Group Name: Innowave Marketing Medical
Effective Date: 1/1/2027
Broker Name: Acrisure

Option Name	Current				Alternative	
Plan Name	CT OAMC 3000 100/50		CT OAMC 2500 80/50		Bronze Tandem PPO 7500/65 OffEx	
Carrier	Aetna		Aetna		Blue Shield	
Network	PPO		PPO		Tandem PPO	
	IN	OUT	IN	OUT	IN	OUT
Deductible - Individual	$3,000	$6,000	$2,500	$5,000	$7,500	$15,000
Deductible - Family	$6,000	$18,000	$5,000	$15,000	$15,000	$30,000
OOPM - Individual	$6,500	$16,000	$6,500	$15,000	$9,800	$19,600
OOPM - Family	$13,000	$48,000	$13,000	$45,000	$19,600	$39,200
Co-insurance	0%	50%	20%	50%	50%	50%
PCP	$35	50% after deductible	$35	50% after deductible	first 10 visit(s), $65 then $65 after ded.	50% after ded.
Specialist	$75	50% after deductible	$75	50% after deductible	50% after ded.	50% after ded.
X-Ray	0% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after ded.	50% after ded.
Lab	0% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after ded.	50% after ded.
Inpatient Hospital	0% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after ded.	50% after ded., up to $2,000 per day
Outpatient Surgery	0% after deductible	50% after deductible	20% after deductible	50% after deductible	50% after ded.	50% after ded., up to $350 per day
Emergency Room	$300	$300	$300 then 20% after deductible	$300 then 20% after deductible	50% after ded.	50% after ded.
Urgent Care	$75	50% after deductible	$75	50% after deductible	first 10 visit(s), $65 then $65 after ded.	50% after ded.
Rx						
Rx Individual Deductible	-		-		Included in Medical	
Rx Family Deductible	-		-		Included in Medical	
Member Copay Tier 1/2	$3 / $10		$3 / $10		$20 after ded./$25 after ded.	
Member Copay Tier 3	$45		$50		50% after ded., up to $250/50% after ded., up to $500	
Member Copay Tier 4	$75		$80		50% after ded., up to $250/50% after ded., up to $500	
Member Copay Tier 5/6	20%		20% up to $250		50%, up to $250	
Mail Order	2x		2x		2x	

Group Name: Innowave Marketing Medical
Effective Date: 1/1/2027
Broker Name: Acrisure

Option Name	Current				Alternative	
Plan Name	CT OAMC 3000 100/50		CT OAMC 2500 80/50		Silver Tandem PPO 1800/65 OffEx	
Carrier	Aetna		Aetna		Blue Shield	
Network	PPO		PPO		Tandem PPO	
	IN	OUT	IN	OUT	IN	OUT
Deductible - Individual	$3,000	$6,000	$2,500	$5,000	$1,800	$3,600
Deductible - Family	$6,000	$18,000	$5,000	$15,000	$3,600	$7,200
OOPM - Individual	$6,500	$16,000	$6,500	$15,000	$9,500	$19,000
OOPM - Family	$13,000	$48,000	$13,000	$45,000	$19,000	$38,000
Co-insurance	0%	50%	20%	50%	35%	50%
PCP	$35	50% after deductible	$35	50% after deductible	$65	50% after ded.
Specialist	$75	50% after deductible	$75	50% after deductible	$85	50% after ded.
X-Ray	0% after deductible	50% after deductible	20% after deductible	50% after deductible	$80	50% after ded.
Lab	0% after deductible	50% after deductible	20% after deductible	50% after deductible	$60	50% after ded.
Inpatient Hospital	0% after deductible	50% after deductible	20% after deductible	50% after deductible	35% after ded.	50% after ded., up to $2,000 per day
Outpatient Surgery	0% after deductible	50% after deductible	20% after deductible	50% after deductible	$250 plus 40% after ded.	50% after ded., up to $350 per day
Emergency Room	$300	$300	$300 then 20% after deductible	$300 then 20% after deductible	$300 plus 40% after ded.	$300 plus 40% after ded.
Urgent Care	$75	50% after deductible	$75	50% after deductible	$65	50% after ded.
Rx						
Rx Individual Deductible	-		-		$450	
Rx Family Deductible	-		-		$900	
Member Copay Tier 1/2	$3 / $10		$3 / $10		$30/$35	
Member Copay Tier 3	$45		$50		$80 after ded./$105 after ded.	
Member Copay Tier 4	$75		$80		$115 after ded./$155 after ded.	
Member Copay Tier 5/6	20%		20% up to $250		30% after ded., up to $250	
Mail Order	2x		2x		2x	