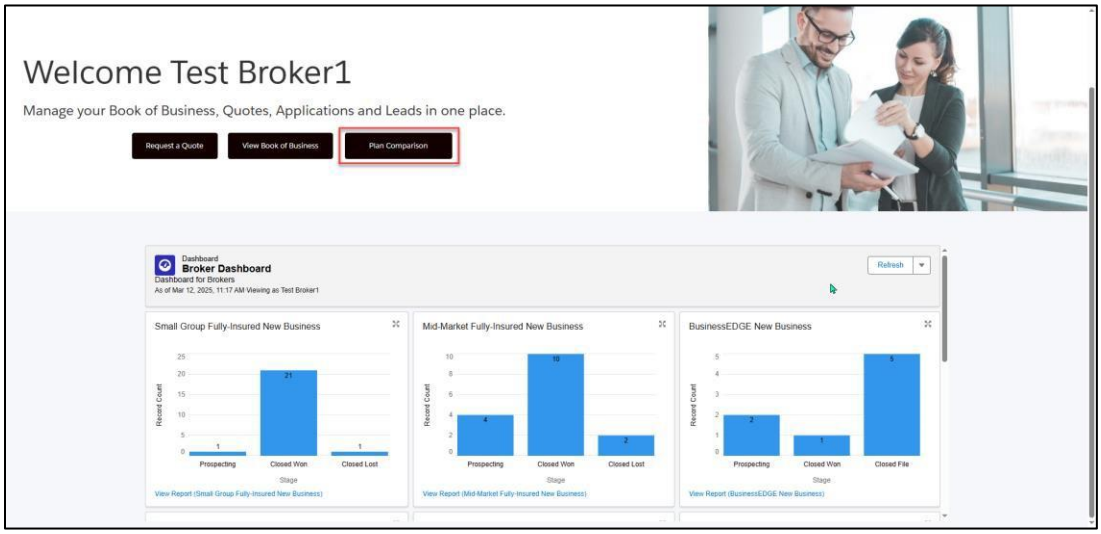
Broker - Plan Comparison Tool

The **Plan Comparison** tool leverages an AI model that understands key summary of benefits and coverage (SBC) documents produced by U.S. health carriers. The tool generates a side-by-side comparison, highlighting differences and similarities. A scoring mechanism elevates how closely AvMed's plans align with the uploaded incumbent plan, providing a quantitative measure of similarity for informed decision making. The Plan Comparison is only available for Small Group, Mid-Market and Level Funded markets.

To compare plans, click on the **Plan Comparison** button on the eBroker home page.



The **Plan Comparison** tool is displayed and defaults to the Market Segment – Small Group.

Enter the following information:

- **Market Segment** – Select the Market Segment from the dropdown menu.
- **Zip Code** – Type the zip code and then select it from the display list.
- **County Field** –Select the County from the display list.
    - If a single county matches the zip code that was entered, it automatically fills in the county field.
    - If a zip code has more than one match of counties you are required to select the county of your interest
- **Upload SBC Document** – Click the Compare button and upload the incumbent's SBC document from your computer.

Plan Comparison

AvMed's plans are evaluated against an incumbent plan based on a defined set of plan provisions such as benefits and services.

The plan comparison results are not exportable. They are only able to be reviewed within the Plan Comparison tool.

The following plan provisions are used to derive the planned matching score:

- In-network individual deductible
- In-network family deductible
- Out-of-network individual deductible
- Out-of-network family deductible
- In-network OP maximum individual
- Out-of-network OP maximum family
- Copayment for primary care visit
- Copayment for specialist visit
- Cost for generic prescription drugs
- Cost for brand name prescription drugs
- Cost for specialty prescription drugs
- Copayment for emergency room visit

In-network individual deductible	$6,200	$6000
In-network family deductible	$12,400	$12000
Out-of-network individual deductible	$12,400	$18000
Out-of-network family deductible	$24,800	$36000
In-network out-of-pocket maximum (Individual)	$8,700	$8700