

Premium and Claims Savings

Pelican HRA1000/MedPlus- Employee Premium Savings

COVERAGE TYPE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(ren)	FAMILY								
	MAGNOLIA LOCAL PLUS											
MONTHLY PREMIUM	\$196.44	\$638.02	\$282.72	\$683.62								
	PELICAN HRA1000/MedPlus											
MONTHLY PREMIUM	\$145.46	\$472.46	\$209.46	\$506.16								
MedPlus (ER paid 100%)	\$0.00	\$0.00	\$0.00	\$0.00								
MONTHLY PREMIUM	\$145.46	\$472.46	\$209.46	\$506.16								
SAVINGS: PELICAN HRA1000/MedPlus vs MAGNOLIA LOCAL PLUS												
MONTHLY SAVINGS	\$50.98	\$165.56	\$73.26	\$177.46								
ANNUAL SAVINGS	\$611.76	\$1,986.72	\$879.12	\$2,129.52								

**2022 OGB Plan Year Rates Illustrated Above

FXA	MPLE CL				RISONS			
270							T	
	М	aternity - Ce	esarean Del	ivery				
		Magnolia Local Plus			Pelican HRA 1000 w/ Me			
Service	Billed	Plan	Member		HRA	Plan	I	MedPlus
npatient Hospital Charges - 3 days	\$9,280	\$8,980	\$300		\$1,000	\$5,824	t	\$2,456
Physician & Anesthesia Charges	\$2,200	\$1,800	\$400		\$ 0	\$1,760	t	\$440
Maternity Care	\$300	\$210	\$90		\$0	\$240	T	\$60
Generic Prescription for Pain	\$30	\$15	\$15		\$0	\$15	T	\$0
Total	\$11,810	\$11,005	\$805		\$1,000	\$7,839	I	\$2,956
		Accidenta	l Knee Injur	y				
		Magnolia	Local Plus		Pelican HRA 1000 w/ MedPlus			
Service	Billed	Plan	Member		HRA	Plan	I	MedPlus
Emergency Room & X-rays	\$2,000	\$1,800	\$200		\$1,000	\$0	Τ	\$1,000
Pre and Post Prescriptions	\$200	\$155	\$45		\$0	\$155		\$0
MRI	\$3,000	\$2,900	\$100		\$0	\$2,400		\$600
Outpatient Surgery	\$7,800	\$7,400	\$400		\$0	\$6,240		\$1,560
Physical Therapy Visits - 10	\$2,200	\$1,950	\$250		\$ 0	\$1,760		\$440
Гotal	\$15,200	\$14,205	\$995		\$1,000	\$10,555		\$3,600