

Plan Designs

Employers are required to contribute

NP= Not Provided

* After Deductible

** Mercer 2019 NATIONAL SURVEY OF EMPLOYER-SPONSORED HEALTH PLANS

	Manufacturing (< 500 lives) Benchmark**	Option I Above Benchmark	Option II At Benchmark	Option III At Benchmark	NEW Option IV Below Benchmark	NEW Option V Below Benchmark	NEW Option VI Below Benchmark
Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Individual / Family Deductible	IN: \$1,500 / \$3,000 OON: \$3,000 / \$6,000	IN: \$500 / \$1,000 OON: \$1,000 / \$2,000	IN: \$1,000 / \$2,000 OON: \$2,000 / \$4,000	IN: \$1,500 / \$3,000 OON: \$3,000 / \$6,000	IN: \$2,500 / \$5,000 OON: \$5,000 / \$10,000	IN: \$4,000 / \$8,000 OON: \$6,000 / \$12,000	IN: \$5,000 / \$10,000 OON: \$6,000 / \$12,000
Individual / Family OOPM	IN: \$4,000 / \$8,000 OON: \$7,500 / \$15,000	IN: \$4,000 / \$8,000 OON: \$8,000 / \$16,000	IN: \$4,000 / \$8,000 OON: \$8,000 / \$16,000	IN: \$5,000 / \$10,000 OON: \$10,000 / \$20,000	IN: \$5,000 / \$10,000 OON: \$10,000 / \$20,000	IN: \$6,350 / \$12,700 OON: \$12,700 / \$25,400	IN: \$6,350 / \$12,700 OON: \$12,700 / \$25,400
Coinsurance Amount (In / OON)	80%* / 60%*	90%* / 70%*	80%* / 60%*	80%* / 60%*	80%* / 60%*	80%* / 60%*	80%* / 60%*
Preventive	NP	IN: 100%	IN: 100%	IN: 100%	IN: 100%	IN: 100%	IN: 100%
Copay Amount (PCP / Specialist)	\$25 / \$50	\$20 / \$40	\$25 / \$50	\$30 / \$30	\$20 / \$40	\$30 / \$60	\$30 / \$60
Emergency Room / Urgent Care	\$200 / NR	\$100 / \$75	\$150 / \$75	\$150 / \$75	\$250 / \$75	\$250 / \$75	\$250 / \$75
Lab / X-ray	NP	100%	100%	100%	80%*	80%*	80%*
Prescription – Retail	\$11 / \$36 / \$59 / \$119	\$10 / \$35 / \$60	\$15 / \$45 / \$85 / \$200	\$15 / \$45 / \$85 / \$200	\$10 / \$35 / \$60	\$10 / \$35 / \$60	\$10 / \$35 / \$60
Prescription – Mail Order	\$21 / \$75 / \$127 / \$197	\$25 / \$87.50 / \$150	\$45 / \$135 / \$255 / \$600	\$45 / \$135 / \$255 / \$600	\$25 / \$87.50 / \$150	\$25 / \$87.50 / \$150	\$25 / \$87.50 / \$150



Plan Designs

Employers are required to contribute

NP= Not Provided

* After Deductible

** Mercer 2019 NATIONAL SURVEY OF EMPLOYER-SPONSORED HEALTH PLANS

	Manufacturing (<500 lives) Benchmark**	Option VII Above Benchmark	Option VIII At Benchmark	Option IX Straddle Benchmark	Option X Below Benchmark
Deductible	Non-Embedded	Non-Embedded	Non-Embedded	Embedded	Embedded
Individual / Family Deductible	IN: \$2,700 / \$5,000 OON: \$5,000 / \$10,000	IN: \$1,500 / \$3,000 OON: \$5,000 / \$15,000	IN: \$3,000 / \$6,000 OON: \$6,000 / \$12,000	IN: \$3,000 / \$6,000 OON: \$5,000 / \$15,000	IN: \$6,300 / \$12,600 OON: \$10,000 / \$30,000
Individual / Family OOPM	IN: \$4,000 / \$8,000 OON: \$9,000 / \$18,000	IN: \$2,500 / \$5,000 OON: \$10,000 / \$30,000	IN: \$3,000 / \$6,000 OON: \$12,000 / \$24,000	IN: \$6,350 / \$12,700 OON: \$10,000 / \$30,000	IN: \$6,300 / \$12,600 OON: \$20,000 / \$60,000
Coinsurance Amount (In / OON)	80%* / 60%*	100%* / 70%*	100%* / 80%*	80%* / 50%*	100%* / 70%*
Copay Amount (PCP / Specialist)	Coinsurance*	Coinsurance*	Coinsurance*	Coinsurance*	Coinsurance*
Emergency Room / Urgent Care	NP	Coinsurance*	Coinsurance*	Coinsurance*	Coinsurance*
Lab / X-ray	NP	Coinsurance*	Coinsurance*	Coinsurance*	Coinsurance*
Prescription – Retail	NP	\$10 / \$35 / \$60 after Deductible	\$10 / \$35 / \$60 after Deductible	\$10 / \$35 / \$60 after Deductible	Coinsurance*
Prescription – Mail Order	NP	\$25 / \$87.50 / \$150*	\$25 / \$87.50 / \$150*	\$25 / \$87.50 / \$150*	Coinsurance*



