



RATE AUTHORIZATION

Group Name:	Laker Schools-Elkton-Pigeon-Bay Port
Group Number:	New Prospective
Renewal Date:	January 1, 2016
Effective Dates of this Quotation:	May 1, 2015 to December 31, 2015
Agent Name:	Richard Ward
Sales Representative:	Tom Heldger @ (810)-274-7404

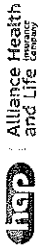
Plan Design:	Prospective		Prospective		Prospective	
	New Medical Product 1		New Medical Product 2-QHDHP		New Medical Product 3	
Subgroup Number(s):	New Active		New Active		New Active	
Plan Type:	PPO		PPO		PPO	
Office Visit Copay / Specialist Copay:	\$26		Ded./Coins. Apply		\$40	
Urgent Care Copay:	\$76		Ded./Coins. Apply		\$100	
Emergency Room Copay:	\$200		Ded./Coins. Apply		\$250	
Hospital Inpatient Copay per Admission:	\$0		Ded./Coins. Apply		\$0	
Hospital Outpatient Copay per Admission:	\$0		Ded./Coins. Apply		\$0	
Percent Coverage:	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
	80.0%	60.0%	100.0%	80.0%	80.0%	60.0%
Individual Deductible:	\$1,000	\$2,000	\$2,000	\$4,000	\$1,500	\$2,500
Family Deductible:	\$2,000	\$4,000	\$4,000	\$8,000	\$3,000	\$5,000
Individual Coinsurance Max:	\$2,000	\$4,000			\$2,500	\$5,000
Family Coinsurance Max:	\$4,000	\$8,000			\$5,000	\$10,000
Individual OOPM:	\$6,600	\$13,200	\$2,500	\$5,000	\$6,600	\$13,200
Family OOPM:	\$13,200	\$26,400	\$5,000	\$10,000	\$13,200	\$26,400
Prescription Drug:	New Rx Product 1		New Rx Product 2-QHDHP		New Rx Product 3	
	\$15 / \$60 / 60%		\$15 / \$60 / 50%		\$20 / \$40 / \$80	

Contract Types	Contracts	New Medical Product 1				New Medical Product 2-QHDHP				New Medical Product 3			
		Medical	Rx	Total	Total with HICAA & PPACA Taxes & Fees	Medical	Total	Total with HICAA & PPACA Taxes & Fees	Medical	Rx	Total	Total with HICAA & PPACA Taxes & Fees	
Subscriber	8	\$383.38	\$66.54	\$439.93	\$455.34	\$423.49	\$423.49	\$438.50	\$360.13	\$52.40	\$412.54	\$427.28	
Subscriber & Spouse	11	\$860.05	\$126.84	\$986.89	\$1,021.47	\$950.02	\$950.02	\$983.70	\$807.88	\$117.56	\$925.44	\$958.51	
Subscriber & Child	0	\$860.05	\$126.84	\$986.89	\$1,021.47	\$950.02	\$950.02	\$983.70	\$807.88	\$117.56	\$925.44	\$958.51	
Subscriber & Children	0	\$1,070.32	\$157.85	\$1,228.17	\$1,271.21	\$1,182.29	\$1,182.29	\$1,224.20	\$1,005.40	\$146.30	\$1,151.70	\$1,192.86	
Subscriber, Spouse, & Child(ren)	28	\$1,070.32	\$157.85	\$1,228.17	\$1,271.21	\$1,182.29	\$1,182.29	\$1,224.20	\$1,005.40	\$146.30	\$1,151.70	\$1,192.86	
Medicare WRAP (M)				\$351.94	\$384.27						\$350.66	\$382.96	
Subs.(M)				\$898.90	\$930.40						\$863.56	\$894.19	
Subs.(M) & Sp.				\$898.90	\$930.40						\$863.56	\$894.19	
Subs.(M) & C.				\$1,140.18	\$1,180.13						\$1,089.82	\$1,128.54	
Subs.(M) & Ch.				\$1,140.18	\$1,180.13						\$1,089.82	\$1,128.54	
Subs.(M), Sp., & Ch.				\$791.87	\$819.61						\$763.20	\$790.23	
Subs. & Sp.(M)				\$1,338.83	\$1,385.74						\$1,276.10	\$1,321.47	
Subs., Sp.(M), & C.				\$1,580.11	\$1,635.48						\$1,502.36	\$1,555.81	
Subs.(M) & Sp.(M)				\$703.88	\$728.54						\$701.32	\$725.91	
Subs.(M), Sp.(M), & C.				\$1,250.84	\$1,294.87						\$1,214.22	\$1,257.15	
Subs.(M), Sp.(M), & Ch.				\$1,492.12	\$1,644.40						\$1,440.48	\$1,491.49	
Initial Here ->													

Indicate your selection by initialing under the desired option(s) above.

