

Public Act 106 Request for Health Care Proposals

Effective July 1, 2014

Submitted by

Douglas H. Roehm, LIC Strategic Services Group 245 Barclay Circle, Suite 200 Rochester Hills, MI 48307

doug@strategicservicesgroup.org

tel: 800-727-4114

February 18, 2014

February 18, 2014

To Whom It May Concern;

The purpose of this request for proposal is two fold:

- 1) Under Michigan Public Act 106, public entities are required to request alternate health care proposals every three years. Saugatuck Public Schools is complying with the law by submitting this request for your consideration and review.
- Saugatuck Public Schools is facing an increase in health care costs from their incumbent vendor, Priority Health, and is genuinely interesting in exploring alternatives that fit with their provider network, coverage level, and financial requirements.

Saugatuck Public Schools (SPS) <u>www.saugatuckps.com</u> is a Michigan public school district with three facilities and nearly 900 students. The district employs over 100 individuals, with approximately 70 full time staff.

Since 2001, Saugatuck has utilized Priority Health and MESSA as their health care and pharmacy vendors. Beginning July 1, 2012, all employees were transitioned to Priority Health, resulting in a discontinuation of the MESSA health plan.

We have prepared and attached a group census, premium rate and billing information, plan design summaries, and other information that will assist you in your review. The following pages also provide additional instructions. Should you require clarification of any item and/or additional information, please contact me at (doug@strategicservicesgroup.org) or Robert Bray at (robert@strategicservicesgroup.org) with your written request for assistance

<u>Proposals are due no later than March 19, 2014</u>, and may be emailed or submitted in hard copy. We look forward to working with you on this project and remain available via telephone or email to answer any questions or issues that may arise.

Sincerely,

Douglas H. Roehm

ASSUMPTIONS

The contract will be effective for a period of 12 months and should assume a July 1, 2014 effective date. The customer will openly consider a longer-term contract, should sufficient incentives be provided, and asks that you consider offering such proposal when preparing your response.

Respondents may submit alternative plan designs or administrative proposals <u>ONLY</u> if they first submit a proposal based on our current plan design(s) in response to this RFP. As such, we are openly seeking your recommendations regarding both funding and plan design strategy and look forward to engaging in discussions with you regarding your capabilities.

Any and all differences from the current plan(s) must be noted within your proposal. In the absence of noting such differences, we will assume your proposal will match the current provision or methodology.

It is critical that your proposal comply with all aspects of health reform. Any deviations from the law will not be accepted and your proposal will be disregarded.

SCOPE

This proposal is for medical and pharmacy benefits only.

ACCOUNT STRUCTURE

Attached please find a summary of the current account structure. Please refer to this information when developing your proposal assumptions for data reporting, etc. Locations are listed below:

Segment	Reporting Division
Management and Non-Union	Central AdministrationAll Other Non-Union Employees
<u>Teachers</u>	All Full-Time Teachers

POOLING POINT / STOP LOSS

Priority Health currently utilizes a \$75,000 individual pooling point for all insured business over 50 insured lives. We believe this is too high for a group of this size.

Proposals will be accepted considered for both self-insured and fully insured (with specific & aggregate stop loss) alternatives. Should you wish to submit a self-insured and/or hybrid funded proposal, be sure to include cover both medical and pharmacy benefits under the stop loss policy. Both specific and aggregate will be required, and we recommend a low specific stop loss level of \$25,000 to \$40,000.

HEALTH & PHARMACY BENEFIT ADMINISTRATION

The objective of this RFP is to provide competitive proposals to determine the most effective, efficient, qualified provider of services.

Since the District has negotiated coverage levels with their union employees, it is imperative that you provide the option to match (effectively duplicate) current coverage levels for in-network services. Employees are currently provided three options from which to select coverage:

In-Network Benefits	POS 1	POS 2	HMO HDHP/HSA
Deductible – Single	\$0	\$250	\$1,250
Deductible – Family	\$0	\$500	\$2,500
Coinsurance	100%	100%	100%
Out of Pocket-Single	\$0	\$0	\$750 Rx Copay Cap
Out of Pocket – Family	\$0	\$0	\$1,500 Rx Copay Cap
Office Call Copay	\$10	\$20	100% after Ded
Urgent Care Copay	\$10	\$30	100% after Ded
Emergency Room Copay	\$25	\$150	100% after Ded
Generic Rx	\$10	\$10	\$10 after Ded
Preferred Brand Rx	\$20	\$40	\$40 after Ded
Non-Preferred Brand Rx	\$20	\$40	\$40 after Ded
Specialty Med Rx	\$20	\$40	\$40 after Ded

Notes:

- The HDHP/HSA plan is an HMO plan, while the other two plans are POS/Point of Service plans.
- Priority Health is an open choice network, and does not require any referrals, even within the HMO plan network.