New PPO Plan Designs

Available in Chicago and Detroit

Employers are required to contribute

NP= Not Provided

* After Deductible

** Mercer 2019 NATIONAL SURVEY OF EMPLOYER-SPONSORED HEALTH PLANS

	Manufacturing (< 500 lives) Benchmark**	NEW Above Benchmark	NEW At Benchmark	NEW At Benchmark	NEW Below Benchmark	NEW Below Benchmark	NEW Below Benchmark
Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Individual / Family Deductible	IN: \$1,500 / \$3,000 OON: \$3,000 / \$6,000	IN: \$500 / \$1,000 OON: \$1,000 / \$2,000	IN: \$1,000 / \$2,000 OON: \$2,000 / \$4,000	IN: \$1,500 / \$3,000 OON: \$3,000 / \$6,000	IN: \$2,500 / \$5,000 OON: \$5,000 / \$10,000	IN: \$3,000 / \$6,000 OON: \$6,000 / \$12,000	IN: \$5,000 / \$6,000 OON: \$10,000 / \$20,000
Individual / Family OOPM	IN: \$4,000 / \$8,000 OON: \$7,500 / \$15,000	IN: \$4,000 / \$8,000 OON: \$8,000 / \$16,000	IN: \$4,000 / \$8,000 OON: \$8,000 / \$16,000	IN: \$5,000 / \$10,000 OON: \$10,000 / \$20,000	IN: \$5,000 / \$10,000 OON: \$10,000 / \$20,000	IN: \$6,350 / \$12,700 OON: \$12,700 / \$25,400	IN: \$6,500 / \$13,000 OON: \$20,000 / \$40,000
Coinsurance Amount (In / OON)	80%* / 60%*	100%* / 80%*	80%* / 60%*	80%* / 60%*	80%* / 60%*	80%* / 60%*	80%* / 50%*
Preventive	NP	IN: 100%	IN: 100%	IN: 100%	IN: 100%	IN: 100%	IN: 100%
Copay Amount (PCP / Specialist)	\$25 / \$50	\$20 / \$40	\$25 / \$50	\$30 / \$30	\$30 / \$30	\$30 / \$30	\$0 / \$100
Emergency Room / Urgent Care	\$200 / NR	\$250 / \$75	\$250 / \$75	\$250 / \$75	\$250 / \$75	\$250 / \$75	\$250*+80% / \$50
Lab / X-ray	NP	Deductible	80%*	80%*	80%*	80%*	80%*
Prescription – Retail	\$11 / \$36 / \$59 / \$119	\$10 / \$35 / \$60	\$15 / \$45 / \$85 / \$200	\$15 / \$45 / \$85 / \$200	\$10 / \$35 / \$60	\$10 / \$35 / \$60	\$5 / \$50 / \$100 / \$250
Prescription – Mail Order	\$21 / \$75 / \$127 / \$197	\$25 / \$87.50 / \$150	\$45 / \$135 / \$255 / \$600	\$45 / \$135 / \$255 / \$600	\$25 / \$87.50 / \$150	\$25 / \$87.50 / \$150	\$12.50 / \$125 / \$150 / \$625



New HSA Plan Designs Available in Chicago and Detroit

Employers are required to contribute

NP= Not Provided

* After Deductible

** Mercer 2019 NATIONAL SURVEY OF EMPLOYER-SPONSORED HEALTH PLANS

	Manufacturing (<500 lives) Benchmark**	NEW Above Benchmark	NEW At Benchmark	NEW Below Benchmark	NEW Below Benchmark
Deductible	Non-Embedded	Embedded	Non-Embedded	Embedded	Embedded
Individual / Family Deductible	IN: \$2,700 / \$5,000 OON: \$5,000 / \$10,000	IN: \$2,000 / \$4,000 OON: \$5,000 / \$15,000	IN: \$3,000 / \$6,000 OON: \$5,000 / \$15,000	IN: \$3,750 / \$7,500 OON: \$5,000 / \$15,000	IN: \$6,300 / \$12,600 OON: \$10,000 / \$30,000
Individual / Family OOPM	IN: \$4,000 / \$8,000 OON: \$9,000 / \$18,000	IN: \$4,500 / \$6,850 OON: \$10,000 / \$30,000	IN: \$5,000 / \$10,000 OON: \$10,000 / \$30,000	IN: \$6,350 / \$12,700 OON: \$10,000 / \$30,000	IN: \$6,300 / \$12,600 OON: \$20,000 / \$60,000
Coinsurance Amount (In / OON)	80%* / 60%*	100%* / 70%*	100%* / 70%*	80%* / 50%*	100%* / 70%*
Copay Amount (PCP / Specialist)	Coinsurance*	\$30/\$60*	Coinsurance*	Coinsurance*	Coinsurance*
Emergency Room / Urgent Care	NP	\$500*/\$75*	Coinsurance*	80%*/80%*	Coinsurance*
Lab / X-ray	NP	Coinsurance*	Coinsurance*	80%*	Coinsurance*
Prescription – Retail	NP	\$10 / \$35 / \$60 after Deductible	\$10 / \$35 / \$60 after Deductible	\$10 / \$35 / \$60 after deductible	Subject to Deductible
Prescription – Mail Order	NP	\$25 / \$87.50 / \$150*	\$25 / \$87.50 / \$150*	\$25 / \$87.50 / \$150*	Subject to Deductible

