

WEBINAR SERIES

Navigating Your PrestigePEO Renewal Portal

August 12, 2025



Today's Presenters



Kathleen Sullivan

Benefits Account Manager
PrestigePEO

Today's Agenda

- Plan Changes
- Open Enrollment Phases
- Open Enrollment Broker Advantage
- 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 on the client manager page of our Open Enrollment Resource center.

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

Plan Changes

- Oxford: Good News there are no major plan changes for Oxford this year. There is one change to copayments on the NY plans only: Outpatient mental health copayments will now match the specialist copay and not the primary copay.
- UHC: More information to come for UHC National Plans.
- Aetna: Several new plans being offered and a few changes to existing plans.

Aetna Plan Name	NY OA MC 0/100% 15/20 25 UCR	NY OA MC 0/100% 30/50 UCR	NY OA MC 750/90%	NY OA MC 1000/80%	NY OA MC 2000/80%	NY OA MC 4500/60%
Prestige Plan Name	PLAN 18	PLAN 19	PLAN 20	PLAN 21	PLAN 22	PLAN 23
Control/Suffix	181808-10	181808-11	181808-12	181808-13	181808-14	181808-15
Provider Directory Plan Name	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)
Open Access	Yes	Yes	Yes	Yes	Yes	Yes
OOB Reimbursement	80% UCR/HIAA	80% UCR/HIAA	140%/140%	140%/140%	140%/140%	140%/140%
Deductible/OOP Style	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Member Services #	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287
Plan Website Address	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com
IN NETWORK						
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Individual/Family Deductible	\$0	\$0	\$750/ \$1,500	\$1,000/\$2,000	\$2,000/\$4,000	\$4,500/ \$9,000
Individual/Family Total Payment Limit	\$4,000/\$8,000	\$5,000/\$10,000	\$6,500/13,000	\$7,000/\$14,000	\$7,000/\$14,000	\$8,550/\$17,100
Member Plan Coinsurance	0%	0%	10%	20%	20%	40%
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0
Physician Office Visit	\$15	\$30	\$20	\$25	\$30	\$15
Specialist Office Visit	\$20 \$25	\$50	\$40	\$50	\$60	\$90
CVSH Virtual Care/CVSH Virtual PCP	\$0	\$0	\$0	\$0	\$0	\$0
Standard Virtual Office Visit (Teladoc)	\$15	\$30	\$20	\$25	\$30	\$15
Designated Minute Clinic	Standard walk-in clinic applies	Standard walk-in clinic applies	Standard walk-in clinic applies	Standard walk-in clinic applies	Standard walk-in clinic applies	Standard walk-in clinic applies
Walk-in Clinic	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient Hospital	\$250/day for 3 days	\$500/day for 3 days	10% after ded	20% after ded	20% after ded	40% after ded
Outpatient Surgery-Hospital	\$0	\$0	10% after ded	20% after ded	20% after ded	40% after ded
Outpatient Surgery- Freestanding Facility	\$75	\$75	10% after ded	20% after ded	20% after ded	40% after ded
Emergency	\$400	\$400	\$350	\$350	\$350	\$500
Ambulance	\$0 \$400	\$0 \$400	\$350	\$350	\$350	\$500
Urgent Care	\$75	\$75	\$75	\$75	\$75	\$100
Diagnostic Bloodwork (Labs)	\$0	\$0	10% after ded	20% after ded	20% after ded	\$35
Diagnostic X-Ray	\$0	\$0	10% after ded	20% after ded	20% after ded	40% after ded
Complex Medical Imaging	\$0	\$0	10% after ded	20% after ded	20% after ded	40% after ded
DME	50%	50%	50% after ded	50% after ded	50% after ded	50% after ded
Bariatric Surgery	\$250/day for 3 days	\$500/day for 3 days	10% after ded	20% after ded	20% after ded	40% after ded
Infertility Services	Basic w/Artificial Insemination & IVF/ART (cost share based on place of service)	Basic w/Artificial Insemination & IVF/ART (cost share based on place of service)	Basic w/Artificial Insemination & IVF/ART (cost share based on place of service)	Basic w/Artificial Insemination & IVF/ART (cost share based on place of service)	Basic w/Artificial Insemination & IVF/ART (cost share based on place of service)	Basic w/Artificial Insemination & IVF/ART (cost share based on place of service)
Prescription Coverage Advanced Control-Aetna <i>Precert, Step Therapy included, Choose Generics w/DAW MailOrder 2x copay for 90 day Specialty Force to 1st Fill</i>	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100	\$10/\$55/\$100
Meets MA Creditible Coverage as of January 2024	Yes	Yes	Yes	Yes	Yes	No
OUT OF NETWORK						
Individual/Family Deductible	\$3,000/\$7,500 \$6,000	\$3,000/\$7,500 \$6,000	\$3,000/\$7,500 \$6,000	\$3,000/\$7,500 \$6,000	\$5,000/\$12,500 \$10,000	\$10,000/\$25,000 \$20,000
Individual/Family Total Payment Limit	\$7,000/\$17,500 \$14,000	\$9,000/\$22,500 \$18,000	\$12,000/\$30,000 \$24,000	\$12,000/\$30,000 \$24,000	\$15,000/\$37,500 \$30,000	\$15,000/\$37,500 \$30,000
Physician Office Visit	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded
Specialist Office Visit	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded	30% after ded
Inpatient Hospital	30% after ded	30% after ded	40% after ded	50% after ded	50% after ded	50% after ded
Outpatient Hospital	30% after ded	30% after ded	40% after ded	50% after ded	50% after ded	50% after ded
Pharmacy - RX Copay Tier	30% after \$10/\$55/\$100	30% after \$10/\$55/\$100	30% after \$10/\$55/\$100	30% after \$10/\$55/\$100	30% after \$10/\$55/\$100	30% after \$10/\$55/\$100

Aetna Plan Name	NY OA MC 0/100% 15/20 25 UCR	NY OA MC 0/100% 30/50 UCR
Prestige Plan Name	PLAN 18	PLAN 19
Control/Suffix	181808-10	181808-11
Provider Directory Plan Name	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)
Open Access	Yes	Yes
OOB Reimbursement	80% UCR/HIAA	80% UCR/HIAA
Deductible/OOP Style	Embedded	Embedded
Member Services #	1-800-704-7287	1-800-704-7287
Plan Website Address	www.aetna.com	www.aetna.com
IN NETWORK		
Lifetime Max	Unlimited	Unlimited
Individual/Family Deductible	\$0	\$0
Individual/Family Total Payment Limit	\$4,000/\$8,000	\$5,000/\$10,000
Member Plan Coinsurance	0%	0%
Preventive Services	\$0	\$0
Physician Office Visit	\$15	\$30
Specialist Office Visit	\$20 \$25	\$50
CVSH Virtual Care/CVSH Virtual PCP	\$0	\$0
Standard Virtual Office Visit (Teladoc)	\$15	\$30
Designated Minute Clinic	Standard walk-in clinic applies	Standard walk-in clinic applies
Walk-in Clinic	\$0	\$0
Inpatient Hospital	\$250/day for 3 days	\$500/day for 3 days
Outpatient Surgery-Hospital	\$0	\$0
Outpatient Surgery- Freestanding Facility	\$75	\$75
Emergency	\$400	\$400
Ambulance	\$0 \$400	\$0 \$400
Urgent Care	\$75	\$75
Diagnostic Bloodwork (Labs)	\$0	\$0
Diagnostic X-Ray	\$0	\$0
Complex Medical Imaging	\$0	\$0
DME	50%	50%
Bariatric Surgery	\$250/day for 3 days	\$500/day for 3 days
Infertility Services	Basic w/Artificial Insemination & IVF/ART (cost share based on place of service)	Basic w/Artificial Insemination & IVF/ART (cost share based on place of service)
Prescription Coverage Advanced Control-Aetna <i>Precert, Step Therapy included, Choose Generics w/DAW MailOrder 2x copay for 90 day Specialty Force to 1st Fill</i>	\$10/\$55/\$100	\$10/\$55/\$100
Meets MA Creditble Coverage as of January 2024	Yes	Yes

Aetna Plan Name	NY OA MC 0/100% 15/20 25 UCR	NY OA MC 0/100% 30/50 UCR	NY OA MC 750/90%
Prestige Plan Name	PLAN 18	PLAN 19	PLAN 20
Control/Suffix	181808-10	181808-11	181808-12
Provider Directory Plan Name	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)
Open Access	Yes	Yes	Yes
OON Reimbursement	80% UCR/HIAA	80% UCR/HIAA	140%/140%
Deductible/OOP Style	Embedded	Embedded	Embedded
Member Services #	1-800-704-7287	1-800-704-7287	1-800-704-7287
Plan Website Address	www.aetna.com	www.aetna.com	www.aetna.com
Individual/Family Deductible	\$3,000/ \$7,500 \$6,000	\$3,000/ \$7,500 \$6,000	\$3,000/ \$7,500 \$6,000
Individual/Family Total Payment Limit	\$7,000/ \$17,500 \$14,000	\$9,000/ \$22,500 \$18,000	\$12,000/ \$30,000 \$24,000
Physician Office Visit	30% after ded	30% after ded	30% after ded
Specialist Office Visit	30% after ded	30% after ded	30% after ded
Inpatient Hospital	30% after ded	30% after ded	40% after ded
Outpatient Hospital	30% after ded	30% after ded	40% after ded
Pharmacy - RX Copay Tier	30% after \$10/\$55/\$100	30% after \$10/\$55/\$100	30% after \$10/\$55/\$100

Aetna Plan Name	NY OA MC 1000/80%	NY OA MC 2000/80%	NY OA MC 4500/60%
Prestige Plan Name	PLAN 21	PLAN 22	PLAN 23
Control/Suffix	181808-13	181808-14	181808-15
Provider Directory Plan Name	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)
Open Access	Yes	Yes	Yes
OON Reimbursement	140%/140%	140%/140%	140%/140%
Deductible/OOP Style	Embedded	Embedded	Embedded
Member Services #	1-800-704-7287	1-800-704-7287	1-800-704-7287
Plan Website Address	www.aetna.com	www.aetna.com	www.aetna.com
Individual/Family Deductible	\$3,000/ \$7,500 \$6,000	\$5,000/ \$12,500 \$10,000	\$10,000/ \$25,000 \$20,000
Individual/Family Total Payment Limit	\$12,000/ \$30,000 \$24,000	\$15,000/ \$37,500 \$30,000	\$15,000/ \$37,500 \$30,000
Physician Office Visit	30% after ded	30% after ded	30% after ded
Specialist Office Visit	30% after ded	30% after ded	30% after ded
Inpatient Hospital	50% after ded	50% after ded	50% after ded
Outpatient Hospital	50% after ded	50% after ded	50% after ded
Pharmacy - RX Copay Tier	30% after \$10/\$55/\$100	30% after \$10/\$55/\$100	30% after \$10/\$55/\$100

Aetna Plan Name	NY OA EPO 0/100% 30/65	NY OA EPO 0/100% 45/65
Prestige Plan Name	PLAN 24	PLAN 25
Control/Suffix	181809-10	181809-11
Provider Directory Plan Name	Elect Choice® EPO (Open Access)	Elect Choice® EPO (Open Access)
Open Access	Yes	Yes
OON Reimbursement	N/A	N/A
Deductible/OOP Style	Embedded	Embedded
Member Services #	1-800-704-7287	1-800-704-7287
Plan Website Address	www.aetna.com	www.aetna.com
IN NETWORK		
Lifetime Max	Unlimited	Unlimited
Individual/Family Deductible	\$0	\$0
Individual/Family Total Payment Limit	\$5,000/\$10,000	\$5,500/\$11,000
Member Plan Coinsurance	0%	0%
Preventive Services	\$0	\$0
Physician Office Visit	\$30	\$45
Specialist Office Visit	\$65	\$65
CVSH Virtual Care/CVSH Virtual PCP	\$0	\$0
Standard Virtual Office Visit (Teladoc)	\$30	\$45
Designated Minute Clinic	Standard walk-in clinic applies	Standard walk-in clinic applies
Walk-in Clinic	\$0	\$0
Inpatient Hospital	\$750	\$500/5 days
Outpatient Surgery-Hospital	\$0	\$0
Outpatient Surgery- Freestanding Facility	\$0	\$0
Emergency	\$400	\$400
Ambulance	\$0-\$400	\$0-\$400
Urgent Care	\$75	\$75
Diagnostic Bloodwork (Labs)	\$0	\$0
Diagnostic X-Ray	\$0	\$0
Complex Medical Imaging	\$0	\$0
DME	50%	50%
Bariatric Surgery	\$750	\$500/5 days
Advanced Infertility Services	Basic w/Artificial Insemination & IVF/ART (cost share based on place of service)	Basic w/Artificial Insemination & IVF/ART (cost share based on place of service)
Prescription Coverage Advanced Control-Aetna <i>Precert, Step Therapy included, Choose Generics w/DAW MailOrder 2x copay for 90 day Specialty Force to 1st Fill</i>	\$100/\$300 deductible \$10/\$55/\$100	\$100/\$300 deductible \$10/\$55/\$100
Meets MA Creditble Coverage as of January 2025	Yes	Yes