QUESTIONNAIRE

A questionnaire has been excluded from this initial proposal request. Should the district deem your proposal a finalist, an interview will be arranged to discuss a number of items including but not limited to:

- Funding/rating, and renewal process and its timing
- Plan design & coverage differences, if any
- · Group administration and billing
- Customer service model
- Prescription drug formulary
- Employee communications material
- Implementation plan and ability to meet client time-lines
- Other



Medical Cost Analysis Effective 7/1/2014

Medical Cost Allalysis Effect					CURI	RENT					BCBS TOTA	AL REPLACEME	NT - ONE PLAN	N ALLOWED	
Medical Plan Design		PRIORITY H	EALTH POS		PRIORITY H	IEALTH POS		PRIORITY	HMO HSA	В	CBS PPO	BCB	S PPO	BCN F	IMO HSA
Network		Priority H	n Option 1 lealth HMO Out-of-Network		Priority F	Option 2 lealth HMO Out-of-Network		Priority H	1250 lealth HMO etwork		250 (ECM) s Blue Shield PPO Out-of-Network	Blue Cross B	00 (ECM) Blue Shield PPO Out-of-Network	Blue Cross I	20% HSA Blue Shield HMO letwork
Your Deductible Individual Family		\$0 \$0	\$0 \$0		\$250 \$500	\$500 \$1,000		\$1,	,250 ,500	\$250 \$500	\$500 \$1,000	\$500 \$1,000	\$1,000 \$2,000	\$1	,300 2,600
Your Coinsurance		0%	20%		0%	20%)%	20%	40%	20%	40%		20%
Coinsurance Maximum Out of Pocket Maximum*			\$2500/\$500			\$3000/\$600			/\$4000	\$2500/\$5	0 \$5000/\$10,0 2, \$12,700/\$25,	\$2500/\$500	\$5000/\$10,0 \$12,700/\$25		0/\$4600
Preventive Services Health Maintenance Exan PCP/Specialist Office Calls Urgent Care	n	Covered \$10 \$10	20% after 20% after Ded. 20% after Ded.		Covered \$20 \$30	20% after 20% after Ded. 20% after Ded.		0% aft	vered ter Ded. ter Ded.	Covered \$20 \$20	Not Covered 40% after Ded. 40% after Ded.	Covered \$20 \$20	Not Covered 40% after Ded. 40% after Ded.	20% a	vered fter Ded. fter Ded.
Emergency Room		\$25	\$25		\$150	\$150		0% aft	ter Ded.	\$150	\$150	\$150	\$150	20% a	fter Ded.
In Hospital Care In Patient Copay / Cap OutPatient Services		\$0 \$0	20% after \$0		0% after \$0	20% after \$0			ter Ded.	20% afte \$0	40% after \$0	20% after \$0	40% after \$0		fter Ded. \$0
Advanced Imaging OutPatient Surgery		\$0 \$0	20% after 20% after		0% after 0% after	20% after 20% after			ter Ded. ter Ded.	20% afte 20% afte	40% after	20% after 20% after	40% after 40% after		fter Ded. Ifter Ded.
Pre/Post Maternity Services		\$10 (6X)	Ded. 20% after Ded.		Ded. \$20 (6X)	Ded. 20% after Ded.			\$0	Ded. 0% Pre/ 20% afte	Ded. 40% after Ded.	Ded. 0% Pre/ 20% after Ded.	Ded. 40% after Ded.		20% Post
Physical, Speech & Occup. Maximum Visits Per Year			50% after d w/Chiro - 50 ST			50% after I w/Chiro - 50 ST		30 combin	ter Ded. ed w/Chiro -	20% afte		20% after	40% after ombined	60 consec	fter Ded. utive days per . year
Chiropractic Treatment Maximum Visits Per		\$10	50% after Ded. I with PT & OT		\$20	50% after Ded. With PT & OT		0% aft	ter Ded.	\$20	40% after Ded. 12	\$20	40% after Ded. 12	20% a	fter Ded. rral only
Skilled Nursing Maximum Visits Per		\$0 1	20% after 20		0% after 1	20% after 20		0% aft	ter Ded. 45	20% afte	20% after 120	20% after 1	20% after 20	20% a	fter Ded. 45
Mental Health Care Substance Abuse Treatment		\$0 \$0	20% after 20% after		0% after 0% after	20% after 20% after			ter Ded. ter Ded.	20% afte 20% afte		20% after 20% after	40% after 40% after	20% a	fter Ded. fter Ded.
Prescription Drugs RX Riders/Details		\$10)/\$20		\$10)/\$40		\$10/\$40	after Ded.	\$10	/\$40/\$80	\$10/\$	40/\$80		0/\$80/20%/2 0% (\$200, \$300
	Census			Census			Censu		Renewal		roposed		posed	Pro	posed
Employee	6	\$485.70	\$557.89	0	\$453.33	\$521.48	2	\$376.11	\$434.59		414.89		97.79		41.18
Employee + One	5	\$1,068.59	\$1,227.41	6	\$906.61	\$1,042.91	7	\$843.77	\$974.96		995.75		54.69)14.71
Family Estimated Annual Premium	13	\$1,408.68 ##########	\$1,618.05 #########	3	\$1,238.63 #########	\$1,424.84 #########	19	\$937.49 #########	\$1,083.26 #########		,244.69 7,681.24	· ·	93.37 , 616.28	•	213.24 , 091.44
Difference in Annual Premium		*************************************	\$47,388.60		*************************************	\$16,517.16		*************************************	\$45,659.04		5,323.72		258.76		,091.44 ,440.40
Percentage Difference			14.86%			15.03%			15.55%		7.66%		22%		75%
Combined Current		\$722,	357.52			1310370									
PA 152 Hard Caps		\$5,858 \$12,250 \$15,975	\$837.10 \$2,478.92 \$3,441.37		\$5,858 \$12,250 \$15,975	\$400.18 \$264.92 \$1,122.85		\$5,858 \$12,250 \$15,975	(\$642.50) (\$550.48) ##############	\$5,858 \$12,250 \$15,975	(\$879) (\$301) (\$1,039)	\$5,858 \$12,250 \$15,975	(\$1,084) (\$794) (\$1,655)	\$5,858 \$12,250 \$15,975	(\$563) (\$73) (\$1,416)
Additional Notes			PPLY WITH COPAYS			PLY WITH COPAYS		410,010			S APPLY WITH COPAYS		PPLY WITH COPAYS		PPLY WITH COPAYS

