employee Only (Cost)	\$233	\$115	\$109	\$105	\$94
Employee + Spouse (Cost)	\$318	\$439	\$448	\$519	\$308
Employee + Child(ren) (Cost)	\$270	\$360	\$367	\$423	\$245
Family (Cost)	\$357	\$616	\$565	\$751	\$421
<b>Employee Contribution %</b>					
Employee Only	22%	17%	11%	13%	14%
Employee + Spouse	14%	31%	21%	35%	22%
Employee + Child(ren)	13%	29%	21%	32%	20%
Family	11%	31%	20%	35%	21%
Employee Only Package Cost *	\$4,447	\$4,380	\$3,302	\$3,410	\$3,128

\* Calculated using the annual employee contribution premium, HSA contribution and adding the net deductible. Potential financial burden to an employee

AEA/PEHT: Employee contributions include medical and dental

# Dental

	AEA: PEHT Dental	National	Alaska	Education	1000+ Employees
Deductible (Individual)	\$75	\$50	\$50	\$50	\$50
Deductible (Family)	\$225	\$150	\$150	\$150	\$150
Annual Maximum	\$3,000	\$1,500	\$1,500	\$1,500	\$1,500
Ortho Annual Maximum		\$1,500	\$1,500	\$1,500	\$1,500
Preventative Coinsurance	100%	100%	100%	100%	100%
Basic Coinsurance	80%	80%	80%	80%	80%
Major Coinsurance	50%	50%	50%	50%	50%
Ortho Coinsurance		50%	50%	50%	50%
<b>Total Premium</b>					
Employee Only	\$58	\$36	\$52	\$41	\$34
Employee + Spouse	\$122	\$73	\$107	\$78	\$68
Employee + Child(ren)	\$131	\$85	\$109	\$90	\$78
Family	\$195	\$124	\$160	\$132	\$112
<b>Employee Premium Contribution</b>					
Employee Only (Cost)	\$0	\$18	\$12	\$15	\$20
Employee + Spouse (Cost)	\$0	\$49	\$55	\$49	\$44
Employee + Child(ren) (Cost)	\$0	\$57	\$48	\$57	\$54
Family (Cost)	\$0	\$87	\$99	\$88	\$78
<b>Employee Contribution %</b>					
Employee Only	0%	49%	22%	38%	58%
Employee + Spouse	0%	67%	51%	63%	65%
Employee + Child(ren)	0%	67%	45%	63%	70%
Family	0%	70%	62%	67%	69%

AEA: PEHT - Premium is included with the medical plan employee contributions

# Average Renewal Increases: 2025

PEHT INCREASE FOR 2025: +15%

01

Average increase  
for FEHB plans:  
+10.5%

02

Average increase  
Premera BSBS AK:  
+10.1%

03

Average increase  
from Alera  
national  
benchmark:  
+8%

# Marketing Results

Illustrative effective date: July 1, 2025

# Decline to Quote



## Aetna

Non-compete with Aetna  
Signature Administrators (ASA)

Explored provision of guarantee  
issue under ACA for fully insured  
proposal

- State of Alaska - no exception  
that will apply to a group of this  
size



## ASEA

Self-funded trust that is only  
available to members of Local 52

If member of Local 52 - Detailed  
data would be needed to  
underwrite

- Claims experience
- Full census



## MODA

Requires 2 full years of claims  
experience & large claims

Full census



# Premera Blue Cross Blue Shield Alaska

Conservative proposal;  
underwriter needs more; large  
population that could be  
devastating to large pool



## Plan design differences

OOP maximums – Plans C & F lower than  
Premera – when looking at medical only  
Pharmacy – PEHT plans have a separate Rx  
maximum – Premera benefit is more favorable



## Main Network hospital system:

PEHT – Providence  
Premera – Providence



## Not able to provide disruption report without claims data report



Alera's experience with Premera is over 97% of claims are paid  
In-Network for other large clients in the Anchorage area



Medical claims analysis: 4% discount advantage with Premera  
yielding 6% claims cost savings.