PrestigePEO - National OA MC Plans

	New 11/1/2025	Term 11/1/2025									New 11/1/2025
Aetna Plan Name	OA MC 0/100% 25/50	OA MC 300/90%	OA MC 500/80%	OA MC 750/90%	OA MC 1000/80%	OA MC 1500/70%	OA MC 2000/80%	OA MC 3000/70%	OA MC 5000/70%	OA MC 7150/100% Value INT	OA MC 8000/100% Value INT
Prestige Plan Name	PLAN 71	PLAN 01	PLAN 02	PLAN 03	PLAN 04	PLAN 05	PLAN 06	PLAN 07	PLAN 08	PLAN 09	PLAN 72
Control/Suffix	181804-19	181804-10	181804-11	181804-12	181804-13	181804-14	181804-15	181804-16	181804-17	181804-18	181804-20
Provider Directory Plan Name	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)
Open Access	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
OON Reimbursement	105%/140%	105%/140%	105%/140%	105%/140%	105%/140%	105%/140%	105%/140%	105%/140%	105%/140%	105%/140%	105%/140%
Deductible/OOP Style	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Member Services #	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287
Plan Website Address	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com
IN NETWORK											
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Individual/Family Deductible	\$0	\$300/\$900	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000	\$7,150/\$14,300	\$8,000/\$16,000
Individual/Family Total Payment Limit	\$4,000/\$8,000	\$3,000/\$6,000	\$3,500/\$7,000	\$3,000/\$6,000 \$4,000/\$8,000	\$4,500/\$9,000	\$4,500/\$9,000	\$6,850/\$13,700	\$6,850/\$13,700	\$6,850/\$13,700 \$7,600/\$15,200	\$7,600/\$15,200	\$8,500/\$17,100
Member Plan Coinsurance	0%	10%	20%	10%	20%	30%	20%	30%	30%	0%	0%
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physician Office Visit	\$25	\$20	\$25	\$25	\$25	\$35	\$30	\$40	\$40	\$40	\$10
Specialist Office Visit	\$50	\$40	\$50	\$50	\$50	\$70	\$60	\$80	\$80	0% after ded	0% after ded
CVSH Virtual Care/CVSH Virtual PCP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Standard Virtual Office Visit (Teladoc)	\$25	\$20	\$25	\$25	\$25	\$35	\$30	\$40	\$40	\$40	\$10
Designated Minute Clinic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Walk-in Clinic	\$25	\$20	\$25	\$25	\$25	\$35	\$30	\$40	\$40	\$40	\$10
Inpatient Hospital	\$300/day x 5 days	10% after ded	20% after ded	10% after ded	20% after ded	30% after ded	20% after ded	30% after ded	30% after ded	0% after ded	0% after ded
Outpatient Surgery-Hospital	\$300	10% after ded	20% after ded	10% after ded	20% after ded	30% after ded	20% after ded	30% after ded	30% after ded	0% after ded	0% after ded
Outpatient Surgery- Freestanding Facility	\$300	10% after ded	20% after ded	10% after ded	20% after ded	30% after ded	20% after ded	30% after ded	30% after ded	0% after ded	0% after ded
Emergency	\$350	\$250	\$350	\$350	\$350	\$350	\$350	\$350	\$350	0% after ded	0% after ded
Ambulance	\$350	\$250	\$350	\$350	\$350	\$350	\$350	\$350	\$350	0% after ded	0% after ded
Urgent Care	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85	0% after ded	0% after ded
Diagnostic Bloodwork (Labs)	\$0	10% after ded	20% after ded	10% after ded	20% after ded	30% after ded	20% after ded	30% after ded	30% after ded	0% after ded	\$20
Diagnostic X-Ray	\$0	10% after ded	20% after ded	10% after ded	20% after ded	30% after ded	20% after ded	30% after ded	30% after ded	0% after ded	0% after ded
Complex Medical Imaging	\$250	10% after ded	20% after ded	10% after ded	20% after ded	30% after ded	20% after ded	30% after ded	30% after ded	0% after ded	0% after ded
DME	50%	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Bariatric Surgery	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Infertility Services	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination
Prescription Coverage Advanced Control-Aetna Precert, Step Therapy included, Choose Generics w/DAW MailOrder 2x copay for 90 day Specialty Force to 1st Fill	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 \$15/\$55/\$90 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 \$15/\$55/\$90 30% to \$300 Max 50% to \$500 Max	After Medical Deductible* Value Tier 1a \$3 \$10/\$55/\$90 30% to \$300 max 50% to \$500 max *Deductible waived for Generic and Value Tier 1a
Meets MA Creditble Coverage as of January 2024	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
OUT OF NETWORK											
Individual/Family Deductible	\$500/\$1,000	\$1,200/\$3,600	\$1,500/\$3,000	\$2,250/\$4,500	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$15,000 \$12,000	\$9,000/\$22,500 \$18,000	\$10,000/\$30,000 \$20,000	\$14,000/\$28,000	\$14,000/\$28,000
Individual/Family Total Payment Limit	\$9,000/\$18,000	\$6,000/\$18,000	\$7,000/\$14,000	\$8,000/\$16,000	\$9,000/\$18,000	\$9,000/\$27,000 \$18,000	\$14,000/\$42,000 \$28,000	\$14,000/\$42,000 \$28,000	\$20,000/\$60,000 \$40,000	\$21,000/\$42,000	\$21,000/\$42,000
Physician Office Visit	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Specialist Office Visit	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Inpatient Hospital	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Outpatient Hospital	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Pharmacy - RX Copay Tier	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70 \$15/\$55/\$90	50% after \$10/\$45/\$70 \$15/\$55/\$90	50% after \$10/\$55/\$90

Aetna Plan Name	OA MC 750/90%	OA MC 5000/70%
Prestige Plan Name	PLAN 03	PLAN 08
Control/Suffix	181804-12	181804-17
Provider Directory Plan Name	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)
Open Access	Yes	Yes
ON Reimbursement	105%/140%	105%/140%
Deductible/OOP Style	Embedded	Embedded
Member Services #	1-800-704-7287	1-800-704-7287
Plan Website Address	www.aetna.com	www.aetna.com
IN NETWORK		
Lifetime Max	Unlimited	Unlimited
Individual/Family Deductible	\$750/\$1,500	\$5,000/\$10,000
Individual/Family Total Payment Limit	\$3,000/\$6,000 \$4,000/\$8,000	\$6,850/\$13,700 \$7,600/\$15,200
Member Plan Coinsurance	10%	30%
Preventive Services	\$0	\$0
Physician Office Visit	\$25	\$40
Specialist Office Visit	\$50	\$80
CVSH Virtual Care/CVSH Virtual PCP	\$0	\$0
Standard Virtual Office Visit (Teladoc)	\$25	\$40
Designated Minute Clinic	\$0	\$0
Walk-in Clinic	\$25	\$40
Inpatient Hospital	10% after ded	30% after ded
Outpatient Surgery-Hospital	10% after ded	30% after ded
Outpatient Surgery- Freestanding Facility	10% after ded	30% after ded
Emergency	\$350	\$350 \$500
Ambulance	\$350	\$350 \$500
Urgent Care	\$85	\$85
Diagnostic Bloodwork (Labs)	10% after ded	30% after ded
Diagnostic X-Ray	10% after ded	30% after ded
Complex Medical Imaging	10% after ded	30% after ded
DME	50% after ded	50% after ded
Bariatric Surgery	No Coverage	No Coverage
Infertility Services	Basic w/Artificial Insemination	Basic w/Artificial Insemination
Prescription Coverage		
Advanced Control-Aetna	Value Tier 1a \$3	Value Tier 1a \$3
Precert, Step Therapy included, Choose Generics w/DAW	\$10/\$45/\$70	\$10/\$45/\$70 \$15/\$55/\$90
Mail Order 2x copay for 90 day Specialty Force to 1st Fill	30% to \$300 Max 50% to \$500 Max	30% to \$300 Max 50% to \$500 Max
Meets MA Creditable Coverage as of January 2024	Yes	No
OUT OF NETWORK		
Individual/Family Deductible	\$2,250/\$4,500	\$10,000/\$30,000 \$20,000
Individual/Family Total Payment Limit	\$8,000/\$16,000	\$20,000/\$60,000 \$40,000
Physician Office Visit	50% after ded	50% after ded
Specialist Office Visit	50% after ded	50% after ded
Inpatient Hospital	50% after ded	50% after ded
Outpatient Hospital	50% after ded	50% after ded
Pharmacy - RX Copay Tier	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70 \$15/\$55/\$90



PrestigePEO - National OA MC Plans

Aetna Plan Name	OA MC 1500/70%	OA MC 2000/80%	OA MC 3000/70%	OA MC 5000/70%	OA MC 7150/100% Value
Prestige Plan Name	PLAN 05	PLAN 06	PLAN 07	PLAN 08	PLAN 09
Control/Suffix	181804-14	181804-15	181804-16	181804-17	181804-18
Provider Directory Plan Name	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)
Open Access	Yes	Yes	Yes	Yes	Yes
OON Reimbursement	105%/140%	105%/140%	105%/140%	105%/140%	105%/140%
Deductible/OOP Style	Embedded	Embedded	Embedded	Embedded	Embedded
Member Services #	1-800-704-7287	1-800-704-7288	1-800-704-7287	1-800-704-7287	1-800-704-7287
Plan Website Address	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com
IN NETWORK					
Prescription Coverage Advanced Control-Aetna <i>Precert, Step Therapy included, Choose Generics w/DAW MailOrder 2x copay for 90 day Specialty Force to 1st Fill</i>	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 \$15/\$55/\$90 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 \$15/\$55/\$90 30% to \$300 Max 50% to \$500 Max
Meets MA Creditable Coverage <i>as of January 2024</i>	Yes	Yes	No	No	No
OUT OF NETWORK					
Individual/Family Deductible	\$3,000/ \$9,000 \$6,000	\$6,000/\$15,000 \$12,000	\$9,000/\$22,500 \$18,000	\$10,000/\$30,000 \$20,000	\$14,000/\$28,000
Individual/Family Total Payment Limit	\$9,000/\$27,000 \$18,000	\$14,000/\$42,000 \$28,000	\$14,000/\$42,000 \$28,000	\$20,000/\$60,000 \$40,000	\$21,000/\$42,000
Physician Office Visit	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Specialist Office Visit	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Inpatient Hospital	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Outpatient Hospital	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Pharmacy - RX Copay Tier	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70 \$15/\$55/\$90	50% after \$10/\$45/\$70 \$15/\$55/\$90

	New 11/1/2025	New 11/1/2025
Aetna Plan Name	OA MC 0/100% 25/50	OA MC 8000/100% Value INT
Prestige Plan Name	PLAN 71	PLAN 72
Control/Suffix	181804-19	181804-20
Provider Directory Plan Name	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)
Open Access	Yes	Yes
ON Reimbursement	105%/140%	105%/140%
Deductible/OOP Style	Embedded	Embedded
Member Services #	1-800-704-7287	1-800-704-7287
Plan Website Address	www.aetna.com	www.aetna.com
IN NETWORK		
Lifetime Max	Unlimited	Unlimited
Individual/Family Deductible	\$0	\$8,000/\$16,000
Individual/Family Total Payment Limit	\$4,000/\$8,000	\$8,500/\$17,100
Member Plan Coinsurance	0%	0%
Preventive Services	\$0	\$0
Physician Office Visit	\$25	\$10
Specialist Office Visit	\$50	0% after ded
CVSH Virtual Care/CVSH Virtual PCP	\$0	\$0
Standard Virtual Office Visit (Teladoc)	\$25	\$10
Designated Minute Clinic	\$0	\$0
Walk-in Clinic	\$25	\$10
Inpatient Hospital	\$300/day x 5 days	0% after ded
Outpatient Surgery-Hospital	\$300	0% after ded
Outpatient Surgery- Freestanding Facility	\$300	0% after ded
Emergency	\$350	0% after ded
Ambulance	\$350	0% after ded
Urgent Care	\$85	0% after ded
Diagnostic Bloodwork (Labs)	\$0	\$20
Diagnostic X-Ray	\$0	0% after ded
Complex Medical Imaging	\$250	0% after ded
DME	50%	50% after ded
Bariatric Surgery	No Coverage	No Coverage
Infertility Services	Basic w/Artificial Insemination	Basic w/Artificial Insemination
Prescription Coverage		After Medical Deductible*
Advanced Control-Aetna	Value Tier 1a \$3	Value Tier 1a \$3
Precert, Step Therapy included,	\$10/\$45/\$70	\$10/\$55/\$90
Choose Generics w/DAW	30% to \$300 Max	30% to \$300 max
MailOrder 2x copay for 90 day	50% to \$500 Max	50% to \$500 max
Specialty Force to 1st Fill		<i>*Deductible waived for Generic and Value Tier 1a</i>
Meets MA Creditble Coverage as of January 2024	Yes	No
OUT OF NETWORK		
Individual/Family Deductible	\$500/\$1,000	\$14,000/\$28,000
Individual/Family Total Payment Limit	\$9,000/\$18,000	\$21,000/\$42,000
Physician Office Visit	50% after ded	50% after ded
Specialist Office Visit	50% after ded	50% after ded
Inpatient Hospital	50% after ded	50% after ded
Outpatient Hospital	50% after ded	50% after ded
Pharmacy - RX Copay Tier	50% after \$10/\$45/\$70	50% after \$10/\$55/\$90