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

BCBS PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. THESE ARE TOTAL REPLACEMENT RATES. ALL EMPLOYEES TO A SINGLE PLAN.



Medical Cost Analysis Effective 7/1/2014

					CUR	RENT						MULTIPLE OPT	IONS ALLOWED)	
Medical Plan Design		PRIORITY H	HEALTH POS		PRIORITY H	HEALTH POS		PRIORITY HMO HSA		BCBS	S PPO	BCB	S PPO	BCN H	MO HSA
Network		Priority F	h Option 1 Health HMO		Priority F	Option 2 Health HMO		HSA 1250 Priority Health HMO			ue Shield PPO	Blue Cross B	0 (ECM) lue Shield PPO	Blue Cross E	20% HSA lue Shield HMO
Your Deductible		In-Network	Out-of-Network	1	in-Network	Out-of-Network	_	In-Network	-	In-Network	Out-of-Network	In-Network	Out-of-Network	In-N	etwork
Individual Family		\$0 \$0	\$0 \$0		\$250 \$500	\$500 \$1,000		\$1,250 \$2,500		\$250 \$500	\$500 \$1,000	\$500 \$1,000	\$1,000 \$2,000		,300 ,600
Your Coinsurance		0%	20%		0%	20%		0%		20%	40%	20%	40%	2	.0%
Coinsurance Maximum Out of Pocket Maximum*			\$2500/\$500			\$3000/\$600		\$2000/\$4000		\$2500/\$50 \$6350/\$12,	\$5000/\$10,0 \$12,700/\$25,		\$5000/\$10,0 \$12,700/\$25	\$2300	0/\$4600
Preventive Services Health Maintenance Exar	m	Covered	20% after		Covered	20% after		Covered		Covered	Not Covered	Covered	Not Covered	Co	vered
PCP/Specialist Office Calls		\$10	20% after Ded.		\$20	20% after Ded.		0% after Ded.		\$20	40% after Ded.	\$20	40% after Ded.	20% a	fter Ded.
Urgent Care		\$10	20% after Ded.		\$30	20% after Ded.		0% after Ded.		\$20	40% after Ded.	\$20	40% after Ded.	20% a	fter Ded.
Emergency Room		\$25	\$25		\$150	\$150		0% after Ded.		\$150	\$150	\$150	\$150	20% a	fter Ded.
In Hospital Care In Patient Copay / Cap OutPatient Services		\$0 \$0	20% after \$0		0% after \$0	20% after \$0		0% after Ded. \$0		20% after \$0	40% after \$0	20% after \$0	40% after \$0		fter Ded. \$0
Advanced Imaging OutPatient Surgery		\$0 \$0	20% after 20% after		0% after 0% after	20% after 20% after		0% after Ded. 0% after Ded.		20% after 20% after	40% after 40% after	20% after 20% after	40% after 40% after		fter Ded. fter Ded.
Pre/Post Maternity Services		\$10 (6X)	Ded. 20% after Ded.		Ded. \$20 (6X)	Ded. 20% after Ded.		\$0		Ded. 0% Pre/ 20% after	Ded. 40% after Ded.	Ded. 0% Pre/ 20% after Ded.	Ded. 40% after Ded.		20% Post
Physical, Speech & Occup. Maximum Visits Per			50% after d w/Chiro - 50			50% after d w/Chiro - 50		0% after Ded. 30 combined w/Chiro -		20% after 30 cor	40% after	20% after 30 co	40% after mbined	60 consecu	fter Ded. Itive days per
