

Clintondale Community Schools **HEALTH BENEFIT/COST ANALYSIS** **McLaren**

Current Plan			McLaren		McLaren		McLaren	
Renewal 1/1/2020			McLaren Health Plan		McLaren Health Plan		McLaren Health Plan	
McLaren Health Plan			POS		POS Plan 1-C6 Wrapping down to \$250 Deductible		POS Plan 1-C4 Wrapping down to \$500 Deductible	
POS			POS Plan 1-C5 Wrapping down to \$1,000 Deductible					
			In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Name			Plan Year		Plan Year		Plan Year	
Provider Network			after deductible 30% coinsurance		after deductible 30% coinsurance		after deductible 30% coinsurance	
Policy or Calendar Year Deductible			after deductible 30% coinsurance		after deductible 30% coinsurance		after deductible 30% coinsurance	
Single			after deductible 30% coinsurance		after deductible 30% coinsurance		after deductible 30% coinsurance	
Family			after deductible 30% coinsurance		after deductible 30% coinsurance		after deductible 30% coinsurance	
Coinsurance			after deductible 30% coinsurance		after deductible 30% coinsurance		after deductible 30% coinsurance	
Single Coinsurance / OOP Max			after deductible 30% coinsurance		after deductible 30% coinsurance		after deductible 30% coinsurance	
Family Coinsurance / OOP Max			after deductible 30% coinsurance		after deductible 30% coinsurance		after deductible 30% coinsurance	
Office Visits			after deductible 30% coinsurance		after deductible 30% coinsurance		after deductible 30% coinsurance	
Urgent Care			after deductible 30% coinsurance		after deductible 30% coinsurance		after deductible 30% coinsurance	
Emergency Room			after deductible 30% coinsurance		after deductible 30% coinsurance		after deductible 30% coinsurance	
Prescription Drugs			after deductible 30% coinsurance		after deductible 30% coinsurance		after deductible 30% coinsurance	
Retail			after deductible 30% coinsurance		after deductible 30% coinsurance		after deductible 30% coinsurance	
Mail Order			after deductible 30% coinsurance		after deductible 30% coinsurance		after deductible 30% coinsurance	
Rates			Current	Renewal	Alternate 1	Alternate 2	Alternate 3	
Single			\$556.30	\$569.91	\$569.95	\$559.13	\$553.91	
Double			\$1,325.33	\$1,357.76	\$1,357.86	\$1,332.07	\$1,319.65	
Family			\$1,483.01	\$1,519.30	\$1,519.41	\$1,490.55	\$1,476.65	
Monthly Premium			\$59,238.19	\$60,687.70	\$60,692.10	\$59,539.43	\$58,984.13	
Annual Premium			\$710,858.28	\$728,252.40	\$728,305.20	\$714,473.16	\$707,809.56	
Cost Difference (%)			--	2.45%	2.45%	0.51%	-0.43%	
Cost Difference (\$)			--	\$17,394.12	\$17,446.92	\$3,614.88	(\$3,048.72)	

This comparison is intended to illustrate the carrier's proposed services and rates and should not be relied upon to fully determine benefits and rates. Refer to carrier's renewal/proposal for a complete representation of coverage terms and conditions.

Clintondale Community Schools

HEALTH BENEFIT/COST ANALYSIS

			Current Plan		PriorityHealth		PriorityHealth	
Plan Name			Renewal 1/1/2020					
Provider Network			McLaren Health Plan POS		PriorityHealth POS HRA		PriorityHealth HMO HRA	
			In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Policy or Calendar Year Deductible			Plan Year		Plan Year		Plan Year	
Single			\$3,000.00		\$3,000.00		\$3,000.00	
Family			\$6,000.00		\$6,000.00		\$6,000.00	
Coinsurance			after deductible 30% coinsurance		30%		30%	
Single Coinsurance / OOP Max			\$7,350.00		\$3,000/\$7,900		\$3,000/\$7,900	
Family Coinsurance / OOP Max			\$14,700.00		\$6,000/\$15,800		\$6,000/\$15,800	
Office Visits			\$20.00		\$20/\$35		\$20/\$35	
Urgent Care			\$35.00		\$50.00		\$50.00	
Emergency Room			\$100.00		\$100.00		\$100.00	
Prescription Drugs								
Retail			\$20/\$50/\$80		\$15/\$50/\$80		\$15/\$50/\$80	
Mail Order			\$40/\$100/\$160					
Rates			Current	Renewal	Alternate 1		Alternate 2	
Single	18		\$556.30	\$569.91	\$540.50		\$500.72	
Double	17		\$1,325.33	\$1,357.76	\$1,287.69		\$1,192.92	
Family	18		\$1,483.01	\$1,519.30	\$1,440.87		\$1,334.82	
Monthly Premium			\$59,238.19	\$60,687.70	\$57,555.39		\$53,319.36	
Annual Premium			\$710,858.28	\$728,252.40	\$690,664.68		\$639,832.32	
Cost Difference (%)			--	2.45%	-2.84%		-9.99%	
Cost Difference (\$)			--	\$17,394.12	(\$20,193.60)		(\$71,025.96)	