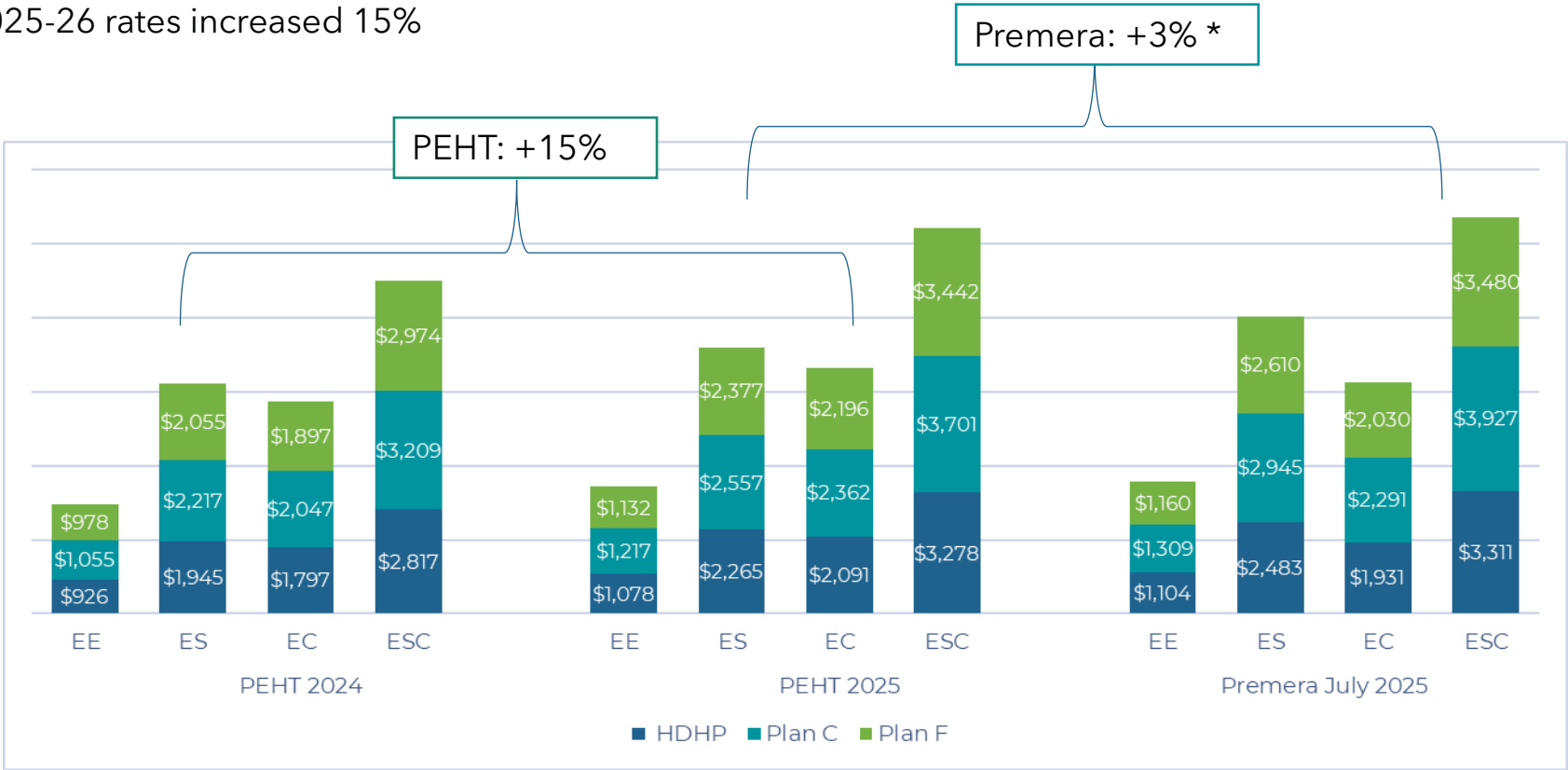


Medical Network Size: Premera 95.9% INN; Aetna 82.1%

# Premera Blue Cross Blue Shield Alaska

## Based on Medical Only Rates (Dental Excluded)

- Original proposal: Overall Total Premium Increase: 19% or \$11,639,688 over PEHT 2024-25 rates
  - Based on actual Fully Insured Equivalent COBRA rates for PEHT (2024-25 rates)
- Updated proposal: Overall Total Premium Increase: 3% or \$2,125,584 annual difference over PEHT 2025-26 rates
  - PEHT 2025-26 rates increased 15%



\* With Dental: +2%

# Considerations

## Challenge going forward

- Lack of claims experience
- Difficult to get quotes

## Pharmacy rebates

- Significant for plan the size of AEA

## Consultative approach

- Own plan would allow for data to make decisions for AEA members
- Control of plan
- Fully insured or Level Funded contract
- Eventually self-fund

## Benefit Communications

- Control on how benefits are communicated
- OOP maximum is an example

For illustrative purpose:

Total Premium:	\$70,161,168	
		Assumptions:
fixed costs	\$10,524,175	15%
claims	\$59,636,993	85%
medical	\$44,727,745	75%
pharmacy	\$14,909,248	25%
rebate potential	\$3,727,312	25%