These are the rates and benefits selected for the period above by the Executive Representative of the group, and is subject to the Terms and Conditions of the Group Operating Agreement. Please sign and return to your HAP Account Manager.

Authorized Signature:
Printed Name:
Title:
Date:



GROUP AUTHORIZATION

GRP - 7357 - G - 7223

Group Name: Later Schools-Elliot-Pigeon-Bay Port
 Group Number: New Prospective
 Renewal Date: January 1, 2016
 Effective Dates of this Quotation: May 1, 2015 to December 31, 2015
 Agent Name: Richard Ward
 Sales Representative: Tom Hildger @ (610) 274-7404

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Plan Design	Prospective New Medical Product 1	Prospective New Medical Product 2-QHDHP	Prospective New Medical Product 3
Subgroup Number(s):	New Active	New Active	New Active
Plan Type:	PPO	PPO	PPO
Office Visit Copay / Specialist Copay:	\$25	Decl. Coins. Apply	\$40
Urgent Care Copay:	\$75	Decl. Coins. Apply	\$30
Emergency Room Copay:	\$200	Decl. Coins. Apply	\$20
Hospital Inpatient Copay per Admission:	\$0	Decl. Coins. Apply	\$0
Hospital Outpatient Copay per Admission:	\$0	Decl. Coins. Apply	\$0
Percent Coverage:	In Network 80.0%	In Network 100.0%	In Network 80.0%
Individual Deductible:	\$1,000	\$2,000	\$1,500
Family Deductible:	\$2,000	\$4,000	\$2,500
Benefit Coinsurance Max:	\$2,000	\$3,000	\$3,000
Family Coinsurance Max:	\$4,000	\$5,000	\$5,000
Individual OOPM:	\$13,200	\$2,500	\$6,000
Family OOPM:	\$13,200	\$25,400	\$13,200
Prescription Drugs:	New Rx Product 1 \$157,580 / 50%	New Rx Product 2-QHDHP \$157,580 / 50%	New Rx Product 3 \$207,340 / 30%

Contract Types	Contracts	New Medical Product 1	New Medical Product 2-QHDHP	New Medical Product 3
Subscriber	5	Medical Rx \$353.38	Medical Total \$423.46	Medical Rx \$300.13
Subscriber & Spouse	11	Medical Rx \$860.05	Medical Total \$950.02	Medical Rx \$925.44
Subscriber & Child	0	Medical Rx \$1,070.32	Medical Total \$1,182.29	Medical Rx \$1,005.40
Subscriber & Children	0	Medical Rx \$1,070.32	Medical Total \$1,182.29	Medical Rx \$1,005.40
Subscriber, Spouse, & Child(ren)	28	Medical Rx \$1,070.32	Medical Total \$1,182.29	Medical Rx \$1,005.40
Medicare WRAP (M)		Medical Rx \$351.84	Medical Total \$351.84	Medical Rx \$351.84
Subs (M)		Medical Rx \$351.84	Medical Total \$351.84	Medical Rx \$351.84
Subs (M) & Sp.		Medical Rx \$351.84	Medical Total \$351.84	Medical Rx \$351.84
Subs (M) & Ch.		Medical Rx \$351.84	Medical Total \$351.84	Medical Rx \$351.84
Subs (M), Sp., & Ch.		Medical Rx \$351.84	Medical Total \$351.84	Medical Rx \$351.84
Subs. Sp (M)		Medical Rx \$351.84	Medical Total \$351.84	Medical Rx \$351.84
Subs. Sp (M) & Ch.		Medical Rx \$351.84	Medical Total \$351.84	Medical Rx \$351.84
Subs (M), Sp (M), & C.		Medical Rx \$351.84	Medical Total \$351.84	Medical Rx \$351.84
Subs (M), Sp (M), & Ch.		Medical Rx \$351.84	Medical Total \$351.84	Medical Rx \$351.84
Initial Here →		Medical Rx \$351.84	Medical Total \$351.84	Medical Rx \$351.84

Indicates your selection by initialing under the desired option(s) above.

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Authorized Signature: _____
 Printed Name: _____
 Title: _____
 Date: _____