		New 11/1/2025	New 11/1/2025					Term 11/1/2025	New 11/1/2025
Aetna Plan Name	OA EPO 0/100% 25/50	OA EPO 0/100% 30/90	OA EPO 750/90%	OA EPO 1000/70%	OA EPO 2000/70%	OA EPO 3000/100%	OA EPO 5000/100%	OA EPO 6350/80%	OA EPO 8000/100% Value INT
Prestige Plan Name Control/Suffix	PLAN 10 181805-10	PLAN 73 181805-16	PLAN 74 181805-17	PLAN 37 181805-14	PLAN 11 181805-11	PLAN 12 181805-12	PLAN 41 181805-15	PLAN 13 181805-13	PLAN 75 181805-18
Provider Directory Plan Name	Elect Choice® EPO (Open Access)	Elect Choice® EPO (Open Access)	Elect Choice® EPO (Open Access)	Elect Choice® EPO (Open Access)	Elect Choice® EPO (Open Access)	Elect Choice® EPO (Open Access)	Elect Choice® EPO (Open Access)	Elect Choice® EPO (Open Access)	Managed Choice® POS (Open Access)
Open Access	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
OON Reimbursement	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	105%/140%
Deductible/OOP Style	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Member Services #	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287
Plan Website Address	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com
IN NETWORK								-	
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Individual/Family Deductible	\$0	\$0	\$750/\$1,500	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000	\$6,350/\$12,700	\$8,000/\$16,000
Individual/Family Total Payment Limit	\$4,000/\$8,000	\$8,000/\$16,000	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000 \$6,500/\$13,000	\$5,500/\$11,000	\$7,350/\$14,700	\$7,350/\$14,700	\$8,500/\$17,100
Member Plan Coinsurance	0%	0%	10%	30%	30%	0%	0%	20%	0%
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Physician Office Visit	\$25	\$30	\$25	\$30	\$40 \$35	\$35 \$30	\$35	\$40	\$10
Specialist Office Visit	\$50	\$90	\$50	\$60	\$80 \$70	\$70 \$60	\$70	\$80	0% after ded
CVSH Virtual Care/CVSH Virtual PCP	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Standard Virtual Office Visit (Teladoc)	\$25	\$30	\$25	\$30	\$40 \$35	\$35 \$30	\$35	\$40	\$10
Designated Minute Clinic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Walk-in Clinic	\$25	\$30	\$25	\$30	\$40 \$35	\$35 \$30	\$35	\$40	\$10
Inpatient Hospital	\$300/day, 5 days	\$2,000	10% after ded	30% after ded	30% after ded	\$600 after ded	\$500/day, 3 days; after ded	20% after ded	0% after ded
Outpatient Surgery-Hospital	\$300 Copay	\$1,500	10% after ded	30% after ded	30% after ded	0% \$300 after ded	0% \$300 after ded	20% after ded	0% after ded
Outpatient Surgery- Freestanding Facility	\$300 Copay	\$750	10% after ded	30% after ded	30% after ded	\$300 after ded	\$300 after ded	20% after ded	0% after ded
Emergency	\$350	\$750	\$350	\$350	\$350	\$350 \$500	\$350	\$350	0% after ded
Ambulance	\$0 \$350	\$750	\$350	\$350	\$350	\$350 \$500	\$350	\$350	0% after ded
Urgent Care	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85	0% after ded
Diagnostic Bloodwork (Labs)	\$0	\$0	10% after ded	\$0	\$0	\$0	\$0	\$0	\$20
Diagnostic X-Ray	0%	60%	10% after ded	30% after ded	30% after ded	0% after ded	0% after ded	20% after ded	0% after ded
Complex Medical Imaging	\$250	\$400	10% after ded	30% after ded	30% after ded	0% after ded	0% after ded	20% after ded	0% after ded
DME	50%	50%	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Bariatric Surgery	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Infertility Services	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination
Prescription Coverage Advanced Control-Aetna Precert, Step Therapy included, Choose Generics w/DAW MailOrder 2x copay for 90 day Specialty Force to 1st Fill	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$15/\$55/\$90 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	After Medical Deductible* Value Tier 1a \$3 \$10/\$55/\$90 30% to \$300 max 50% to \$500 max *Deductible waived for Generic and Value Tier 1a
Meets MA Creditable Coverage as of January 2024	Yes	Yes	Yes	Yes	Yes	No	No	No	No

Aetna Plan Name	OA EPO 2000/70%	OA EPO 3000/100%	OA EPO 5000/100%
Prestige Plan Name	PLAN 11	PLAN 12	PLAN 41
Control/Suffix	181805-11	181805-12	181805-15
Provider Directory Plan Name	Elect Choice® EPO (Open Access)	Elect Choice® EPO (Open Access)	Elect Choice® EPO (Open Access)
Open Access	Yes	Yes	Yes
OON Reimbursement	N/A	N/A	N/A
Deductible/OOP Style	Embedded	Embedded	Embedded
Member Services #	1-800-704-7287	1-800-704-7287	1-800-704-7287
Plan Website Address	www.aetna.com	www.aetna.com	www.aetna.com
IN NETWORK			
Lifetime Max	Unlimited	Unlimited	Unlimited
Individual/Family Deductible	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000
Individual/Family Total Payment Limit	\$6,000/\$12,000 \$6,500/\$13,000	\$5,500/\$11,000	\$7,350/\$14,700
Member Plan Coinsurance	30%	0%	0%
Preventive	\$0	\$0	\$0
Physician Office Visit	\$40 \$35	\$35 \$30	\$35
Specialist Office Visit	\$80 \$70	\$70 \$60	\$70
CVSH Virtual Care/CVSH Virtual PCP	\$0	\$0	\$0
Standard Virtual Office Visit (Teladoc)	\$40 \$35	\$35 \$30	\$35
Designated Minute Clinic	\$0	\$0	\$0
Walk-in Clinic	\$40 \$35	\$35 \$30	\$35
Inpatient Hospital	30% after ded	\$600 after ded	\$500/day, 3 days; after ded
Outpatient Surgery-Hospital	30% after ded	0% \$300 after ded	0% \$300 after ded
Outpatient Surgery- Freestanding Facility	30% after ded	\$300 after ded	\$300 after ded
Emergency	\$350	\$350 \$500	\$350
Ambulance	\$350	\$350 \$500	\$350
Urgent Care	\$85	\$85	\$85
Diagnostic Bloodwork (Labs)	\$0	\$0	\$0
Diagnostic X-Ray	30% after ded	0% after ded	0% after ded
Complex Medical Imaging	30% after ded	0% after ded	0% after ded
DME	50% after ded	50% after ded	50% after ded
Bariatric Surgery	No Coverage	No Coverage	No Coverage
Infertility Services	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination
Prescription Coverage Advanced Control-Aetna <i>Precert, Step Therapy included, Choose Generics w/DAW MailOrder 2x copay for 90 day Specialty Force to 1st Fill</i>	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max
Meets MA Creditble Coverage as of January 2024	Yes	No	No

	New 11/1/2025	New 11/1/2025	New 11/1/2025
Aetna Plan Name	OA EPO 0/100% 30/90	OA EPO 750/90%	OA EPO 8000/100% Value INT
Prestige Plan Name	PLAN 73	PLAN 74	PLAN 75
Control/Suffix	181805-16	181805-17	181805-18
Provider Directory Plan Name	Elect Choice® EPO (Open Access)	Elect Choice® EPO (Open Access)	Managed Choice® POS (Open Access)
Open Access	Yes	Yes	Yes
OON Reimbursement	N/A	N/A	105%/140%
Deductible/OOP Style	Embedded	Embedded	Embedded
Member Services #	1-800-704-7287	1-800-704-7287	1-800-704-7287
Plan Website Address	www.aetna.com	www.aetna.com	www.aetna.com
IN NETWORK			
Lifetime Max	Unlimited	Unlimited	Unlimited
Individual/Family Deductible	\$0	\$750/\$1,500	\$8,000/\$16,000
Individual/Family Total Payment Limit	\$8,000/\$16,000	\$4,000/\$8,000	\$8,500/\$17,100
Member Plan Coinsurance	0%	10%	0%
Preventive	\$0	\$0	\$0
Physician Office Visit	\$30	\$25	\$10
Specialist Office Visit	\$90	\$50	0% after ded
CVSH Virtual Care/CVSH Virtual PCP	\$0	\$0	\$0
Standard Virtual Office Visit (Teladoc)	\$30	\$25	\$10
Designated Minute Clinic	\$0	\$0	\$0
Walk-in Clinic	\$30	\$25	\$10
Inpatient Hospital	\$2,000	10% after ded	0% after ded
Outpatient Surgery-Hospital	\$1,500	10% after ded	0% after ded
Outpatient Surgery- Freestanding Facility	\$750	10% after ded	0% after ded
Emergency	\$750	\$350	0% after ded
Ambulance	\$750	\$350	0% after ded
Urgent Care	\$85	\$85	0% after ded
Diagnostic Bloodwork (Labs)	\$0	10% after ded	\$20
Diagnostic X-Ray	60%	10% after ded	0% after ded
Complex Medical Imaging	\$400	10% after ded	0% after ded
DME	50%	50% after ded	50% after ded
Bariatric Surgery	No Coverage	No Coverage	No Coverage
Infertility Services	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination
Prescription Coverage Advanced Control-Aetna <i>Precert, Step Therapy included, Choose Generics w/DAW MailOrder 2x copay for 90 day Specialty Force to 1st Fill</i>	Value Tier 1a \$3 \$15/\$55/\$90 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 Max 50% to \$500 Max	After Medical Deductible* Value Tier 1a \$3 \$10/\$55/\$90 30% to \$300 max 50% to \$500 max <i>*Deductible waived for Generic and Value Tier 1a</i>
Meets MA Creditble Coverage as of January 2024	Yes	Yes	No

Aetna Plan Name	OA MC HDHP Plans			OA EPO HDHP Plans	
	OA MC HDHP 3250 3300 /100% Copay	OA MC HDHP 4000/100% Copay	OA MC HDHP 5000/80%	OA EPO HDHP Copay 3250 3300 /90%	OA EPO HDHP 5,000/80%
Prestige Plan Name	PLAN 14	PLAN 40	PLAN 15	PLAN 38	PLAN 39
Control/Suffix	181806-10	181806-14	181806-11	181806-12	181806-13
Provider Directory Plan Name	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Managed Choice® POS (Open Access)	Elect Choice® EPO (Open Access)	Elect Choice® EPO (Open Access)
Open Access	Yes	Yes	Yes	Yes	Yes
OON Reimbursement	105%/140%	105%/140%	105%/140%	N/A	N/A
Deductible/OOP Style	Embedded	Embedded	Embedded	Embedded	Embedded
Member Services #	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287
Plan Website Address	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com
IN NETWORK					
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Individual/Family Deductible	\$3,250/\$6,000 \$3,300/\$6,600	\$4,000/\$8,000	\$5,000/\$10,000	\$3,250/\$6,500 \$3,300/\$6,600	\$5,000/\$10,000
Individual/Family Total Payment Limit	\$5,500/\$11,000	\$7,000/\$14,000	\$6,850/\$13,700	\$6,000/\$12,000	\$6,850/\$13,700
Member Plan Coinsurance	0%	0%	20%	10%	20%
Preventive Services	\$0	\$0	\$0	\$0	\$0
Physician Office Visit	\$30 after ded	\$30 after ded	20% after ded	\$40 after ded	20% after ded
Specialist Office Visit	\$60 after ded	\$60 after ded	20% after ded	\$70 after ded	20% after ded
CVSH Virtual Care/CVSH Virtual PCP	0% after ded	0% after ded	0% after ded	\$0 after ded	\$0 after ded
Standard Virtual Office Visit (Teladoc)	\$56 consult fee until ded is met, then \$30 <i>*eff 1/1/2026 change to \$58</i>	\$56 consult fee until ded is met, then \$30 <i>*eff 1/1/2026 change to \$58</i>	\$56 consult fee until ded is met, then 20% <i>*eff 1/1/2026 change to \$58</i>	\$56 consult fee until ded is met, then 10% <i>*eff 1/1/2026 change to \$58</i>	\$56 consult fee until ded is met, then 20% <i>*eff 1/1/2026 change to \$58</i>
Designated Minute Clinic	0% after ded	0% after ded	0% after ded	\$0 after ded	\$0 after ded
Walk-in Clinic	\$30 after ded	\$30 after ded	20% after ded	\$40 after ded	20% after ded
Inpatient Hospital	\$500 after ded	\$500 after ded	20% after ded	\$500/day, 3 days; then 10% after ded	20% after ded
Outpatient Surgery-Hospital	\$300 after ded	\$300 after ded	20% after ded	40% \$300 after ded	20% after ded
Outpatient Surgery- Freestanding Facility	\$300 after ded	\$300 after ded	20% after ded	\$300 after ded	20% after ded
Emergency	\$350 after ded	\$350 after ded	20% after ded	10% after ded	20% after ded
Ambulance	0% \$350 after ded	0% after ded	20% after ded	10% after ded	20% after ded
Urgent Care	\$85 after ded	\$85 after ded	20% after ded	10% after ded	20% after ded
Diagnostic Bloodwork (Labs)	0% after ded	0% after ded	20% after ded	10% after ded	20% after ded
Diagnostic X-Ray	0% after ded	0% after ded	20% after ded	10% after ded	20% after ded
Complex Medical Imaging	0% after ded	0% after ded	20% after ded	10% after ded	20% after ded
DME	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Bariatric Surgery	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Infertility Services	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination
Prescription Coverage	After Deductible*	After Deductible*	After Deductible*	After Deductible*	After Deductible*
Advanced Control-Aetna	Value Tier 1a \$3	Value Tier 1a \$3	Value Tier 1a \$3	Value Tier 1a \$3	Value Tier 1a \$3
Precert, Step Therapy included,	\$10/\$45/\$70	\$10/\$45/\$70	\$10/\$45/\$70	\$10/\$45/\$70	\$10/\$45/\$70
Choose Generics w/DAW	30% to \$300 max	30% to \$300 max	30% to \$300 max	30% to \$300 max	30% to \$300 max
Mail Order 2x copay for 90 day	50% to \$500 max	50% to \$500 max	50% to \$500 max	50% to \$500 max	50% to \$500 max
Specialty Force to 1st Fill	<i>*Deductible waived for preventive medications</i>	<i>*Deductible waived for preventive medications</i>	<i>*Deductible waived for preventive medications</i>	<i>*Deductible waived for preventive medications</i>	<i>*Deductible waived for preventive medications</i>
Meets MA Creditble Coverage as of January 2024	Yes	No	Yes	Yes	Yes
OUT OF NETWORK					
Individual/Family Deductible	\$6,000/\$12,000	\$8,000/\$16,000	\$10,000/\$20,000	Not Covered	Not Covered
Individual/Family Total Payment Limit	\$12,000/\$24,000	\$14,000/\$28,000	\$14,000/\$28,000	Not Covered	Not Covered
Physician Office Visit	50% after ded	50% after ded	50% after ded	Not Covered	Not Covered
Specialist Office Visit	50% after ded	50% after ded	50% after ded	Not Covered	Not Covered
Inpatient Hospital	50% after ded	50% after ded	50% after ded	Not Covered	Not Covered
Outpatient Hospital	50% after ded	50% after ded	50% after ded	Not Covered	Not Covered
Pharmacy - RX Copay Tier	50% after \$10/\$45/\$70 after ded	50% after \$10/\$45/\$70 after ded	50% after \$10/\$45/\$70 after ded	Not Covered	Not Covered