Year Chiropractic Treatment		\$10	ST 50% after Ded.		\$20	ST 50% after Ded.		30 ST 0% after Ded.		\$20	40% after Ded.	\$20	40% after Ded.		. year fter Ded.
Maximum Visits Per			d with PT & OT	_		with PT & OT	-	30 combined with PT &	-	1			12		ral only
Skilled Nursing Maximum Visits Per			20% after 20			20% after 20		0% after Ded. 45		20% after 12			20% after 20		fter Ded. 45
Mental Health Care Substance Abuse Treatment		\$0 \$0	20% after 20% after		0% after 0% after	20% after 20% after		0% after Ded. 0% after Ded.		20% after 20% after	40% after 40% after	20% after 20% after	40% after 40% after		fter Ded. fter Ded.
Prescription Drugs		\$10	0/\$20		\$10)/\$40		\$10/\$40 after Ded.		\$10/\$4	10/\$80	\$10/\$	40/\$80		0/\$80/20%/ 0%
RX Riders/Details Rates	Census	Current	Renewal	Censu	S Current	Renewal	Census	Current Renewal		Prop	osed	Pror	oosed		\$200, \$300 posed
Employee + One	6 5	\$485.70 \$1,068.59	\$557.89 \$1,227.41	0	\$453.33 \$906.61	\$521.48 \$1,042.91	2	\$376.11 \$434.59 \$843.77 \$974.96			8.65	\$51	5.64 37.54	\$4	21.69 69.90
Family	13	\$1,408.68	\$1,618.05	3	\$1,238.63	\$1,424.84	19	\$937.49 \$1,083.26		\$1,6			46.93		59.66
Estimated Annual Premium		##########			##########	#########		#######################################			134.44		792.36		,994.64
Difference in Annual Premium			\$47,388.60			\$16,517.16		\$45,659.04		\$49,5			25.76		343.60
Percentage Difference			14.86%			15.03%		15.55%			55%		79%		.23%
Combined Current			,357.52								Combined		221.44		.33%
PA 152 Hard Caps		\$5,858 \$12,250 \$15,975	\$837.10 \$2,478.92 \$3,441.37		\$5,858 \$12,250 \$15,975	\$400.18 \$264.92 \$1,122.85		\$5,858 (\$642.50) \$12,250 (\$550.48) \$15,975 #########		\$5,858 \$12,250 \$15,075	\$606 \$3,263 \$3,416	\$5,858 \$12,250 \$15,975	\$330 \$2,600 \$3,588	\$5,858 \$12,250 \$15,975	(\$797) (\$611) (\$2,059)
Additional Notes		\$15,975	\$3,441.37		\$15,975	\$1,122.85 PPLY WITH COPAYS		\$15,975 #######		\$15,975	\$3,416 PH HIGH OPTION	\$15,975	\$2,588 PH LOW OPTION	\$15,975	(\$2,059) O PH HSA OPTION
	014 00			THE OO				DUCTIBLE, COINSURANCE AND CO	ODA						J PH HSA OPTION

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

BCBS PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. BCBS/BCN WILL ONLY ALLOW 2 PLAN OPTIONS FOR A GROUP THIS SIZE. IF ONLY ONE PLAN SELECTED (TOTAL REPLACEMENT) RATES WILL CHANGE SIGNIFICANTLY.



