Contribution Modeling: Morehead State University

Medical & Pharmacy
Self-Funded

Renewal Plan Year: 1/1/2026 - 12/31/2026
Carrier(s): Anthem
Specific Deductible: $200,000

		Current				Renewal Plan Year					
Coverage Tier	**Enrollment**	**Employee**	**Employer**	**Total Rates**	**HRA/HSA Funding**	**Employee**	**Employer**	**Self Funded (Mature Expected)**	**HRA/HSA Funding**	**Employer % Cost Share**	**COBRA**
Life Long Savings Plan											
Employee Only	136	$119.00	$666.05	$785.05	$33.33	$136.30	$773.43	$909.73	$30.00	85%	$927.92
Employee + Spouse	25	$292.00	$1,006.52	$1,298.52	$66.67	$313.00	$1,191.75	$1,504.75	$60.00	79%	$1,534.85
Employee + Children	10	$258.00	$819.58	$1,077.58	$100.00	$267.70	$981.02	$1,248.72	$90.00	79%	$1,273.69
Employee + Family	21	$352.00	$1,218.08	$1,570.08	$100.00	$362.80	$1,456.64	$1,819.44	$90.00	80%	$1,855.83
Employee + Spouse - Married	9	$45.00	$1,253.52	$1,298.52	$66.67	$62.60	$1,442.15	$1,504.75	$60.00	96%	$1,534.85
Employee + Family - Married	7	$229.00	$1,341.08	$1,570.08	$100.00	$267.30	$1,552.14	$1,819.44	$90.00	85%	$1,855.83
Enhanced HRA Value											
Employee Only	81	$152.00	$743.42	$895.42	$16.67	$168.40	$869.23	$1,037.63	$15.00	84%	$1,058.38
Employee + Spouse	10	$340.00	$1,141.04	$1,481.04	$33.33	$349.30	$1,366.96	$1,716.26	$30.00	80%	$1,750.59
Employee + Children	14	$276.00	$952.76	$1,228.76	$50.00	$293.80	$1,130.11	$1,423.91	$45.00	79%	$1,452.39
Employee + Family	22	$401.00	$1,389.84	$1,790.84	$50.00	$424.10	$1,651.16	$2,075.26	$45.00	80%	$2,116.77
Employee + Spouse - Married	6	$58.00	$1,423.04	$1,481.04	$33.33	$104.80	$1,611.46	$1,716.26	$30.00	94%	$1,750.59
Employee + Family - Married	2	$295.00	$1,495.84	$1,790.84	$50.00	$339.20	$1,736.06	$2,075.26	$45.00	84%	$2,116.77
PPO											
Employee Only	112	$195.00	$696.18	$891.18	$8.33	$208.00	$824.72	$1,032.72	$7.50	80%	$1,053.37
Employee + Spouse	33	$399.00	$1,074.80	$1,473.80	$16.67	$399.00	$1,308.87	$1,707.87	$15.00	77%	$1,742.03
Employee + Children	38	$339.00	$884.23	$1,223.23	$25.00	$339.00	$1,078.50	$1,417.50	$22.50	76%	$1,445.85
Employee + Family	27	$478.00	$1,304.38	$1,782.38	$25.00	$478.00	$1,587.46	$2,065.46	$22.50	77%	$2,106.77
Employee + Spouse - Married	5	$131.00	$1,342.80	$1,473.80	$16.67	$131.00	$1,576.87	$1,707.87	$15.00	92%	$1,742.03
Employee + Family - Married	13	$381.00	$1,401.38	$1,782.38	$25.00	$381.00	$1,684.46	$2,065.46	$22.50	82%	$2,106.77

†This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future healthcare costs including utilization patterns, catastrophic claims, changes in plan design, healthcare trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

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