Aetna Plan Name	PPO 500/80%	PPO 1000/80%	PPO 3000/70%	PPO 5000/70%	HDHP Plan
					PPO HDHP 3250/\$300/100% Copay
Prestige Plan Name	PLAN 44	PLAN 16	PLAN 45	PLAN 17	PLAN 46
Control/Suffix	181807-12	181807-10	181807-13	181807-11	181807-14
Provider Directory Plan Name	Open Choice® PPO	Open Choice® PPO	Open Choice® PPO	Open Choice® PPO	Open Choice® PPO
Open Access	Yes	Yes	Yes	Yes	Yes
OOB Reimbursement	105%/140%	105%/140%	105%/140%	105%/140%	105%/140%
Deductible/OOP Style	Embedded	Embedded	Embedded	Embedded	Embedded
Member Services #	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287
Plan Website Address	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com
IN NETWORK					
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Individual/Family Deductible	\$500/\$1,000	\$1,000/\$2,000	\$3,000/\$6,000	\$5,000/\$10,000	\$3,250/\$6,000 \$3,300/\$6,600
Individual/Family Total Payment Limit	\$3,500/\$7,000	\$4,500/\$9,000	\$6,850/\$13,700	\$6,850/\$13,700 \$7,600/\$15,200	\$5,500/\$11,000
Member Plan Coinsurance	20%	20%	30%	30%	0%
Preventive Services	\$0	\$0	\$0	\$0	\$0
Physician Office Visit	\$25	\$25	\$40	\$40	\$30 after ded
Specialist Office Visit	\$50	\$50	\$80	\$80	\$60 after ded
CVSH Virtual Care/CVSH Virtual PCP	\$0	\$0	\$0	\$0	0% after ded
Standard Virtual Office Visit (Teladoc)	\$25	\$25	\$40	\$40	\$56 consult fee until ded is met, then \$30 *eff 1/1/2026 change to \$58
Designated Minute Clinic	\$0	\$0	\$0	\$0	0% after ded
Walk-in Clinic	\$25	\$25	\$40	\$40	\$30 after ded
Inpatient Hospital	20% after ded	20% after ded	30% after ded	30% after ded	\$500 after ded
Outpatient Surgery-Hospital	20% after ded	20% after ded	30% after ded	30% after ded	\$300 after ded
Outpatient Surgery- Freestanding Facility	20% after ded	20% after ded	30% after ded	30% after ded	\$300 after ded
Emergency	\$350	\$350	\$350	\$350 \$500	\$350 after ded
Ambulance	\$350	\$350	\$350	\$350 \$500	0% \$350 after ded
Urgent Care	\$85	\$85	\$85	\$85	\$85 after ded
Diagnostic Bloodwork (Labs)	20% after ded	20% after ded	30% after ded	30% after ded	0% after ded
Diagnostic X-Ray	20% after ded	20% after ded	30% after ded	30% after ded	0% after ded
Complex Medical Imaging	20% after ded	20% after ded	30% after ded	30% after ded	0% after ded
DME	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Bariatric Surgery	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Infertility Services	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination
Prescription Coverage					After Deductible*
Advanced Control-Aetna	Value Tier 1a \$3	Value Tier 1a \$3	Value Tier 1a \$3	Value Tier 1a \$3	Value Tier 1a \$3
Precert, Step Therapy included,	\$10/\$45/\$70	\$10/\$45/\$70	\$10/\$45/\$70	\$10/\$45/\$70	\$10/\$45/\$70
Choose Generics w/DAW	30% to \$300 Max	30% to \$300 Max	30% to \$300 Max	\$15/\$55/\$90	30% to \$300 max
MailOrder 2x copay for 90 day	50% to \$500 Max	50% to \$500 Max	50% to \$500 Max	30% to \$300 Max	50% to \$500 max
Specialty Force to 1st Fill				50% to \$500 Max	
Meets MA Creditable Coverage as of January 2024	Yes	Yes	No	No	Yes
OUT OF NETWORK					
Individual/Family Deductible	\$1,500/\$3,000	\$3,000/\$6,000	\$9,000/\$22,500 \$18,000	\$10,000/ \$30,000 \$20,000	\$6,000/\$12,000
Individual/Family Total Payment Limit	\$7,000/\$14,000	\$9,000/\$18,000	\$14,000/\$42,000 \$28,000	\$20,000/\$60,000 \$40,000	\$12,000/\$24,000
Physician Office Visit	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Specialist Office Visit	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Inpatient Hospital	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Outpatient Hospital	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Pharmacy - RX Copay Tier	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70 \$15/\$55/\$90	50% after \$10/\$45/\$70 after ded

	New 11/1/2025	New 11/1/2025	New 11/1/2025	New 11/1/2025	New 11/1/2026
Aetna Plan Name	PPO 300/90%	PPO 750/90%	PPO 2000/80%	PPO 7150/100% Value	PPO HDHP 5950/100% Copay
Prestige Plan Name	PLAN 76	PLAN 77	PLAN 78	PLAN 79	PLAN 80
Control/Suffix	181804-15	181804-16	181804-17	181804-18	181804-19
Provider Directory Plan Name	Open Choice® PPO	Open Choice® PPO	Open Choice® PPO	Open Choice® PPO	Open Choice® PPO
Open Access	Yes	Yes	Yes	Yes	Yes
OOB Reimbursement	105%/140%	105%/140%	105%/140%	105%/140%	105%/140%
Deductible/OOP Style	Embedded	Embedded	Embedded	Embedded	Embedded
Member Services #	1-800-704-7287	1-800-704-7287	1-800-704-7288	1-800-704-7287	1-800-704-7287
Plan Website Address	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com
IN NETWORK					
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Individual/Family Deductible	\$300/\$600	\$750/\$1,500	\$2,000/\$4,000	\$7,150/\$14,300	\$5,950/\$11,900
Individual/Family Total Payment Limit	\$3,000/\$6,000	\$4,000/\$8,000	\$6,850/\$13,700	\$7,600/\$15,200	\$6,700/\$13,400
Member Plan Coinsurance	10%	10%	20%	0%	0%
Preventive Services	\$0	\$0	\$0	\$0	\$0
Physician Office Visit	\$20	\$25	\$30	\$40	\$30 after ded
Specialist Office Visit	\$40	\$50	\$60	0% after ded	\$60 after ded
CVSH Virtual Care/CVSH Virtual PCP	\$0	\$0	\$0	\$0	0% after ded
Standard Virtual Office Visit (Teladoc)	\$20	\$25	\$30	\$40	\$58 consult fee until ded is met, then \$30
Designated Minute Clinic	\$0	\$0	\$0	\$0	0% after ded
Walk-in Clinic	\$20	\$25	\$30	\$40	\$30 after ded
Inpatient Hospital	10% after ded	10% after ded	20% after ded	0% after ded	\$500 after ded
Outpatient Surgery-Hospital	10% after ded	10% after ded	20% after ded	0% after ded	\$300 after ded
Outpatient Surgery- Freestanding Facility	10% after ded	10% after ded	20% after ded	0% after ded	\$300 after ded
Emergency	\$350	\$350	\$350	0% after ded	\$350 after ded
Ambulance	\$350	\$350	\$350	0% after ded	0% after ded
Urgent Care	\$85	\$85	\$85	0% after ded	\$85 after ded
Diagnostic Bloodwork (Labs)	10% after ded	10% after ded	20% after ded	0% after ded	0% after ded
Diagnostic X-Ray	10% after ded	10% after ded	20% after ded	0% after ded	0% after ded
Complex Medical Imaging	10% after ded	10% after ded	20% after ded	0% after ded	0% after ded
DME	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Bariatric Surgery	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Infertility Services	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination
Prescription Coverage					After Deductible*
Advanced Control-Aetna	Value Tier 1a \$3	Value Tier 1a \$3	Value Tier 1a \$3	Value Tier 1a \$3	Value Tier 1a \$3
Precert, Step Therapy included,	\$10/\$45/\$70	\$10/\$45/\$70	\$10/\$45/\$70	\$15/\$55/\$90	\$10/\$45/\$70
Choose Generics w/DAW	30% to \$300 Max	30% to \$300 Max	30% to \$300 Max	30% to \$300 Max	30% to \$300 max
MailOrder 2x copay for 90 day	50% to \$500 Max	50% to \$500 Max	50% to \$500 Max	50% to \$500 Max	50% to \$500 max
Specialty Force to 1st Fill					<i>*Deductible waived for preventive medications</i>
Meets MA Creditble Coverage as of January 2024	Yes	Yes	Yes	No	Yes
OUT OF NETWORK					
Individual/Family Deductible	\$1,200/\$2,400	\$2,250/\$4,500	\$6,000/\$12,000	\$14,000/\$28,000	\$6,000/\$12,000
Individual/Family Total Payment Limit	\$6,000/\$12,000	\$8,000/\$16,000	\$14,000/\$28,000	\$21,000/\$42,000	\$12,000/\$24,000
Physician Office Visit	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Specialist Office Visit	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Inpatient Hospital	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Outpatient Hospital	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Pharmacy - RX Copay Tier	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$15/\$55/\$90	50% after \$10/\$45/\$70 after ded

Aetna Plan Name	FL HNOOnly 1500/80%	FL HNOOnly 2000/80%	FL HNOOnly 3000/70%	FL HNOOnly 5000/100%	FL HNOOnly 6350/100%
Prestige Plan Name	PLAN 47	PLAN 48	PLAN 49	PLAN 50	PLAN 51
Control/Suffix	246830-10	246830-11	246830-12	246830-13	246830-14
Provider Directory Plan Name	Aetna Health Network Only SM (Open Access)	Aetna Health Network Only SM (Open Access)	Aetna Health Network Only SM (Open Access)	Aetna Health Network Only SM (Open Access)	Aetna Health Network Only SM (Open Access)
Open Access	Yes	Yes	Yes	Yes	Yes
OOB Reimbursement	N/A	N/A	N/A	N/A	N/A
Deductible/OOP Style	Embedded	Embedded	Embedded	Embedded	Embedded
Member Services #	1-866-551-6664	1-866-551-6664	1-866-551-6664	1-866-551-6664	1-866-551-6664
Plan Website Address	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com
IN NETWORK					
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Individual/Family Deductible	\$1,500/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000	\$6,350/\$12,700
Individual/Family Total Payment Limit	\$5,500/\$11,000	\$6,850/\$13,700	\$7,000/\$14,000	\$7,900 /\$15,800	\$7,900 /\$15,800
Member Plan Coinsurance	20%	20%	30%	0%	0%
Preventive	\$0	\$0	\$0	\$0	\$0
Physician Office Visit	\$30	\$35	\$40	\$35	\$40
Specialist Office Visit	\$60	\$70	\$80	\$70	\$80
CVSH Virtual Care/CVSH Virtual PCP	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Standard Virtual Office Visit (Teladoc)	\$30	\$35	\$40	\$35	\$40
Designated Minute Clinic	\$0	\$0	\$0	\$0	\$0
Walk-in Clinic	\$30	\$35	\$40	\$35	\$40
Inpatient Hospital	20% after ded	20% after ded	30% after ded	0% after ded	0% after ded
Outpatient Surgery-Hospital	20% after ded	20% after ded	30% after ded	0% after ded	0% after ded
Outpatient Surgery- Freestanding Facility	20% after ded	20% after ded	30% after ded	0% after ded	0% after ded
Emergency	\$350	\$350	\$350	\$350	\$350
Ambulance	\$0 \$350	\$0 \$350	\$0 \$350	\$0 \$350	\$0 \$350
Urgent Care	\$85	\$85	\$85	\$85	\$85
Diagnostic Bloodwork (Labs)	\$0	\$0	\$0	\$0	\$0
Diagnostic X-Ray	\$60	\$70	\$80	\$70	\$80
Complex Medical Imaging	\$250	\$250	\$300	\$300	\$300
DME	50%	50%	50%	50%	50%
Bariatric Surgery	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Infertility Services	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination
Prescription Coverage Advanced Control-Aetna Precert, Step Therapy included, Choose Generics w/DAW MailOrder 2x copay for 90 day Specialty Force to 1st Fill	Value Tier 1a \$3 \$20/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$20/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$20/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$20/\$45/\$70 30% to \$300 Max 50% to \$500 Max	Value Tier 1a \$3 \$20/\$45/\$70 30% to \$300 Max 50% to \$500 Max
Meets MA Creditble Coverage	N/A	N/A	N/A	N/A	N/A

	New Plan Options 11/1/2025					HDHP Plans
Aetna Plan Name	AZ JV BNR OA MC 500/100%	AZ JV BNR OA MC 1000/80%	AZ JV BNR OA MC 3000/70%	AZ JV BNR OA MC 6500/100%	AZ JV BNR OA MC HDHP 5500/80%	
Prestige Plan Name	PLAN 87	PLAN 88	PLAN 89	PLAN 90	PLAN 91	
Control/Suffix	259923-10	259923-11	259923-12	259923-13	259923-14	
Provider Directory Plan Name	Banner Managed Plus/Open Access Managed Plus	Banner Managed Plus/Open Access Managed Plus	Banner Managed Plus/Open Access Managed Plus	Banner Managed Plus/Open Access Managed Plus	Banner Managed Plus/Open Access Managed Plus	
Open Access	Yes	Yes	Yes	Yes	Yes	
OOB Reimbursement	105%/140%	105%/140%	105%/140%	105%/140%	105%/140%	
Deductible/OOP Style	Embedded	Embedded	Embedded	Embedded	Embedded	
Member Services #	1-888-862-0204	1-888-862-0204	1-888-862-0204	1-888-862-0204	1-888-862-0204	
Plan Website Address	www.banneraetna.com	www.banneraetna.com	www.banneraetna.com	www.banneraetna.com	www.banneraetna.com	
IN NETWORK						
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Individual/Family Deductible	\$500/\$1,000	\$1,000/\$2,000	\$3,000/\$6,000	\$6,500/\$13,000	\$5,500/\$11,000	
Individual/Family Total Payment Limit	\$3,000/\$6,000	\$5,500/\$11,000	\$6,850/\$16,700	\$7,500/\$15,000	\$6,500/\$13,000	
Member Plan Coinsurance	0%	20%	30%	0%	20%	
Preventive Services	\$0	\$0	\$0	\$0	\$0	
Physician Office Visit	\$15	\$25	\$40	\$25	20% after ded	
Specialist Office Visit	\$50	\$50	\$80	\$65	20% after ded	
CVSH Virtual Care						
CVSH Virtual PCP	\$0	\$0	\$0	\$0	\$0 after ded	
Standard Virtual Office Visit (Transcarent)	\$0	\$0	\$0	\$0	\$5	
Designated Minute Clinic	\$0	\$0	\$0	\$0	\$0 after ded	
Walk-in Clinic	\$15	\$25	\$40	\$25	20% after ded	
Inpatient Hospital	\$300/day x 5 days after ded	20% after ded	30% after ded	0% after ded	20% after ded	
Outpatient Surgery-Hospital	\$250 after ded	20% after ded	30% after ded	0% after ded	20% after ded	
Outpatient Surgery- Freestanding Facility	\$250 after ded	20% after ded	30% after ded	0% after ded	20% after ded	
Emergency	\$400	\$400	\$400	0% after ded	20% after ded	
Ambulance	\$400	\$400	\$400	0% after ded	20% after ded	
Urgent Care	\$85	\$85	\$85	0% after ded	20% after ded	
Diagnostic Bloodwork (Labs)	\$0	20% after ded	30% after ded	0% after ded	20% after ded	
Diagnostic X-Ray	0% after ded	20% after ded	30% after ded	0% after ded	20% after ded	
Complex Medical Imaging	0% after ded	20% after ded	30% after ded	0% after ded	20% after ded	
DME	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	
Bariatric Surgery	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	
Infertility Services	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	
Prescription Coverage						
Advanced Control-Aetna	Value Tier 1a \$3	Value Tier 1a \$3	Value Tier 1a \$3	Value Tier 1a \$3	After Deductible* Value Tier 1a \$3	
Precert, Step Therapy included, Choose Generics w/DAW	\$10/\$45/\$80	\$10/\$45/\$80	\$10/\$45/\$80	\$10/\$45/\$80	\$10/\$45/\$80	
Mail Order 2x copay for 90 day Specialty Force to 1st Fill	30% to \$300 max	30% to \$300 max	30% to \$300 max	30% to \$300 max	30% to \$300 max	
Meets MA Creditable Coverage as of January 2025	50% to \$500 max	50% to \$500 max	50% to \$500 max	50% to \$500 max	50% to \$500 max	
					<i>*Deductible waived for preventive medications</i>	
OUT OF NETWORK						
Individual/Family Deductible	\$2,000/\$4,000	\$3,000/\$6,000	\$9,000 /\$18,000	\$15,000/\$30,000	\$15,000/\$30,000	
Individual/Family Total Payment Limit	\$9,000/\$18,000	\$12,000/\$24,000	\$14,000 /\$28,000	\$25,000/\$50,000	\$25,000/\$50,000	
Physician Office Visit	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	
Specialist Office Visit	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	
Inpatient Hospital	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	
Outpatient Hospital	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	
Pharmacy - RX Copay Tier	50% after \$10/\$45/\$80	50% after \$10/\$45/\$80	50% after \$10/\$45/\$80	50% after \$10/\$45/\$80	50% after \$10/\$45/\$80 after ded	