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Clintondale Community Schools

HEALTH BENEFIT/COST ANALYSIS

			Current Plan		HAP	
Plan Name			Renewal 1/1/2020			
Provider Network			McLaren Health Plan POS		EPO 3000-30 B / Rx1 PPO	
			In-Network	Out-of-Network	In-Network	Out-of-Network
Policy or Calendar Year Deductible			Plan Year		Plan Year	
Single			\$3,000.00		\$3,000.00	N/A
Family			\$6,000.00		\$6,000.00	N/A
Coinsurance			after deductible 30% coinsurance		30%	N/A
Single Coinsurance / OOP Max			\$7,350.00		\$7,350.00	N/A
Family Coinsurance / OOP Max			\$14,700.00		\$14,700.00	N/A
Office Visits			\$20.00	after deductible 30% coinsurance	\$25/\$50	N/A
Urgent Care			\$35.00	after deductible 30% coinsurance	\$75.00	N/A
Emergency Room			\$100.00		\$250.00	N/A
Prescription Drugs						
Retail			\$20/\$50/\$80		\$4/\$10/\$20	N/A
Mail Order			\$40/\$100/\$160		\$40/\$80/\$120	N/A
					\$8/\$20/\$40/\$80	
Rates			Current	Renewal	Alternate 1	
Single	18		\$556.30	\$569.91	\$533.31	
Double	17		\$1,325.33	\$1,357.76	\$1,270.57	
Family	18		\$1,483.01	\$1,519.30	\$1,421.74	
Monthly Premium			\$59,238.19	\$60,687.70	\$56,790.59	
Annual Premium			\$710,858.28	\$728,252.40	\$681,487.08	
Cost Difference (%)			--	2.45%	-4.13%	
Cost Difference (\$)			--	\$17,394.12	(\$29,371.20)	

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Clintondale Community Schools

HEALTH BENEFIT/COST ANALYSIS

Blue Cross Blue Shield Of MI

		Current Plan		BCBSM		BCBSM		BCN		BCN	
Plan Name Provider Network		Renewal 1/1/2020		Simply Blue		Simply Blue HRA		BCN HRA		BCN HRA	
		McLaren Health Plan POS		PPO		PPO		HMO		HMO	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Policy or Calendar Year Deductible		Plan Year		Plan Year		Plan Year		Plan Year		Plan Year	
Single		\$3,000.00		\$1,000.00	\$2,000.00	\$4,000.00	\$4,000.00	\$1,000.00		\$3,000.00	
Family		\$6,000.00		\$2,000.00	\$4,000.00	\$8,000.00	\$8,000.00	\$2,000.00		\$6,000.00	
Coinsurance		after deductible 30% coinsurance		0%	20%	20%	40%	0%/50%		20%/50%	
Single Coinsurance / OOP Max		\$7,350.00		\$6,350.00	\$12,700.00	\$6,350.00	\$12,700.00	\$0/ \$6,350		\$2,500/ \$6,850	
Family Coinsurance / OOP Max		\$14,700.00		\$12,700.00	\$25,400.00	\$12,700.00	\$25,400.00	\$0 / \$12,700		\$5,000 / \$13,700	
Office Visits		\$20.00	after deductible 30% coinsurance	\$30.00	20%	\$30.00	40%	\$30.00	Not covered	\$30.00	Not covered
Urgent Care		\$35.00	after deductible 30% coinsurance	\$60.00	20%	\$60.00	40%	\$60.00		\$60.00	
Emergency Room		\$100.00		\$250.00		\$250.00		\$250.00		\$250.00	
Prescription Drugs											
Retail		\$20/\$50/\$80		\$10/\$40/\$80	\$10 plus 25% /\$40 plus 25%/\$80 plus 25%	\$10/\$40/\$80	\$10 plus 25% /\$40 plus 25%/\$80 plus 25%	\$14/\$15/\$40/\$80/ 20%/20%	Not Covered	\$14/\$15/\$40/\$80/2 0%/20%	Not Covered
Mail Order		\$40/\$100/\$160		\$10/\$40/\$80	\$10 plus 25% /\$40 plus 25%/\$80 plus 25%	\$10/\$40/\$80	\$10 plus 25% /\$40 plus 25%/\$80 plus 25%	N/A	N/A	N/A	N/A
Rates		Current	Renewal	Alternate 1		Alternate 2		Alternate 3		Alternate 4	
Single	18	\$556.30	\$569.91	\$769.28		\$643.41		\$608.77		\$525.24	
Double	17	\$1,325.33	\$1,357.76	\$1,846.26		\$1,544.16		\$1,461.05		\$1,260.58	
Family	18	\$1,483.01	\$1,519.30	\$2,307.82		\$1,930.21		\$1,826.31		\$1,575.72	
Monthly Premium		\$59,238.19	\$60,687.70	\$86,774.22		\$72,575.88		\$68,669.29		\$59,247.14	
Annual Premium		\$710,858.28	\$728,252.40	\$1,041,290.64		\$870,910.56		\$824,031.48		\$710,965.68	
Cost Difference (%)		--	2.45%	46.48%		22.52%		15.92%		0.02%	
Cost Difference (\$)		--	\$17,394.12	\$330,432.36		\$160,052.28		\$113,173.20		\$107.40	
This comparison is intended to illustrate the relative costs of the various plans and is not intended to be a guarantee of any kind.											