# Rate Comparison

Illustrative: Assumed July 1, 2025  
effective date for purpose of  
proposal

MEDICAL COMPARISON Triple Plans					Effective July 1, 2025						Effective July 1, 2025						
					Plan 1		Plan 2		Plan 3		Plan 1		Plan 2		Plan 3		
CARRIER					Aetna- Public Education Health Trust						Premera						
Plan Name					Plan HDHP		Plan C		Plan F								
					HDHP \$1650		PPO \$500		PPO \$1,500		HDHP \$1650/20%/\$5,150		PPO \$500/20%/\$5,000		PPO \$1,500/20%/\$6,000		
Assumed Enrollment					Total Rates	Employee Cost	Total Rates	Employee Cost	Total Rates	Employee Cost	Total Rates	Employee Cost	Total Rates	Employee Cost	Total Rates	Employee Cost	
EE Only		Plan 1	Plan 2	Plan 3	\$1,078.00	\$233.12	\$1,217.00	\$876.34	\$1,132.00	\$466.18	\$1,103.70	\$233.12	\$1,308.99	\$876.34	\$1,160.13	\$466.18	
EE + Spouse		27	103	202	\$2,265.00	\$317.78	\$2,557.00	\$1,050.96	\$2,377.00	\$596.65	\$2,483.32	\$317.78	\$2,945.23	\$1,050.96	\$2,610.30	\$596.65	
EE + Spouse + Children		58	299	666	\$3,278.00	\$357.05	\$3,701.00	\$1,167.64	\$3,442.00	\$675.07	\$3,311.09	\$357.05	\$3,926.97	\$1,167.64	\$3,480.39	\$675.07	
EE + Children		25	63	187	\$2,091.00	\$270.13	\$2,362.00	\$993.00	\$2,196.00	\$540.27	\$1,931.47	\$270.13	\$2,290.73	\$993.00	\$2,030.22	\$540.27	
Total	2373	305	591	1477													
INSURANCE PREMIUMS COST					Premiums	Employee	Premiums	Employee	Premiums	Employee	Premiums	Employee	Premiums	Employee	Premiums	Employer	
Insurance Premiums Per Month					\$513,764	\$81,501	\$1,672,118	\$630,351	\$3,660,882	\$867,878	\$522,601	\$81,501	\$1,786,771	\$630,351	\$3,714,446	\$867,878	
GRAND TOTAL ANNUAL COST - COMBINED											1.7%	0.0%	6.9%	0.0%	1.5%	0.0%	
											3%						
Combined Grand Total Cost					\$70,161,168						\$72,285,827						
Combined Grand Total Employee Cost					\$18,956,761						\$18,956,761						
Combined Employer Cost Based on Premium					\$51,204,407						\$53,329,066						
Employer Cost Based on \$1900 PEPM					\$54,104,400												

Enrollment based on Oct 2024 census; Difference between employer cost based on premium and the actual \$1,900 PEPM composite: \$2,899,993  
- Dental not included

# Rate Comparison

Illustrative: Assumed July 1, 2025  
effective date for purpose of  
proposal

MEDICAL and DENTAL COMPARISON Triple Plans					Effective July 1, 2025						Effective July 1, 2025					
					Plan 1		Plan 2		Plan 3		Plan 1		Plan 2		Plan 3	
CARRIER					Aetna- Public Education Health Trust						Premera					
Plan Name					Plan HDHP		Plan C		Plan F							
					HDHP \$1650		PPO \$500		PPO \$1,500		HDHP \$1650/20%/\$5,150		PPO \$500/20%/\$5,000		PPO \$1,500/20%/\$6,000	
Assumed Enrollment																
		Plan 1	Plan 2	Plan 3	Total Rates	Employee Cost	Total Rates	Employee Cost	Total Rates	Employee Cost	Total Rates	Employee Cost	Total Rates	Employee Cost	Total Rates	Employee Cost
EE Only		195	126	422	\$1,139.30	\$233.12	\$1,278.30	\$876.34	\$1,193.30	\$466.18	\$1,151.16	\$233.12	\$1,356.45	\$876.34	\$1,207.59	\$466.18
EE + Spouse		27	103	202	\$2,393.60	\$317.78	\$2,685.60	\$1,050.96	\$2,505.60	\$596.65	\$2,585.36	\$317.78	\$3,047.27	\$1,050.96	\$2,712.34	\$596.65
EE + Spouse + Children		58	299	666	\$3,415.80	\$357.05	\$3,838.80	\$1,167.64	\$3,579.80	\$675.07	\$3,467.71	\$357.05	\$4,083.59	\$1,167.64	\$3,637.01	\$675.07
EE + Children		25	63	187	\$2,296.10	\$270.13	\$2,567.10	\$993.00	\$2,401.10	\$540.27	\$2,035.88	\$270.13	\$2,395.14	\$993.00	\$2,134.63	\$540.27
Total	2373	305	591	1477												
INSURANCE PREMIUMS COST					Premiums	Employee	Premiums	Employee	Premiums	Employee	Premiums	Employee	Premiums	Employee	Premiums	Employer
Insurance Premiums Per Month					\$542,310	\$81,501	\$1,747,211	\$630,351	\$3,842,856	\$867,878	\$546,305	\$81,501	\$1,856,669	\$630,351	\$3,878,920	\$867,878
GRAND TOTAL ANNUAL COST - COMBINED											0.7%	0.0%	6.3%	0.0%	0.9%	0.0%
Combined Grand Total Cost					\$73,588,524						\$75,382,728					
Combined Grand Total Employee Cost					\$18,956,761						\$18,956,761					
Combined Employer Cost Based on Premium					\$54,631,763						\$56,425,967					
Employer Cost Based on \$1900 PEPM					\$54,104,400											