Aetna Plan Name Prestige Plan Name Control/Suffix	New Plan Options 11/1/2025				HDHP Plans	
	UT AWH OA MC 300/90%	UT AWH OA MC 1000/80%	UT AWH OA MC 2000/80%	UT AWH OA MC 3000/70%	UT AWH OA MC HDHP 3500/90%	UT AWH OA MC HDHP 5000/80%
Provider Directory Plan Name	PLAN 81 259922-10	PLAN 82 259922-11	PLAN 83 259922-12	PLAN 84 259922-13	PLAN 85 259922-14	PLAN 86 259922-15
Open Access	Aetna Whole Health (UT) - Connected Utah Open Access Managed Choice	Aetna Whole Health (UT) - Connected Utah Open Access Managed Choice	Aetna Whole Health (UT) - Connected Utah Open Access Managed Choice	Aetna Whole Health (UT) - Connected Utah Open Access Managed Choice	Aetna Whole Health (UT) - Connected Utah Open Access Managed Choice	Aetna Whole Health (UT) - Connected Utah Open Access Managed Choice
OON Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes
Deductible/OOP Style	105%/140%	105%/140%	105%/140%	105%/140%	105%/140%	105%/140%
Member Services #	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Plan Website Address	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287	1-800-704-7287
IN NETWORK	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Individual/Family Deductible	\$300/\$600	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,500/\$7,000	\$5,000/\$10,000
Individual/Family Total Payment Limit	\$3,000/\$6,000	\$4,500/\$9,000	\$6,850/\$13,700	\$6,850/\$13,700	\$6,000/\$12,000	\$6,850/\$13,700
Member Plan Coinsurance	10%	20%	20%	30%	10%	20%
Preventive Services						
Physician Office Visit	\$20	\$25	\$30	\$40	10% after ded	20% after ded
Specialist Office Visit	\$40	\$50	\$60	\$80	10% after ded	20% after ded
CVSH Virtual Care	\$0	\$0	\$0	\$0	\$0 after ded	\$0 after ded
CVSH Virtual PCP						
Standard Virtual Office Visit (Teladoc)	\$20	\$25	\$30	\$40	\$56 consult fee until ded is met, then 10% coinsurance <i>*eff 1/1/2026 change to \$58</i>	\$56 consult fee until ded is met, then 20% coinsurance <i>*eff 1/1/2026 change to \$58</i>
Designated Minute Clinic	\$0	\$0	\$0	\$0	\$0 after ded	\$0 after ded
Walk-in Clinic	\$20	\$25	\$30	\$40	10% after ded	20% after ded
Inpatient Hospital	10% after ded	20% after ded	20% after ded	30% after ded	10% after ded	20% after ded
Outpatient Surgery-Hospital	10% after ded	20% after ded	20% after ded	30% after ded	10% after ded	20% after ded
Outpatient Surgery- Freestanding Facility	10% after ded	20% after ded	20% after ded	30% after ded	10% after ded	20% after ded
Emergency	\$350	\$350	\$350	\$350	10% after ded	20% after ded
Ambulance	\$350	\$350	\$350	\$350	10% after ded	20% after ded
Urgent Care	\$85	\$85	\$85	\$85	10% after ded	20% after ded
Diagnostic Bloodwork (Labs)	10% after ded	20% after ded	20% after ded	30% after ded	10% after ded	20% after ded
Diagnostic X-Ray	10% after ded	20% after ded	20% after ded	30% after ded	10% after ded	20% after ded
Complex Medical Imaging	10% after ded	20% after ded	20% after ded	30% after ded	10% after ded	20% after ded
DME	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Bariatric Surgery	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Infertility Services	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination	Basic w/Artificial Insemination
Prescription Coverage					After Deductible* Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 max 50% to \$500 max <i>*Deductible waived for preventive medications</i>	After Deductible* Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 max 50% to \$500 max <i>*Deductible waived for preventive medications</i>
Advanced Control-Aetna Precert, Step Therapy included, Choose Generics w/DAW MailOrder 2x copay for 90 day Specialty Force to 1st Fill	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 max 50% to \$500 max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 max 50% to \$500 max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 max 50% to \$500 max	Value Tier 1a \$3 \$10/\$45/\$70 30% to \$300 max 50% to \$500 max		
Meets MA Creditable Coverage as of January 2025	N/A	N/A	N/A	N/A	N/A	N/A
OUT OF NETWORK						
Individual/Family Deductible	\$1,200/\$2,400	\$3,000/\$6,000	\$6,000/\$12,000	\$9,000/\$18,000	\$7,000/\$14,000	\$10,000/\$20,000
Individual/Family Total Payment Limit	\$6,000/\$12,000	\$9,000/\$18,000	\$14,000/\$28,000	\$14,000/\$28,000	\$13,000/\$26,000	\$14,000/\$28,000
Physician Office Visit	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Specialist Office Visit	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Inpatient Hospital	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Outpatient Hospital	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Pharmacy - RX Copay Tier	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70	50% after \$10/\$45/\$70

Aetna Plan Name	HMO 0/100% 20/50 NCA HMO 0/100% 20/50 SCA	HMO 500/100% NCA HMO 500/100% SCA	HMO 1000/100% NCA HMO 1000/100% SCA	HMO 3000/100% NCA HMO 3000/100% SCA	HMO 5000/100% NCA HMO 5000/100% SCA
Prestige Plan Name	Plan 53 (N.CA) Plan 62 (S.CA)	Plan 54 (N.CA) Plan 63 (S.CA)	Plan 55 (N.CA) Plan 64 (S.CA)	Plan 56 (N.CA) Plan 65 (S.CA)	Plan 57 (N.CA) Plan 66 (S.CA)
Control/Suffix	246831-10 (N.CA) 246831-20 (S.CA)	246831-11 (N.CA) 246831-21 (S.CA)	246831-12 (N.CA) 246831-22 (S.CA)	246831-13 (N.CA) 246831-23 (S.CA)	246831-14 (N.CA) 246831-24 (S.CA)
Provider Directory Plan Name	HMO	HMO	HMO	HMO	HMO
Open Access	No	No	No	No	No
OON Reimbursement	N/A	N/A	N/A	N/A	N/A
Deductible/OOP Style	Embedded	Embedded	Embedded	Embedded	Embedded
Member Services #	1-866-551-6664	1-866-551-6664	1-866-551-6664	1-866-551-6664	1-866-551-6664
Plan Website Address	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com
IN NETWORK					
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Individual/Family Deductible	\$0	\$500/\$1,000	\$1,000/\$2,000	\$3,000/\$6,000	\$5,000/\$10,000
Individual/Family Total Payment Limit	\$4,000/\$8,000	\$6,000/\$12,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
Member Plan Coinsurance	0%	0%	0%	0%	0%
Preventive	\$0	\$0	\$0	\$0	\$0
Physician Office Visit	\$20	\$30	\$40	\$55	\$40
Specialist Office Visit	\$50	\$60	\$70	\$70	\$70
CVSH Virtual Care/CVSH Virtual PCP	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Standard Virtual Office Visit (Teladoc)	\$50	\$56	\$56	\$56	\$56
Designated Minute Clinic	\$0	\$0	\$0	\$0	\$0
Walk-in Clinic	\$20	\$30	\$40	\$55	\$40
Inpatient Hospital	\$400/day, 3 days	\$600/day after ded, 3 days	\$300/day after ded, 5 days	\$500/day after ded, 5 days	\$500/day after ded, 5 days
Outpatient Surgery-Hospital	\$300	\$350 after ded	\$250 after ded	\$350 after ded	\$300 after ded
Outpatient Surgery- Freestanding Facility	\$300	\$350 after ded	\$250 after ded	\$350 after ded	\$300 after ded
Emergency (copay waived if admitted)	\$350	\$350	\$350 copay after ded	\$350 copay after ded	\$350 copay after ded
Ambulance	\$0	\$0	\$0	\$0	\$0
Urgent Care	\$75	\$75	\$100	\$100	\$100
Diagnostic Bloodwork (Labs)	\$0	\$0	\$0	\$0	\$0
Diagnostic X-Ray	\$50	\$60	\$70	\$70	\$70
Complex Medical Imaging	\$100	\$200	\$150	\$250	\$200
DME	50%	50%	50%	50%	50%
Bariatric Surgery	\$400/day, 3 days	\$600/day after ded, 3 days	\$300/day after ded, 5 days	\$500/day after ded, 5 days	\$500/day after ded, 5 days
Infertility Services	Basic with Artificial Insemination and ART: \$50-copay (cost share based on place of service)	Basic with Artificial Insemination and ART: \$60-copay (cost share based on place of service)	Basic with Artificial Insemination and ART: \$70-copay (cost share based on place of service)	Basic with Artificial Insemination and ART: \$70-copay (cost share based on place of service)	Basic with Artificial Insemination and ART: \$70-copay (cost share based on place of service)
Prescription Coverage Advanced Control Plan - Aetna: California Precert, Step Therapy included, Choose Generics w/DAW MailOrder 2x copay for 90 day Specialty Force to 1st Fill	\$150/\$450 Deductible* Value Tier1a \$3 \$15/\$35/\$60 30% to \$250 max <i>*Deductible waived for Generic and Value Tier 1a</i>	\$150/\$450 Deductible* Value Tier1a \$3 \$15/\$35/\$60 30% to \$250 max <i>*Deductible waived for Generic and Value Tier 1a</i>	\$150/\$450 Deductible* Value Tier1a \$3 \$15/\$35/\$60 30% to \$250 max <i>*Deductible waived for Generic and Value Tier 1a</i>	\$150/\$450 Deductible* Value Tier1a \$3 \$15/\$35/\$60 30% to \$250 max <i>*Deductible waived for Generic and Value Tier 1a</i>	\$150/\$450 Deductible* Value Tier1a \$3 \$15/\$35/\$60 30% to \$250 max <i>*Deductible waived for Generic and Value Tier 1a</i>
Meets MA Creditble Coverage	N/A	N/A	N/A	N/A	N/A
OUT OF NETWORK					
Individual/Family Deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Individual/Family Total Payment Limit	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Physician Office Visit	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Specialist Office Visit	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Inpatient Hospital	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Outpatient Hospital	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pharmacy - Rx Copay Tier	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Aetna Plan Name	Aetna Value Network			
	Aetna Value Network HMO 0/100% 20/50 NCA Aetna Value Network HMO 0/100% 20/50 SCA	Aetna Value Network HMO 500/100% NCA Aetna Value Network HMO 500/100% SCA	Aetna Value Network HMO 1000/100% NCA Aetna Value Network HMO 1000/100% SCA	Aetna Value Network HMO 5000/100% NCA Aetna Value Network HMO 5000/100% SCA
Prestige Plan Name	Plan 58 (N.CA) Plan 67 (S.CA)	Plan 59 (N.CA) Plan 68 (S.CA)	Plan 60 (N.CA) Plan 69 (S.CA)	Plan 61 (N.CA) Plan 70 (S.CA)
Control/Suffix	246831-15 (N.CA) 246831-25 (S.CA)	246831-16 (N.CA) 246831-26 (S.CA)	246831-17 (N.CA) 246831-27 (S.CA)	246831-18 (N.CA) 246831-28 (S.CA)
Provider Directory Plan Name	Aetna Value Network HMO	Aetna Value Network HMO	Aetna Value Network HMO	Aetna Value Network HMO
Open Access	No	No	No	No
OON Reimbursement	N/A	N/A	N/A	N/A
Deductible/OOP Style	Embedded	Embedded	Embedded	Embedded
Member Services #	1-866-551-6664	1-866-551-6664	1-866-551-6664	1-866-551-6664
Plan Website Address	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com
IN NETWORK				
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited
Individual/Family Deductible	\$0	\$500/\$1,000	\$1,000/\$2,000	\$5,000/\$10,000
Individual/Family Total Payment Limit	\$4,000/\$8,000	\$6,000/\$12,000	\$7,000/\$14,000	\$7,000/\$14,000
Member Plan Coinsurance	0%	0%	0%	0%
Preventive	\$0	\$0	\$0	\$0
Physician Office Visit	\$20	\$30	\$40	\$40
Specialist Office Visit	\$50	\$60	\$70	\$70
CVSH Virtual Care/CVSH Virtual PCP	Not Covered	Not Covered	Not Covered	Not Covered
Standard Virtual Office Visit (Teladoc)	\$50	\$56	\$56	\$56
Designated Minute Clinic	\$0	\$0	\$0	\$0
Walk-in Clinic	\$20	\$30	\$40	\$40
Inpatient Hospital	\$400/day, 3 days	\$600/day, 3 days	\$300/day after ded, 5 days	\$500/day after ded, 5 days
Outpatient Surgery-Hospital	\$300	\$350	\$250 after ded	\$300 after ded
Outpatient Surgery- Freestanding Facility	\$300	\$350	\$250 after ded	\$300 after ded
Emergency (copay waived if admitted)	\$350	\$350	\$350 copay after ded	\$350 copay after ded
Ambulance	\$0	\$0	\$0	\$0
Urgent Care	\$75	\$75	\$100	\$100
Diagnostic Bloodwork (Labs)	\$0	\$0	\$0	\$0
Diagnostic X-Ray	\$50	\$60	\$70	\$70
Complex Medical Imaging	\$100	\$200	\$150	\$200
DME	50%	50%	50%	50%
Bariatric Surgery	\$400/day, 3 days	\$600/day after ded, 3 days	\$300/day after ded, 5 days	\$500/day after ded, 5 days
Infertility Services	Basic with Artificial Insemination and ART: \$50 copay (cost share based on place of service)	Basic with Artificial Insemination and ART: \$60 copay (cost share based on place of service)	Basic with Artificial Insemination and ART: \$70 copay (cost share based on place of service)	Basic with Artificial Insemination and ART: \$70 copay (cost share based on place of service)
Prescription Coverage Advanced Control Plan - Aetna: California Precert, Step Therapy included, Choose Generics w/DAW MailOrder 2x copay for 90 day Specialty Force to 1st Fill	\$150/\$450 Deductible* Value Tier1a \$3 \$15/\$35/\$60 30% to \$250 max <i>*Deductible waived for Generic and Value Tier 1a</i>	\$150/\$450 Deductible* Value Tier1a \$3 \$15/\$35/\$60 30% to \$250 max <i>*Deductible waived for Generic and Value Tier 1a</i>	\$150/\$450 Deductible* Value Tier1a \$3 \$15/\$35/\$60 30% to \$250 max <i>*Deductible waived for Generic and Value Tier 1a</i>	\$150/\$450 Deductible* Value Tier1a \$3 \$15/\$35/\$60 30% to \$250 max <i>*Deductible waived for Generic and Value Tier 1a</i>
Meets MA Creditable Coverage	N/A	N/A	N/A	N/A
OUT OF NETWORK				
Individual/Family Deductible	Not Covered	Not Covered	Not Covered	Not Covered
Individual/Family Total Payment Limit	Not Covered	Not Covered	Not Covered	Not Covered
Physician Office Visit	Not Covered	Not Covered	Not Covered	Not Covered
Specialist Office Visit	Not Covered	Not Covered	Not Covered	Not Covered
Inpatient Hospital	Not Covered	Not Covered	Not Covered	Not Covered
Outpatient Hospital	Not Covered	Not Covered	Not Covered	Not Covered
Pharmacy - Rx Copay Tier	Not Covered	Not Covered	Not Covered	Not Covered



