



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA(Lay SPU)

Dental and Vision Plan:

No Dental + Exam Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$722.00	-\$2,047.00	-\$3,077.00
C2000 with HRA	-\$619.00	-\$1,851.00	-\$2,809.00
H2000 with HSA	-\$575.00	-\$1,767.00	-\$2,694.00
H5000 with HSA	-\$360.00	-\$1,360.00	-\$2,137.00

Note: The negative amounts (displayed in red) represent the additional monthly premium to be collected from participants.



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA(Lay SPU)

Dental and Vision Plan:

No Dental + Full Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$731.00	-\$2,061.00	-\$3,099.00
C2000 with HRA	-\$628.00	-\$1,865.00	-\$2,831.00
H2000 with HSA	-\$584.00	-\$1,781.00	-\$2,716.00
H5000 with HSA	-\$369.00	-\$1,374.00	-\$2,159.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

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Dental and Vision Plan:

No Dental + Premier Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$737.00	-\$2,072.00	-\$3,117.00
C2000 with HRA	-\$634.00	-\$1,876.00	-\$2,849.00
H2000 with HSA	-\$590.00	-\$1,792.00	-\$2,734.00
H5000 with HSA	-\$375.00	-\$1,385.00	-\$2,177.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA(Lay SPU)

Dental and Vision Plan:

HMO Dental + Exam Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$740.00	-\$2,079.00	-\$3,133.00
C2000 with HRA	-\$637.00	-\$1,883.00	-\$2,865.00
H2000 with HSA	-\$593.00	-\$1,799.00	-\$2,750.00
H5000 with HSA	-\$378.00	-\$1,392.00	-\$2,193.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA(Lay SPU)

Dental and Vision Plan:

HMO Dental + Full Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$749.00	-\$2,093.00	-\$3,155.00
C2000 with HRA	-\$646.00	-\$1,897.00	-\$2,887.00
H2000 with HSA	-\$602.00	-\$1,813.00	-\$2,772.00
H5000 with HSA	-\$387.00	-\$1,406.00	-\$2,215.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA(Lay SPU)

Dental and Vision Plan:

HMO Dental + Premier Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$755.00	-\$2,104.00	-\$3,173.00
C2000 with HRA	-\$652.00	-\$1,908.00	-\$2,905.00
H2000 with HSA	-\$608.00	-\$1,824.00	-\$2,790.00
H5000 with HSA	-\$393.00	-\$1,417.00	-\$2,233.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA(Lay SPU)

Dental and Vision Plan:

Passive PPO 2000 + Exam Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$780.00	-\$2,163.00	-\$3,251.00
C2000 with HRA	-\$677.00	-\$1,967.00	-\$2,983.00
H2000 with HSA	-\$633.00	-\$1,883.00	-\$2,868.00
H5000 with HSA	-\$418.00	-\$1,476.00	-\$2,311.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA(Lay SPU)

Dental and Vision Plan:

Passive PPO 2000 + Full Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$789.00	-\$2,177.00	-\$3,273.00
C2000 with HRA	-\$686.00	-\$1,981.00	-\$3,005.00
H2000 with HSA	-\$642.00	-\$1,897.00	-\$2,890.00
H5000 with HSA	-\$427.00	-\$1,490.00	-\$2,333.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA(Lay SPU)

Dental and Vision Plan:

Passive PPO 2000 + Premier Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$795.00	-\$2,188.00	-\$3,291.00
C2000 with HRA	-\$692.00	-\$1,992.00	-\$3,023.00
H2000 with HSA	-\$648.00	-\$1,908.00	-\$2,908.00
H5000 with HSA	-\$433.00	-\$1,501.00	-\$2,351.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA(Lay SPU)

Dental and Vision Plan:

PPO Dental + Exam Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$770.00	-\$2,143.00	-\$3,221.00
C2000 with HRA	-\$667.00	-\$1,947.00	-\$2,953.00
H2000 with HSA	-\$623.00	-\$1,863.00	-\$2,838.00
H5000 with HSA	-\$408.00	-\$1,456.00	-\$2,281.00

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Plan Sponsor:

Eastern PA(Lay SPU)

Dental and Vision Plan:

PPO Dental + Full Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$779.00	-\$2,157.00	-\$3,243.00
C2000 with HRA	-\$676.00	-\$1,961.00	-\$2,975.00
H2000 with HSA	-\$632.00	-\$1,877.00	-\$2,860.00
H5000 with HSA	-\$417.00	-\$1,470.00	-\$2,303.00

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Plan Sponsor:

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Dental and Vision Plan:

PPO Dental + Premier Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$785.00	-\$2,168.00	-\$3,261.00
C2000 with HRA	-\$682.00	-\$1,972.00	-\$2,993.00
H2000 with HSA	-\$638.00	-\$1,888.00	-\$2,878.00
H5000 with HSA	-\$423.00	-\$1,481.00	-\$2,321.00

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