Plan Details	Current Traditional Plan PH POS SF $1000-0%; $20 OV; $10/$40 Rx	Current HDHP w/ HSA PH POS HSA SF $1400-20%; $10/$40 Rx	Renewal Traditional Plan PH POS SF $1000-0%; $20 OV; $10/$40 Rx	Renewal HDHP w/ HSA PH POS HSA SF $1500-20%; $10/$40 Rx
Rate Period	7/1/2022-6/30/2023	7/1/2022-6/30/2023	7/1/2023-6/30/2024	7/1/2023-6/30/2024
Plan Features	In Network	In Network	In Network	In Network
Deductible				
Annual 1P	$1,000	$1,400	$1,000	$1,500
Annual 2P/FF	$2,000	$2,800	$2,000	$3,000
Additional Cost After Deducitble				
Coinsurance after Deductible	0%	20%	0%	20%
Coinsurance Max 1P	N/A	N/A	N/A	N/A
Coinsurance Max 2P/FF	N/A	N/A	N/A	N/A
Out of Pocket Maximum				
Max ded, coinsurance, copays 1P	$7,350	$2,000	$7,350	$2,000
Max ded, coinsurance, copays 2P/FF	$14,700	$4,000	$14,700	$4,000
Copayments				
Office Visit/Specialist	$20/$35	20% after deducitble	$20/$35	20% after deducitble
Urgent Care/ER	$75/$150	20% after deducitble	$75/$150	20% after deducitble
Chiropractic limit/Copay	30/$20	30/20% after deductible	30/$20	30/20% after deductible
Rx Copay	$10/40	$10/$40 after deductible	$10/40	$10/$40 after deductible
One Person Cost Share (1P)				
1P rate	$701.28	$530.75	$706.64	$534.81
1P PA 152 Cap (district conribution)	$608.71	$608.71	$616.62	$616.62
1P Monthly Cost	**$92.57**	**-$77.96**	**$90.02**	**-$81.82**
Two Person Cost Share (1P)				
2P rate	$1,541.47	$1,166.26	$1,553.26	$1,175.18
2P PA 152 Cap (district conribution)	$1,273.00	$1,273.00	$1,289.55	$1,289.55
2P Monthly Cost	**$268.47**	**-$106.74**	**$263.71**	**-$114.37**
Family Cost Share (FF)				
FF rate	$2,031.56	$1,536.96	$2,047.10	$1,548.72
FF PA 152 Cap (district conribution)	$1,660.12	$1,660.12	$1,681.70	$1,681.70
FF Monthly Cost	**$371.44**	**-$123.16**	**$365.40**	**-$132.98**

DISCLAIMER: This document is a summary of
certain plan features. It should not be interpreted
as a complete comparison of the products
represented.