	New Plan Options 11/1/2025				
	Aetna Whole Health Southern CA Network				
Aetna Plan Name	AWH Southern CA HMO 0/100% 20/50	AWH Southern CA HMO 500/100%	AWH Southern CA HMO 1000/100%	AWH Southern CA HMO 3000/100%	AWH Southern CA HMO 5000/100%
Prestige Plan Name	PLAN 92	PLAN 93	PLAN 94	PLAN 95	PLAN 96
Control/Suffix	259929-10	259929-11	259929-12	259929-13	259929-14
Provider Directory Plan Name	AWH - Southern CA HMO	AWH - Southern CA HMO	AWH - Southern CA HMO	AWH - Southern CA HMO	AWH - Southern CA HMO
Open Access	No	No	No	No	No
OON Reimbursement	N/A	N/A	N/A	N/A	N/A
Deductible/OOP Style	Embedded	Embedded	Embedded	Embedded	Embedded
Member Services #	1-866-551-6664	1-866-551-6664	1-866-551-6664	1-866-551-6664	1-866-551-6664
Plan Website Address	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com	www.aetna.com
IN NETWORK					
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Individual/Family Deductible	\$0	\$500/\$1,000	\$1,000/\$2,000	\$3,000/\$6,000	\$5,000/\$10,000
Individual/Family Total Payment Limit	\$4,000/\$8,000	\$6,000/\$12,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
Member Plan Coinsurance	0%	0%	0%	0%	0%
Preventive	\$0	\$0	\$0	\$0	\$0
Physician Office Visit	\$20	\$30	\$40	\$55	\$40
Specialist Office Visit	\$50	\$60	\$70	\$70	\$70
CVSH Virtual Care/CVSH Virtual PCP	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
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Designated Minute Clinic	\$0	\$0	\$0	\$0	\$0
Walk-in Clinic	\$20	\$30	\$40	\$55	\$40
Inpatient Hospital	\$400/day, 3 days	\$600/day after ded, 3 days	\$300/day after ded, 5 days	\$500/day after ded, 5 days	\$500/day after ded, 5 days
Outpatient Surgery-Hospital	\$300	\$350 after ded	\$250 after ded	\$350 after ded	\$300 after ded
Outpatient Surgery- Freestanding Facility	\$300	\$350 after ded	\$250 after ded	\$350 after ded	\$300 after ded
Emergency (copay waived if admitted)	\$350	\$350	\$350 copay after ded	\$350 copay after ded	\$350 copay after ded
Ambulance	\$0	\$0	\$0	\$0	\$0
Urgent Care	\$75	\$75	\$100	\$100	\$100
Diagnostic Bloodwork (Labs)	\$0	\$0	\$0	\$0	\$0
Diagnostic X-Ray	\$50	\$60	\$70	\$70	\$70
Complex Medical Imaging	\$100	\$200	\$150	\$250	\$200
DME	50%	50%	50%	50%	50%
Bariatric Surgery	\$400/day, 3 days	\$600/day after ded, 3 days	\$300/day after ded, 5 days	\$500/day after ded, 5 days	\$500/day after ded, 5 days
Infertility Services	Basic with Artificial Insemination and ART (cost share based on place of service)	Basic with Artificial Insemination and ART (cost share based on place of service)	Basic with Artificial Insemination and ART (cost share based on place of service)	Basic with Artificial Insemination and ART (cost share based on place of service)	Basic with Artificial Insemination and ART (cost share based on place of service)
Prescription Coverage Advanced Control Plan - Aetna: California Precert, Step Therapy included, Choose Generics w/DAW Mail Order 2x copay for 90 day Specialty Force to 1st Fill	\$150/\$450 Deductible* Value Tier 1a \$3 \$15/\$35/\$60 30% to \$250 max <i>*Deductible waived for Generic and Value Tier 1a</i>	\$150/\$450 Deductible* Value Tier 1a \$3 \$15/\$35/\$60 30% to \$250 max <i>*Deductible waived for Generic and Value Tier 1a</i>	\$150/\$450 Deductible* Value Tier 1a \$3 \$15/\$35/\$60 30% to \$250 max <i>*Deductible waived for Generic and Value Tier 1a</i>	\$150/\$450 Deductible* Value Tier 1a \$3 \$15/\$35/\$60 30% to \$250 max <i>*Deductible waived for Generic and Value Tier 1a</i>	\$150/\$450 Deductible* Value Tier 1a \$3 \$15/\$35/\$60 30% to \$250 max <i>*Deductible waived for Generic and Value Tier 1a</i>
Meets MA Creditable Coverage	N/A	N/A	N/A	N/A	N/A
OUT OF NETWORK					
Individual/Family Deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Individual/Family Total Payment Limit	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Physician Office Visit	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Specialist Office Visit	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Inpatient Hospital	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Outpatient Hospital	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pharmacy - Rx Copay Tier	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered





Aflac's BenExtend Now Available Through PrestigePEO



Wednesday, August 27, 2025, 2:00 p.m. EST

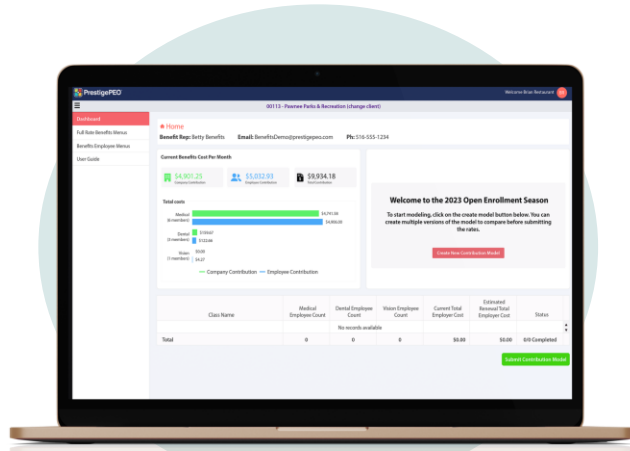
PrestigePEO is proud to partner with **Aflac** to offer a powerful new **voluntary benefit, BenExtend**, for the 2025 Open Enrollment season.

Register at
www.prestigepeo.com/benextend-webinar

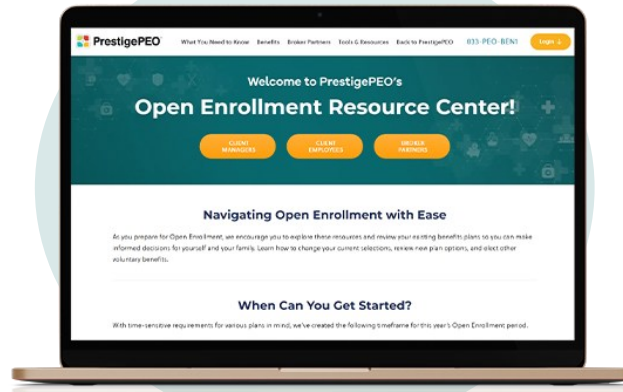
What to Expect

- Carrier Renewals finalized and communicated to brokers first: (On or near) August 13th
- Renewals communicated to clients directly: Sept 2nd
- 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 -17th and Oct 9th -24th)
- 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 17th (Wave 1) or October 24th (Wave 2)

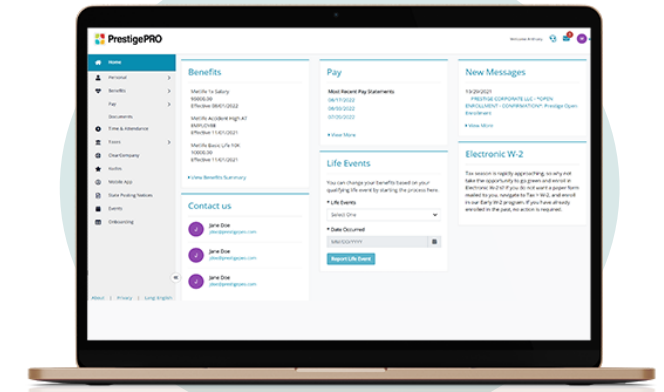
PrestigePEO conducts Open enrollment for our employer groups and employees. It is broken down into 2 phases:



**Benefits Renewal Portal
(NEW FEATURES)**



**OE Resource Center
(located on PrestigePEO.com)**

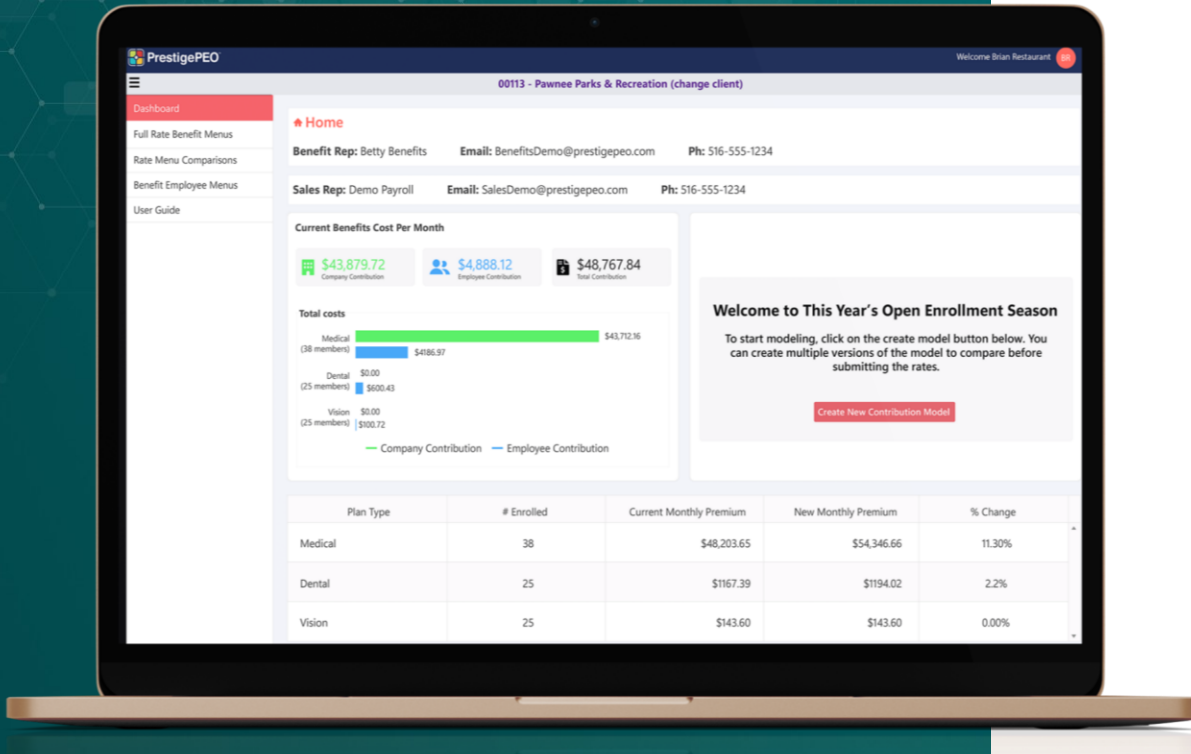


**Open Enrollment Portal
(in PrestigePRO)**



Phase 1 Benefits Renewal Portal

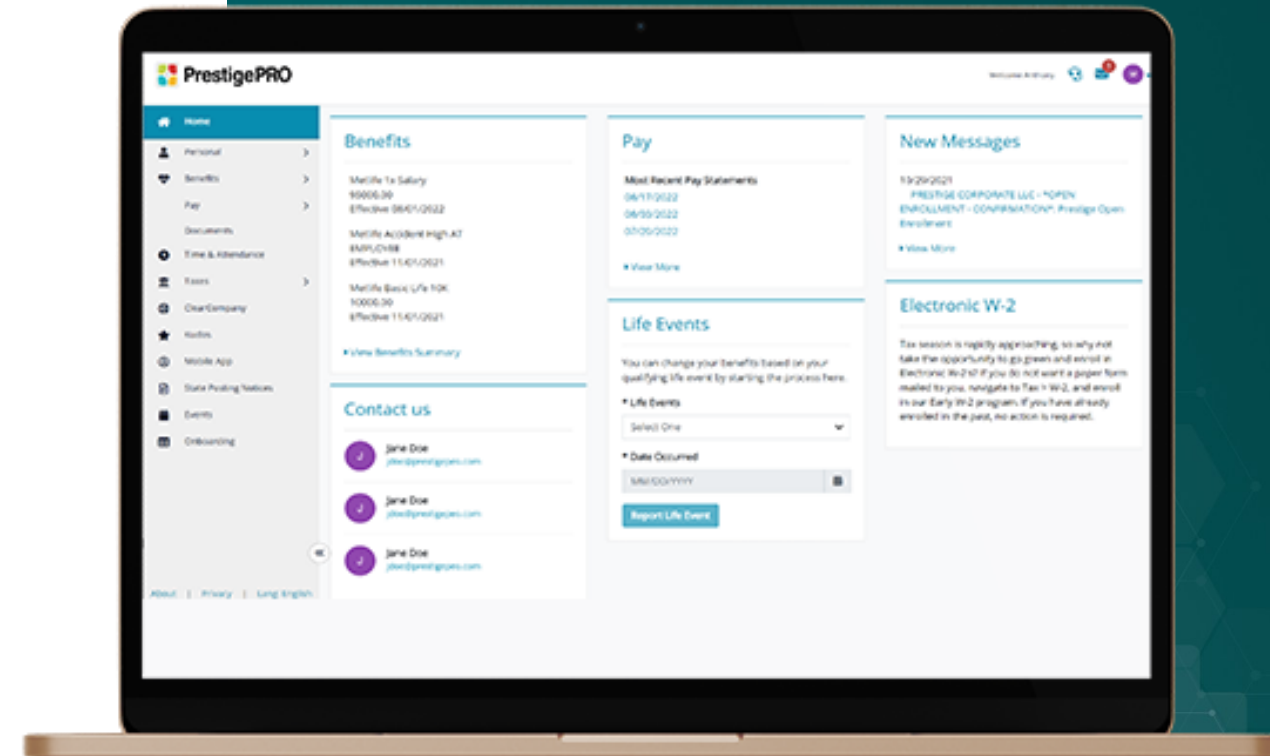
Phase 1 is the delivery of renewal rates and plans to the client/broker contacts and decision makers. Strategy meetings are conducted and decisions made for plans offered and contributions by employer for each coverage.



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 —— Broker Advantage ——

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 clients on your dashboard with Open Enrollment rates**
- **Simpler way to view and compare benefit menus**
- **Track status of your clients**
- **Test and Build contribution strategy models for your clients**

The background features a teal color with a decorative pattern of hexagons and medical icons. The 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 computer monitor, a heart with a pulse line, a first aid kit, and a group of medical professionals. The pattern is more dense on the left and right sides, with the text centered in the middle.

GETTING STARTED

Brokers New to the PrestigePEO Renewal Portal

1. You will receive an email from no-reply@auth.prestigepeo.com.
2. Within that email, you will see an activate button.
3. Click the Activate Portal Account button.
4. You will be brought to a new screen.
5. On that screen, use your Prestige-given email address as your username and create a new password.
6. Once you land on the welcome page, you will see a blue welcome banner at the top of the page.

Password Reset Instructions for the PrestigePEO Renewal Portal

Brokers who had access to the portal last year will be able to see the renewals for their groups as they become available by going to <https://openenrollment.prestigepeo.com/login>.

To reset your password, follow the instructions below.

1. Click “Need help signing in?” link located under the Sign-In button.
2. Click “Forgot password?” link.
3. You will be prompted to enter your password or username. Your username is preset to match your email address.
4. Click “Reset via Email” button.

If you have any issues logging in, please call 833-PEO-BEN1 and a Benefits Specialist will get back to you.

Welcome to 2025 Open Enrollment Season. Please select your company below to review your current renewal and create comparison models with new contributions.

Search...

Company Id	Company Name	Broker	Current Cost	New Cost	Percentage Inc...	Status	Action	Submission...
00110	Charles Xavier's... Gifted	Michael Scott	\$14,191.29	\$15,127.44	6.60%	In Progress	Review	
00105	Demo Cyberdyne...	Pam Beesly	\$51,388.95	\$56,013.95	9.00%	In Progress	Review	
00113	Pawnee Parks &...	Dwight Schrute	\$5,661.41	\$5,992.31	5.84%	Not Started	Review	
00112	Ryan's Restoran...	Stanley Hudson	\$70,643.09	\$78,413.83	11.00%	In Progress	Review	

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CLIENT DASHBOARD

Dashboard

Full Rate Benefit Menus

Rate Menu Comparisons

Benefit Employee Menus

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

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	\$0.00	Pending !
SUPERVISORS	5	4	4	\$8,612.81	\$0.00	Pending !
ALL EMPLOYEES	31	20	20	\$30,599.17	\$0.00	Pending !
Total	38	25	25	\$43,879.72	\$0.00	0/3 Completed

Submit Contribution Model

Dashboard

Full Rate Benefit Menus

Rate Menu Comparisons

Benefit Employee Menus

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


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Current Benefits Cost Per Month




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\$4,888.12

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Total Contribution

Total costs

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(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

The background of the slide is a dark teal color. It features a decorative pattern of light teal hexagons. Some hexagons contain white icons: a plus sign, a heart with a pulse line, a DNA double helix, a shield with a dollar sign, a piggy bank with a dollar sign, a flask, a bar chart, a computer monitor, and a group of three people. The icons are arranged in a way that suggests a connection between healthcare and finance.

SUMMARY PAGE

Home > Model Version 1

- Summary
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

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 !	▼
Total	38	25	25	\$43,879.72	\$49,801.52	0/3 Completed	

NOTE:

Submit Contribution Model

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...
Darugar, Rebecca Lynn	DIRECTORS	METDENS	Metlife Dental Standard	A	ES	52.24	0	52.24	NY
Darugar, Rebecca Lynn	DIRECTORS	OXNY01	Plan 01 Oxford Liberty Direct NY	A	ES	1607.94	1607.94	0	NY
Darugar, Rebecca Lynn	DIRECTORS	VISV	UHC Vision Voluntary	A	ES	7.9	7.9	0	NY
Eckert, Chris	ALL FT EMPLOYEES	METDENS	Metlife Dental Standard	A	EE	28.61	0	28.61	NY
Eckert, Chris	ALL FT EMPLOYEES	OXNY01	Plan 01 Oxford Liberty Direct NY	A	EE	784.16	784.16	0	NY
Eckert, Chris	ALL FT EMPLOYEES	VISV	UHC Vision Voluntary	A	EE	4.27	4.27	0	NY
Kim, Daniel	ALL FT EMPLOYEES	METDENS	Metlife Dental Standard	A	EE	28.61	0	28.61	NY
Kim, Daniel	ALL FT EMPLOYEES	OXNY01	Plan 01 Oxford Liberty Direct NY	A	EE	784.16	784.16	0	NY
Kim, Daniel	ALL FT EMPLOYEES	VISV	UHC Vision Voluntary	A	EE	4.27	4.27	0	NY
Medina, Summer Rose	ALL FT EMPLOYEES	METDENS	Metlife Dental DHMO	A	EE	12.75	0	12.75	NY

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[▶](#)
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The background features a teal gradient with a decorative hexagonal pattern. The pattern consists of interconnected hexagons, some of which contain white icons. These icons include medical symbols like a plus sign, 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 shield with a dollar sign, and a piggy bank. The pattern is more dense on the left and right sides, fading towards the center where the title is located.

REVIEW GROUP OFFERINGS



Home > Model Version 1

- Summary
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

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								<input type="text"/>	<input type="text"/>			
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98	<input type="text"/>	<input type="text"/>			▲ 12.74%
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17	<input type="text"/>	<input type="text"/>			▲ 12.74%
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74	<input type="text"/>	<input type="text"/>			▲ 12.74%
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41	<input type="text"/>	<input type="text"/>			▲ 12.74%
▼ Plan 04 Oxford Freedom Direct NY								<input type="text"/>	<input type="text"/>			
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79	<input type="text"/>	<input type="text"/>			▲ 12.74%
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04	<input type="text"/>	<input type="text"/>			▲ 12.74%
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85	<input type="text"/>	<input type="text"/>			▲ 12.74%
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87	<input type="text"/>	<input type="text"/>			▲ 12.74%
▼ Plan 09 Oxford Freedom EPO NY								<input type="text"/>	<input type="text"/>			
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	<input type="text"/>	<input type="text"/>			▲ 12.74%
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36	<input type="text"/>	<input type="text"/>			▲ 12.74%

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Full Rate Benefit Menus

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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%

43

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Full Rate Benefits Menus

Medical Benefit Menu

Please select the desired file format below to initiate the download

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Dental Benefit Menu

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Vision Benefit Menu

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Previous Year Full Rate Benefits Menus

Medical Benefit Menu

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Dental Benefit Menu

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Medical Benefit Menu

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Full Rate Benefits Menus

Medical Benefit Menu

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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 AllClose

	Plan 01 Aetna OA MC POS 300/90	Plan 02 Aetna OA MC POS 500/80	Plan 03 Aetna OA MC POS 750/90	Plan 04 Aetna OA MC POS 1000/80
Benefits	In-Network	In-Network	In-Network	In-Network
Preventative / Primary Care / Specialist	\$0 / \$20 / \$40	\$0 / \$25 / \$50	\$0 / \$25 / \$50	\$0 / \$25 / \$50
Deductible (Individual / Family)	\$300 / \$900	\$500 / \$1,000	\$750 / \$1,500	\$1,000 / \$2,000
Co-Insurance Percent	10%	20%	10%	20%
Maximum OOP (Individual / Family)	\$3,000 / \$6,000	\$3,500 / \$7,000	\$3,000 / \$6,000	\$4,500 / \$9,000
Hospital Semi-Private Room	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
Hospital Emergency Room	\$350 Copay	\$350 Copay	\$350 Copay	\$350 Copay
Outpatient Surgery	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
Laboratory Services	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
MRI, MRA, PET, Ultrasound	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance	Deductible & Co-insurance
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)	\$1,200 / \$3,600	\$1,500 / \$3,000	\$2,250 / \$4,500	\$3,000 / \$6,000
Maximum OOP (Individual / Family)	\$6,000 / \$18,000	\$7,000 / \$14,000	\$8,000 / \$16,000	\$9,000 / \$18,000
Co-Insurance Percent	50%	50%	50%	50%
	Prescriptions	Prescriptions	Prescriptions	Prescriptions
Deductible	N/A	N/A	N/A	N/A
Co-Pays	\$10 / \$45 / \$70	\$10 / \$45 / \$70	\$10 / \$45 / \$70	\$10 / \$45 / \$70
Covered Employees and Rates				
Employee	\$676.86	\$601.29	\$608.95	\$530.65
Employee + Spouse	\$1,489.08	\$1,322.83	\$1,339.68	\$1,167.43
Employee + Child(ren)	\$1,353.71	\$1,202.58	\$1,217.89	\$1,061.30
Employee + Family	\$2,098.26	\$1,864.00	\$1,887.74	\$1,645.01

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.

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Full Rate Benefits Menus

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Full Rate Benefit Plan Comparisons

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Dental Benefit Menu

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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.



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- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

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								<input type="text"/>	<input type="text"/>				
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41	<input type="text"/>	<input type="text"/>			▲ 12.74%	
▼ Plan 04 Oxford Freedom Direct NY								<input type="text"/>	<input type="text"/>				
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87	<input type="text"/>	<input type="text"/>			▲ 12.74%	
▼ Plan 09 Oxford Freedom EPO NY								<input type="text"/>	<input type="text"/>				
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36	<input type="text"/>	<input type="text"/>			▲ 12.74%	

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

 \$4,901.25
Company Contribution

 \$5,03
Employee C

Total costs

Medical
(6 members)

Dental	\$159.67
(3 members)	\$122.66

Vision	\$0.00
(1 members)	\$4.27

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

Come 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

Class Name	Medical Employee Count	Dental Employee Count	Vision Employee Count	Current Total Employer Cost	Estimated Renewal Total Employer Cost	Status
		No records available				



- Summary
- OWNERS
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- ALL EMPLOYEES

