COST BY PLAN - BCBSAZ VS EMI Health's Public Service Pool Trust

Carrier	BCBSAZ		EMI Health Public Service Pool Trust			BCBSAZ			EMI Health Public Service Pool Trust			
	Current Plan Revised Renewal Rates											
	Current Pla		newal Rates				Current Plan Revised Renewal Rates					
		4.66%				4.66%						
Network	Statewide PPO			Statewide PPO			Statewide PPO			Statewide PPO		
Benefit Plan Name	PPO Buy-Up (\$1,500)			PPO Buy-Up (\$1,500)			HDHP HSA (\$3,000)			HDHP HSA (\$3,000)		
In-Network	In-Network			In-Network			In-Network			In-Network		
Deductible (Calender Year)	\$1,500 Individual			\$1,500 Individual			\$3,000 Individual			\$3,000 Individual		
Coinsurance In/Out	85%/50%			80%/50%			100%/0% Coins After Deductible & Balance Bill			100%/50%		
Out-of-Pocket Limit	\$5,500 Individual			\$3,500 Individual			\$3,000 Individual			\$3,000 Individual		
In-Network	In-Network			In-Network			In-Network			In-Network		
Office Visit (PCP)	\$25 Copay			\$25 Copay			0% Coins After Deductible			0% Coins After Deductible		
Specialist Visit	\$50 Copay			\$40 Copay			0% Coins After Deductible			0% Coins After Deductible		
Preventative Care	No Charge		No Charge			No Charge			No Charge			
Diagnostic test / Lab & X-ray	Office Visti Copay or 20% After			100% (Office&OP)/20% After			-			0% Coins After Deductible		
Services	Deductible			Deductible			0% Coins After Deductible					
Advanced Imaging	Office Visti Copay or 20% After Deductible			20% After Deductible			0% Coins After Deductible			0% Coins After Deductible		
Urgent Care Services	\$60 Copay			\$50 Copay			0% Coins After Deductible			0% Coins After Deductible		
Emergency Room Services	\$350 Copay			\$250 Copay			0% Coins After Deductible			0% Coins After Deductible		
Inpatient Hospital Services	20% Coins After Deductible			20% Coins After Deductible			0% Coins After Deductible			0% Coins After Deductible		
Outpatient Services	Copay Office, Home, Walk-i		alk-in / 20%	20% Coins After Deductible		0% Coins After Deductible			0% Coins After Deductible			
	Coins After Deductible											
Prescription Drug Coverage	\$15/\$55/\$85/\$150/ Specialty Drugs \$60/\$110/\$160/\$210			\$10/\$30/\$60/Spclty \$0 Copay or 25% up to Max of \$250			0% Coins After Deductible			0% Coins After Deductible		
	Enrollment	Current	Renewal	Enrollment		Proposed	Enrollment	Current	Renewal	Enrollment		Proposed
Employee Only	6	\$396.43	\$414.90	6		\$406.90	2	\$351.35	\$367.72	2		\$354.59
Employee + Spouse	1	\$764.87	\$800.51	1		\$854.49	1	\$674.70	\$706.14	1		\$744.63
Employee + Child(ren)	6	\$746.44	\$781.22	6		\$773.11	2	\$658.54	\$689.23	2		\$673.71
Employee + Family	7	\$1,243.83	\$1,301.79	7		\$1,302.09	2	\$1,095.06	\$1,146.09	2		\$1,134.68
	20			20			7			7		
Monthly Plan Totals		\$16,329	\$17,090			\$17,049		\$4,885	\$5,112			\$5,071
Annual Plan Totals		\$195,947	\$205,078			\$204,590		\$58,615	\$61,347			\$60,847
			\$9,131			\$8,643			\$2,731			\$2,232
-			4.66%			4.41%			4.66%			3.81%
Annual Dollar Change to Renewal				-\$487.76							-\$499.!	59