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****Note:** BCBSM and BCN includes a renewal rate cap of 9.9% (excludes taxes and fees)

Clintondale Community Schools
HEALTH BENEFIT/COST ANALYSIS
AmFirst Fully Insured Gap vs. EHIM HRA (Self-funded Illustrative Rates)

		AMFirst vs. EHIM \$1000		AMFirst vs. EHIM \$500		AMFirst vs. EHIM \$250	
		AMFirst	EHIM	AMFirst	EHIM	AMFirst	EHIM
Single Deductible Family Deductible Single Max Benefit Family Max Benefit		\$1,000.00	\$1,000.00	\$500.00	\$500.00	\$250.00	\$250.00
		\$2,000.00	\$2,000.00	\$1,000.00	\$1,000.00	\$500.00	\$500.00
		\$5,000.00	\$5,000.00	\$5,500.00	\$5,500.00	\$5,750.00	\$5,750.00
		\$10,000.00	\$10,000.00	\$11,000.00	\$11,000.00	\$11,500.00	\$11,500.00
Rates		AMFirst	EHIM	AMFirst	EHIM	AMFirst	EHIM
Single		\$80.68	\$59.18	\$115.21	\$75.19	\$139.67	\$98.39
Double		\$154.05	\$142.04	\$221.18	\$180.44	\$268.73	\$236.13
Family		\$218.14	\$177.55	\$313.75	\$225.56	\$381.48	\$295.16

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Clintondale Community Schools HEALTH BENEFIT/COST ANALYSIS McLaren

