Renewal - Transitional Relief (Long) - 15 months through 12/31/2017

	Revised Renewal	Alternative #1	Alternative #2	Alternative #3
	Humana	**BCBS**	**Aetna**	**UHC**
	PPO 08 Coins	**B520PPO**	**PPO 5500 100/50**	**HDHP 7IZ**
	(In/Out of Network)	(In/Out of Network)	(In/Out of Network)	(In/Out of Network)
Individual Deductible	$5,000/15,000	$6,000/12,000	**$5,500/11,000**	**$6,300/10,000**
Family Deductible	$10,000/30,000	$12,700/25,400	**$11,000/22,000**	**$12,600/30,000**
Coinsurance	100/70%	100/100%	100/50%	100/70%
Out-Of-Pocket (Inc. Ded.)	$5,000/23,000	$6,000/12,000	**$6,250/12,500**	**$6,300/20,000**
Family OOP (Inc. Ded.)	$10,000/46,000	$12,700/25,400	**$12,500/25,000**	**$12,600/60,000**
In Network Physicians Svcs.	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then coinsurance	Deductible then coinsurance
Specialist Services	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then coinsurance	Deductible then coinsurance
Emergency Room	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then coinsurance	Deductible then coinsurance
Inpatient Hospital Services	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then coinsurance	Deductible then coinsurance
Outpatient Surgery	Deductible then Coinsurance	Deductible then Coinsurance	Deductible then coinsurance	Deductible then coinsurance
Preventative Care	100%	100%	100%	100%
Rx Copay (Generic/Formulary/Non-Formulary)	$15/30/50	Deductible then Coinsurance	**Ded then $15/70/90/50% up to $500**	Deductible then coinsurance
EE:	11 $488.95	11 $516.04	11 $574.76	11 $639.76
EE+Sp:	1 $1,075.67	1 $1,032.08	1 $1,149.51	1 $1,279.52
EE+Ch:	0 $928.98	0 $654.67	0 $1,063.30	0 $1,183.56
Family:	2 $1,515.72	2 $1,470.71	2 $1,638.06	2 $1,823.32
Total Monthly	**14 $9,485.56**	**14 $9,649.94**	**14 $10,747.99**	**14 $11,963.52**
Total Annually	**$113,826.72**	**$115,799.28**	**$128,975.88**	**$143,562.24**
	Vs Inforce	***Vs Inforce***	***Vs Inforce***	***Vs Inforce***
Annual Difference	**$12,102.72**	**$14,075.16**	**$27,251.76**	**$41,838.12**
Percent Difference	**11.90%**	**13.84%**	**26.79%**	**41.13%**
		Vs Revised Renewal	***Vs Revised Renewal***	***Vs Revised Renewal***
Annual Difference		**$1,972.44**	**$15,149.04**	**$29,735.40**
Percent Difference		**1.73%**	**13.31%**	**26.12%**

*This spreadsheet is for comparison purposes only. Refer to your contract for actual benefits

CBIZ has made every effort to supply you with an accurate and comprehensive proposal, however, we will not be bound by any typographical errors or omissions contained herein.