



HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

No Dental + Exam Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$473.00	-\$898.00	-\$1,229.00
C2000 with HRA	-\$370.00	-\$702.00	-\$961.00
H2000 with HSA	-\$326.00	-\$618.00	-\$846.00
H5000 with HSA	-\$111.00	-\$211.00	-\$289.00

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

Dental and Vision Plan:

No Dental + Full Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$482.00	-\$912.00	-\$1,251.00
C2000 with HRA	-\$379.00	-\$716.00	-\$983.00
H2000 with HSA	-\$335.00	-\$632.00	-\$868.00
H5000 with HSA	-\$120.00	-\$225.00	-\$311.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

No Dental + Premier Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$488.00	-\$923.00	-\$1,269.00
C2000 with HRA	-\$385.00	-\$727.00	-\$1,001.00
H2000 with HSA	-\$341.00	-\$643.00	-\$886.00
H5000 with HSA	-\$126.00	-\$236.00	-\$329.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

HMO Dental + Exam Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$491.00	-\$930.00	-\$1,285.00
C2000 with HRA	-\$388.00	-\$734.00	-\$1,017.00
H2000 with HSA	-\$344.00	-\$650.00	-\$902.00
H5000 with HSA	-\$129.00	-\$243.00	-\$345.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

HMO Dental + Full Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$500.00	-\$944.00	-\$1,307.00
C2000 with HRA	-\$397.00	-\$748.00	-\$1,039.00
H2000 with HSA	-\$353.00	-\$664.00	-\$924.00
H5000 with HSA	-\$138.00	-\$257.00	-\$367.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

HMO Dental + Premier Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$506.00	-\$955.00	-\$1,325.00
C2000 with HRA	-\$403.00	-\$759.00	-\$1,057.00
H2000 with HSA	-\$359.00	-\$675.00	-\$942.00
H5000 with HSA	-\$144.00	-\$268.00	-\$385.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

Passive PPO 2000 + Exam Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$531.00	-\$1,014.00	-\$1,403.00
C2000 with HRA	-\$428.00	-\$818.00	-\$1,135.00
H2000 with HSA	-\$384.00	-\$734.00	-\$1,020.00
H5000 with HSA	-\$169.00	-\$327.00	-\$463.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

Passive PPO 2000 + Full Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$540.00	-\$1,028.00	-\$1,425.00
C2000 with HRA	-\$437.00	-\$832.00	-\$1,157.00
H2000 with HSA	-\$393.00	-\$748.00	-\$1,042.00
H5000 with HSA	-\$178.00	-\$341.00	-\$485.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

Passive PPO 2000 + Premier Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$546.00	-\$1,039.00	-\$1,443.00
C2000 with HRA	-\$443.00	-\$843.00	-\$1,175.00
H2000 with HSA	-\$399.00	-\$759.00	-\$1,060.00
H5000 with HSA	-\$184.00	-\$352.00	-\$503.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

PPO Dental + Exam Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$521.00	-\$994.00	-\$1,373.00
C2000 with HRA	-\$418.00	-\$798.00	-\$1,105.00
H2000 with HSA	-\$374.00	-\$714.00	-\$990.00
H5000 with HSA	-\$159.00	-\$307.00	-\$433.00

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Plan Sponsor:

Eastern PA

Dental and Vision Plan:

PPO Dental + Full Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$530.00	-\$1,008.00	-\$1,395.00
C2000 with HRA	-\$427.00	-\$812.00	-\$1,127.00
H2000 with HSA	-\$383.00	-\$728.00	-\$1,012.00
H5000 with HSA	-\$168.00	-\$321.00	-\$455.00

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HealthFlex Exchange Participant Premium Cost Calculator

Plan Sponsor:

Eastern PA

Dental and Vision Plan:

PPO Dental + Premier Vision

2027 Medical Plan	P Only	P+1	P+Family
B1000	-\$536.00	-\$1,019.00	-\$1,413.00
C2000 with HRA	-\$433.00	-\$823.00	-\$1,145.00
H2000 with HSA	-\$389.00	-\$739.00	-\$1,030.00
H5000 with HSA	-\$174.00	-\$332.00	-\$473.00

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