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									<input type="checkbox"/>	<input type="checkbox"/>				
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98	<input type="text" value="82"/>	<input type="checkbox"/>	<input type="text" value="\$1,102.06"/>	<input checked="" type="checkbox"/>	\$1,102.06	\$241.92	▲ 12.74%
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17	<input type="text" value="40"/>	<input type="checkbox"/>	<input type="text" value="\$1,102.06"/>	<input checked="" type="checkbox"/>	\$1,102.06	\$1,653.11	▲ 12.74%
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74	<input type="text" value="47"/>	<input type="checkbox"/>	<input type="text" value="\$1,090.28"/>	<input checked="" type="checkbox"/>	\$1,090.28	\$1,229.46	▲ 12.74%
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41	<input type="text" value="27"/>	<input type="checkbox"/>	<input type="text" value="\$1,094.42"/>	<input checked="" type="checkbox"/>	\$1,094.42	\$2,958.99	▲ 12.74%
▼ Plan 04 Oxford Freedom Direct NY									<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79	<input type="text" value="75"/>	<input type="checkbox"/>	<input type="text" value="\$1,102.34"/>	<input checked="" type="checkbox"/>	\$1,102.34	\$367.45	▲ 12.74%
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04	<input type="text" value="36"/>	<input type="checkbox"/>	<input type="text" value="\$1,084.69"/>	<input checked="" type="checkbox"/>	\$1,084.69	\$1,928.35	▲ 12.74%
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85	<input type="text" value="43"/>	<input type="checkbox"/>	<input type="text" value="\$1,090.84"/>	<input checked="" type="checkbox"/>	\$1,090.84	\$1,446.01	▲ 12.74%
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87	<input type="text" value="25"/>	<input type="checkbox"/>	<input type="text" value="\$1,108.21"/>	<input checked="" type="checkbox"/>	\$1,108.21	\$3,324.66	▲ 12.74%
▼ Plan 09 Oxford Freedom EPO NY									<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	<input type="text" value="100"/>	<input type="checkbox"/>	<input type="text" value="\$1,112.86"/>	<input checked="" type="checkbox"/>	\$1,112.86	\$0.00	▲ 12.74%
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36	<input type="text" value="48"/>	<input type="checkbox"/>	<input type="text" value="\$1,095.05"/>	<input checked="" type="checkbox"/>	\$1,095.05	\$1,186.31	▲ 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				
		Rate	Monthly Contributions	Final Contribution		Employee Count	Total	Rate Effective 11/1/2025	Monthly Contributions		Final Contribution		Rate Change %
Tier			%	Employer	Employee				%	\$	Employer	Employee	
▼ Plan 03 Oxford Freedom EPO NY									<input type="checkbox"/>	<input type="checkbox"/>			
Single		\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98	<input type="text"/>	<input type="text"/>			▲ 12.74%
Couple		\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17	<input type="text"/>	<input type="text"/>			▲ 12.74%
Single Parent		\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74	<input type="text"/>	<input type="text"/>			▲ 12.74%
Family		\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41	<input type="text"/>	<input type="text"/>			▲ 12.74%
▼ Plan 04 Oxford Freedom Direct NY									<input type="checkbox"/>	<input type="checkbox"/>			
Single		\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79	<input type="text"/>	<input type="text"/>			▲ 12.74%
Couple		\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04	<input type="text"/>	<input type="text"/>			▲ 12.74%
Single Parent		\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85	<input type="text"/>	<input type="text"/>			▲ 12.74%
Family		\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87	<input type="text"/>	<input type="text"/>			▲ 12.74%
▼ Plan 09 Oxford Freedom EPO NY									<input type="checkbox"/>	<input type="checkbox"/>			
Single		\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	<input type="text"/>	<input type="text"/>			▲ 12.74%
Couple		\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36	<input type="text"/>	<input type="text"/>			▲ 12.74%

Manage Plans



Medical

Dental

Vision

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

Cancel

Save Changes

Summ
OWNE
SUPER
ALL
EMPL

Manage Plans



Medical Dental Vision

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

Move employees to different plan

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 11/1/2025

Cancel Save

The background features a teal color 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)



Home > Model Version 1

- Summary
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

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								<input type="text"/>	<input type="text"/>				
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41	<input type="text"/>	<input type="text"/>			▲ 12.74%	
▼ Plan 04 Oxford Freedom Direct NY								<input type="text"/>	<input type="text"/>				
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87	<input type="text"/>	<input type="text"/>			▲ 12.74%	
▼ Plan 09 Oxford Freedom EPO NY								<input type="text"/>	<input type="text"/>				
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36	<input type="text"/>	<input type="text"/>			▲ 12.74%	

- Summary
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

Class:3 - ALL EMPLOYEES

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

				Last Year Rate				Next Year Rate				
				Monthly Contributions				Monthly Contributions		Final Contribution		
				Tier	Rate	%	Em	%	\$	Employer	Employee	Rate Change %
▼ Plan 03 Oxford Freedom EPO NY				Single	\$1,192.06	82.00%	\$9					▲ 12.74%
				Couple	\$2,443.73	40.00%	\$9					▲ 12.74%
				Single Parent	\$2,057.52	47.00%	\$9					▲ 12.74%
				Family	\$3,595.24	27.00%	\$9					▲ 12.74%
▼ Plan 04 Oxford Freedom Direct NY				Single	\$1,303.66	75.00%	\$9					▲ 12.74%
				Couple	\$2,672.47	36.00%	\$9					▲ 12.74%
				Single Parent	\$2,250.09	43.00%	\$9					▲ 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%
				Single Parent	\$1,703.69	57.00%	\$987.07	\$716.62	1	\$1,920.79	\$1,920.79	▲ 12.74%
				Family	\$2,976.99	33.00%	\$987.07	\$1,989.92	1	\$3,356.37	\$3,356.37	▲ 12.74%

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



Home > Model Version 1

- Summary
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

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			Rate Change %
		%	Employer	Employee				%	\$	Employer	Employee			
▼ Plan 03 Oxford Freedom EPO NY								<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Single	\$1,192.06	82.00%	\$987.07	\$204.99	2	\$1,343.98	\$1,343.98	<input type="text" value="89"/>	<input type="checkbox"/>	<input type="text" value="\$1,200.00"/>	<input checked="" type="checkbox"/>	\$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	<input type="text" value="58"/>	<input type="checkbox"/>	<input type="text" value="\$1,600.00"/>	<input checked="" type="checkbox"/>	\$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	<input type="text" value="69"/>	<input type="checkbox"/>	<input type="text" value="\$1,600.00"/>	<input checked="" type="checkbox"/>	\$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	<input type="text" value="44"/>	<input type="checkbox"/>	<input type="text" value="\$1,800.00"/>	<input checked="" type="checkbox"/>	\$1,800.00	\$2,153.41	▲ 12.74%
▼ Plan 04 Oxford Freedom Direct NY								<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Single	\$1,303.66	75.00%	\$987.07	\$316.59	0	\$1,469.79	\$1,469.79	<input type="text" value="82"/>	<input type="checkbox"/>	<input type="text" value="\$1,200.00"/>	<input checked="" type="checkbox"/>	\$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	<input type="text" value="53"/>	<input type="checkbox"/>	<input type="text" value="\$1,600.00"/>	<input checked="" type="checkbox"/>	\$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	<input type="text" value="63"/>	<input type="checkbox"/>	<input type="text" value="\$1,600.00"/>	<input checked="" type="checkbox"/>	\$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	<input type="text" value="41"/>	<input type="checkbox"/>	<input type="text" value="\$1,800.00"/>	<input checked="" type="checkbox"/>	\$1,800.00	\$2,632.87	▲ 12.74%
▼ Plan 09 Oxford Freedom EPO NY								<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	<input type="text" value="100"/>	<input type="checkbox"/>	<input type="text" value="\$1,200.00"/>	<input checked="" type="checkbox"/>	\$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	<input type="text" value="70"/>	<input type="checkbox"/>	<input type="text" value="\$1,600.00"/>	<input checked="" type="checkbox"/>	\$1,600.00	\$1,168.50	▲ 12.74%

The background features a teal gradient 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.

ENTERING YOUR CONTRIBUTION AMOUNTS



Home > Model Version 1

- Summary
- OWNERS
- SUPERVISORS
- ALL EMPLOYEES

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	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Couple	\$2,443.73	40.00%	\$987.07	\$1,456.66	0	\$2,755.17	\$2,755.17	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Single Parent	\$2,057.52	47.00%	\$987.07	\$1,070.45	1	\$2,319.74	\$2,319.74	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Family	\$3,595.24	27.00%	\$987.07	\$2,608.17	0	\$4,053.41	\$4,053.41	<input type="text"/>	<input type="text"/>			▲ 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	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Couple	\$2,672.47	36.00%	\$987.07	\$1,685.40	0	\$3,013.04	\$3,013.04	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Single Parent	\$2,250.09	43.00%	\$987.07	\$1,263.02	0	\$2,536.85	\$2,536.85	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Family	\$3,931.80	25.00%	\$987.07	\$2,944.73	0	\$4,432.87	\$4,432.87	<input type="text"/>	<input type="text"/>			▲ 12.74%	
▼ Plan 09 Oxford Freedom EPO NY													
Single	\$987.07	100.00%	\$987.07	\$0.00	26	\$1,112.86	\$1,112.86	<input type="text"/>	<input type="text"/>			▲ 12.74%	
Couple	\$2,023.50	48.00%	\$987.07	\$1,036.43	0	\$2,281.36	\$2,281.36	<input type="text"/>	<input type="text"/>			▲ 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 the middle of the slide.

EMPLOYER HSA MATCH FORM (OPTIONAL)

OWNERS	2	1	1	\$4,661.74	\$5,245.12	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

NOTE:

Submit Contribution Model

Employer HSA Match Form (Optional)

Please fill out the form below to provide employer match details for HSA contributions.

Do you want to provide an employer match for HSA?

Select...



Submit

Employee Census Report

Export to Excel

Employer HSA Match Form (Optional)

Please fill out the form below to provide employer match details for HSA contributions.

Do you want to provide an employer match for HSA?

Yes

v

Employer Annual Election Amount (USD) for Employee Only Coverage

Enter amount

Employer Annual Election Amount (USD) for Employee+Spouse Coverage

Enter amount

Employer Annual Election Amount (USD) for Employee+Child(ren) Coverage

Enter amount

Employer Annual Election Amount (USD) for Family Coverage

Enter amount

What is the timing of the employer contribution?

Select timing...

Should the employer contribution be pro-rated for enrollments later in the year?

Select...

Submit

The background is a solid teal color with a faint hexagonal grid pattern. Various medical and financial icons are scattered across the grid, including a plus sign, a heart with a pulse line, a DNA helix, a shield with a dollar sign, a piggy bank, a flask, a bar chart, and a first aid kit.

REVIEWING YOUR POTENTIAL RENEWAL COSTS

Summary

OWNERS

SUPERVISORS

ALL EMPLOYEES

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
Total	38	25	25	\$43,879.72	\$49,801.52	0/3 Completed

NOTE:

Submit Contribution Model

Employer HSA Match Form (Optional)

Please fill out the form below to provide employer match details for HSA contributions.

Do you want to provide an employer match for HSA?

- Dashboard
- Full Rate Benefits Menus
- Benefits Employee Menus
- User Guide

[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


Edit Contribution Model



\$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

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	Completed	✓
SUPERVISORS	5	4	2	\$8,612.81	\$10,053.74	Completed	✓

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PrestigePEO™

Summary




OWNERS

SUPERVISORS

ALL EMPLOYEES

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 
Total	38	25	25	\$43,879.72	\$49,801.52	0/3 Completed

NOTE:

Submit Contribution Model

Employer HSA Match Form (Optional)

Please fill out the form below to provide employer match details for HSA contributions.

Do you want to provide an employer match for HSA?

The background features a teal gradient with a decorative hexagonal pattern. The pattern consists of interconnected hexagons, some of which contain white icons. These icons include medical symbols like a plus sign, 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 shield, and a piggy bank. The pattern is more dense on the left and right sides, fading towards the center where the title is located.

SUBMITTING YOUR RENEWAL

Home > Model Version 1

Summary

OWNERS

SUPERVISORS

ALL EMPLOYEES

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
Total	38	25	25	\$43,879.72	\$49,801.52	0/3 Completed


NOTE:

Submit Contribution Model

Employer HSA Match Form (Optional)

Please fill out the form below to provide employer match details for HSA contributions.

Do you want to provide an employer match for HSA?

ALL EMPLOYEES	31	20	20	\$30,599.17	\$34,498.66	Completed 	
Total	38	25	23	\$43,879.72	\$49,801.52	3/3 Completed	

Group Name	Plan Name			Current Monthly Premium	New Monthly Premium	% Change	
OWNERS - BENEFITS	Plan 04 Oxford Freedom Direct NY	Single	0	\$0.00	\$0.00	0.00%	
OWNERS - BENEFITS	Plan 04 Oxford Freedom Direct NY	Couple	0	\$0.00	\$0.00	0.00%	
OWNERS - BENEFITS	Plan 04 Oxford Freedom Direct NY	Single Parent	0	\$0.00	\$0.00	0.00%	
OWNERS - BENEFITS	Plan 04 Oxford Freedom Direct NY	Family	1	\$0.00	\$5,374.34	100.00%	
OWNERS - BENEFITS	Plan 05 Oxford Freedom Access NY	Single	0	\$0.00	\$0.00	0.00%	
OWNERS - BENEFITS	Plan 05 Oxford Freedom Access NY	Couple	0	\$0.00	\$0.00	0.00%	
OWNERS - BENEFITS	Plan 05 Oxford Freedom Access NY	Single Parent	0	\$0.00	\$0.00	0.00%	
OWNERS - BENEFITS	Plan 05 Oxford Freedom Access NY	Family	0	\$0.00	\$0.00	0.00%	
OWNERS - BENEFITS	Plan 05 Oxford Freedom HDHP POS NY	Single	0	\$0.00	\$0.00	0.00%	

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%

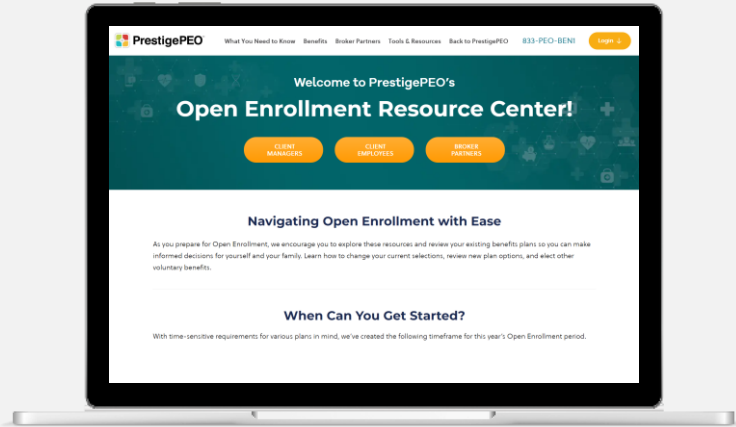
Class Name	Medical Employee Count	Dental Employee Count	Vision Employee Count	Current Total Employer Cost	Estimated Renewal Total Employer Cost	Status
OWNERS	2	1	1	\$4,667.74	\$5,249.12	Pending !
SUPERVISORS	5	4	4	\$8,612.81	\$10,053.74	Pending !
ALL EMPLOYEES	31	20	20	\$30,599.17	\$34,498.66	Pending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

Submit Contribution Model



Questions / Comments / Discussion?

PrestigePEO Communications



You can view today's presentation and video recording by visiting:

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

Navigate to the client manager page.



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