			Current Plan		McLaren		McLaren		McLaren	
Plan Name			Renewal 1/1/2020		McLaren Health Plan		McLaren Health Plan		McLaren Health Plan	
Provider Network			McLaren Health Plan		POS Plan 1-C6		POS Plan 1-C4		POS Plan 1-C5	
			POS		Wrapping down to \$250 Deductible		Wrapping down to \$500 Deductible		Wrapping down to \$1,000 Deductible	
			In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Policy or Calendar Year Deductible			Plan Year		Plan Year		Plan Year		Plan Year	
Single			\$3,000.00		\$3,000.00		\$3,000.00		\$3,000.00	
Family			\$6,000.00		\$6,000.00		\$6,000.00		\$6,000.00	
Coinsurance			after deductible 30% coinsurance		after deductible 30% coinsurance		after deductible 30% coinsurance		after deductible 30% coinsurance	
Single Coinsurance / OOP Max			\$7,350.00 Unlimited		\$7,350.00 Unlimited		\$7,350.00 Unlimited		\$7,350.00 Unlimited	
Family Coinsurance / OOP Max			\$14,700.00 Unlimited		\$14,700.00 Unlimited		\$14,700.00 Unlimited		\$14,700.00 Unlimited	
Office Visits			\$20.00	after deductible 30% coinsurance	\$20.00	after deductible 30% coinsurance	\$20.00	after deductible 30% coinsurance	\$20.00	after deductible 30% coinsurance
Urgent Care			\$35.00	after deductible 30% coinsurance	\$35.00	after deductible 30% coinsurance	\$35.00	after deductible 30% coinsurance	\$35.00	after deductible 30% coinsurance
Emergency Room			\$100.00		\$100.00		\$100.00		\$100.00	
Prescription Drugs										
Retail			\$20/\$50/\$80		\$20/\$50/\$80		\$20/\$50/\$80		\$20/\$50/\$80	
Mail Order			\$40/\$100/\$160		\$40/\$100/\$160		\$40/\$100/\$160		\$40/\$100/\$160	
Rates			Current	Renewal	Alternate 1		Alternate 2		Alternate 3	
Single			18	\$556.30	\$569.91		\$559.13		\$553.91	
Double			17	\$1,325.33	\$1,357.76		\$1,332.07		\$1,319.65	
Family			18	\$1,483.01	\$1,519.30		\$1,490.55		\$1,476.65	
Monthly Premium				\$59,238.19	\$60,687.70		\$59,539.43		\$58,984.13	
Annual Premium				\$710,858.28	\$728,252.40		\$714,473.16		\$707,809.56	
Cost Difference (%)				—	2.45%		0.51%		-0.43%	
Cost Difference (\$)				—	\$17,394.12		\$3,614.88		(\$3,048.72)	

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Clintondale Community Schools HEALTH BENEFIT/COST ANALYSIS

		Current Plan		HAP	
		Renewal 1/1/2020			
Plan Name		McLaren Health Plan		EPO 3000-30 B / Rx1	
Provider Network		POS		PPO	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Policy or Calendar Year Deductible		Plan Year		Plan Year	
Single		\$3,000.00		\$3,000.00	N/A
Family		\$6,000.00		\$6,000.00	N/A
Coinsurance		after deductible 30% coinsurance	30%	30%	N/A
Single Coinsurance / OOP Max		\$7,350.00	Unlimited	\$7,350.00	N/A
Family Coinsurance / OOP Max		\$14,700.00	Unlimited	\$14,700.00	N/A
Office Visits		\$20.00	after deductible 30% coinsurance	\$25/\$50	N/A
Urgent Care		\$35.00	after deductible 30% coinsurance	\$75.00	N/A
Emergency Room		\$100.00		\$250.00	N/A
Prescription Drugs					
Retail		\$20/\$50/\$80		\$4/\$10/\$20	N/A
Mail Order		\$40/\$100/\$160		\$8/\$20/\$40/\$80	
Rates		Current	Renewal	Alternate 1	
Single	18	\$556.30	\$569.91	\$533.31	
Double	17	\$1,325.33	\$1,357.76	\$1,270.57	
Family	18	\$1,483.01	\$1,519.30	\$1,421.74	
Monthly Premium		\$59,236.19	\$60,687.70	\$56,790.59	
Annual Premium		\$710,858.28	\$728,252.40	\$681,487.08	
Cost Difference (%)		-	2.45%	-4.13%	
Cost Difference (\$)		-	\$17,394.12	(\$29,371.20)	

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Clintondale Community Schools
HEALTH BENEFIT/COST ANALYSIS
AmFirst Fully Insured Gap vs. EHIM HRA (Self-funded Illustrative Rates)

	AMFirst vs. EHIM \$1000		AMFirst vs. EHIM \$500		AMFirst vs. EHIM \$250	
	AMFirst	EHIM	AMFirst	EHIM	AMFirst	EHIM
Single Deductible	\$1,000.00	\$1,000.00	\$500.00	\$500.00	\$250.00	\$250.00
Family Deductible	\$2,000.00	\$2,000.00	\$1,000.00	\$1,000.00	\$500.00	\$500.00
Single Max Benefit	\$5,000.00	\$5,000.00	\$5,500.00	\$5,500.00	\$5,750.00	\$5,750.00
Family Max Benefit	\$10,000.00	\$10,000.00	\$11,000.00	\$11,000.00	\$11,500.00	\$11,500.00
Rates	AMFirst	EHIM	AMFirst	EHIM	AMFirst	EHIM
Single	\$80.68	\$59.18	\$115.21	\$75.19	\$139.67	\$98.39
Double	\$154.05	\$142.04	\$221.18	\$180.44	\$268.73	\$236.13
Family	\$218.14	\$177.55	\$313.75	\$225.56	\$381.48	\$295.16

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