Enrollment based on Oct 2024 census; Difference between employer cost based on premium and the actual \$1,900 PEPM composite: (\$527,363)  
- **Including** Dental

# Benefit Comparison: 2025-26 Plan Year

MEDICAL COMPARISON Triple Plans		Effective July 1, 2025			Effective July 1, 2025		
CARRIER		Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
Plan Name		Aetna- Public Education Health Trust			Premera		
PLANS BENEFITS DESIGNS		Plan HDHP	Plan C	Plan F			
Provider Network		HDHP \$1650	PPO \$500	PPO \$1,500	HDHP \$1650/20%/\$5,150	PPO \$500/20%/\$5,000	PPO \$1,500/20%/\$6,000
Deductible (Individual / Family)		\$1,650 / \$3,300	\$500/\$1,500	\$1,500 / \$3,000	\$1,650 / \$3,300	\$500/ \$1,500	\$1,500 / \$3,000
Member Coinsurance (Coins)		20%	20%	20%	20%	20%	20%
Out-of-Pocket (Individual / Family) Medical & Rx combined		Med: \$5,150 / \$10,300 Med/Rx: \$7,200 / \$14,400	Med: \$2,500/\$7,500 Med/Rx: \$5,500 / \$13,500	Med: \$4,500/\$9,000 Med/Rx: \$7,500 / \$15,000	\$5,150 / \$10,300	\$5,000 / \$10,000	\$6,000 / \$12,000
Primary Care Office Visit Copay/Coins		20%	20%	\$25 copayment first six combined visits; thereafter, 20% after Ded	20%	20%	\$25
Specialist Office Visit Copay/Coins		20%	20%		20%	20%	20%
Urgent Care Office Visit Copay/Coins		20%	20%		20%	20%	20%
Emergency Room Copay/Coins		20%	20%	20%	20%	20%	20%
Hospital Copays/Coins		20%	20%	20%	20%	20%	20%
Outpatient X-Ray & Lab Services		20%	20%	20%	20%	20%	20%
Retail Prescription Copays/Coins (Rx - Tier 1 / Tier 2 / Tier 3 / Tier4)		20% OOP Max \$2,050 / \$4,100	30% OOP Max \$3,000 / \$6,000	30% OOP Max \$3,000 / \$6,000	20%	\$15 /\$45/ \$70/ 25% TO \$200 max	\$15 /\$45/ \$70/ 25% TO \$200 max
Other		Includes VSP Vision \$0/\$25/\$25 12/12/24 Includes Dental 100/80/50 \$3000	Includes VSP Vision \$0/\$25/\$25 12/12/24 Includes Dental 100/80/50 \$3000	Includes VSP Vision \$0/\$25/\$25 12/12/24 Includes Dental 100/80/50 \$3000	Includes Vision Benefit Exam and \$250 Hardware Annually Includes Dental 100/80/50 \$3000	Includes Vision Benefit Exam and \$250 Hardware Annually Includes Dental 100/80/50 \$3000	Includes Vision Benefit Exam and \$250 Hardware Annually Includes Dental 100/80/50 \$3000
Notes		Deductible has been added to Max Out of Pocket amounts. Pharmacy only applies to Pharmacy Out of Pocket Max.	Deductible has been added to Max Out of Pocket amounts. Pharmacy only applies to Pharmacy Out of Pocket Max.	Deductible has been added to Max Out of Pocket amounts. Pharmacy only applies to Pharmacy Out of Pocket Max.	In Network Deductible, then 20% Preferred/30% Participating	In Network Deductible, then 20% Preferred/30% Participating	In Network Deductible, then 20% Preferred/30% Participating



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