Medical Cost Analysis Effective 6/1/2014

					CUR	RENT						BCBS TOTA	AL REPLACEME	NT - ONE PLAN	ALLOWED	
Medical Plan Design		PRIORITY H	HEALTH POS		PRIORITY I	HEALTH POS		PRIORITY	HMO HSA		BCBS	S PPO	BCB	S PPO	BCN H	MO HSA
			n Option 1			v Option 2			1250			O (ECM)		0 (ECM)		20% HSA
Network			lealth HMO			Health HMO Out-of-Network	1		lealth HMO			ue Shield PPO Out-of-Network		lue Shield PPO Out-of-Network		lue Shield HMO
Your Deductible		In-Network	Out-of-Network		in-Network	Out-of-Network	-	In-N	etwork	-	in-Network	Out-of-Network	in-Network	Out-of-Network	In-IN	etwork
Individual		\$0	\$0		\$250	\$500		\$1	,250		\$250	\$500	\$500	\$1,000	\$1	,300
Family		\$0	\$0		\$500	\$1,000			,500		\$500	\$1,000	\$1,000	\$2,000		,600
Your Coinsurance		0%	20%		0%	20%)%		20%	40%	20%	40%	2	:0%
Coinsurance Maximum Out of Pocket Maximum*			\$2500/\$500			\$3000/\$600		\$2000	/\$4000			\$5000/\$10,0 <mark>\$12,700/\$25,</mark>		\$5000/\$10,0 \$12,700/\$25	\$2300	0/\$4600
Preventive Services Health Maintenance Exar	n	Covered	20% after		Covered	20% after		Cov	vered		Covered	Not Covered	Covered	Not Covered	Co	vered
PCP/Specialist Office Calls		\$10	20% after		\$20	20% after		0% af	ter Ded.		\$20	40% after	\$20	40% after	20% a	fter Ded.
·		\$10	Ded. 20% after		\$30	Ded. 20% after			ter Ded.		\$20	Ded. 40% after	\$20	Ded. 40% after		fter Ded.
Urgent Care			Ded.			Ded.						Ded.		Ded.		
Emergency Room		\$25	\$25		\$150	\$150		0% af	ter Ded.		\$150	\$150	\$150	\$150	20% a	fter Ded.
In Hospital Care		\$0	20% after		0% after	20% after			ter Ded.		20% after	40% after	20% after	40% after		fter Ded.
In Patient Copay / Cap OutPatient Services		\$0	\$0		\$0	\$ 0		;	\$0		\$0	\$0	\$0	\$0		\$0
Advanced Imaging		\$0	20% after		0% after	20% after		0% af	ter Ded.		20% after	40% after	20% after	40% after	20% a	fter Ded.
OutPatient Surgery		\$0	20% after		0% after	20% after			ter Ded.		20% after	40% after	20% after	40% after		fter Ded.
Pre/Post Maternity		Φ 0	Ded. 20% after		Ded.	Ded. 20% after		0% ai	ter bed.		Ded. 0% Pre/	Ded. 40% after	Ded. 0% Pre/ 20%	Ded. 40% after	20% a	rter Deu.
Services		\$10 (6X)	Ded.		\$20 (6X)	Ded.			\$0		20% after	Ded.	after Ded.	Ded.	0% Pre 8	20% Post
Physical, Speech & Occup.		\$10	50% after		\$20	50% after]		ter Ded.		20% after	40% after	20% after	40% after		fter Ded.
Maximum Visits Per			d w/Chiro - 50			d w/Chiro - 50			ed w/Chiro -		30 co	mbined	30 co	mbined		ıtive days per
Year			ST 50% after			ST 50% after) ST			40% after		40% after		. year
Chiropractic Treatment		\$10	Ded.		\$20	Ded.			ter Ded.		\$20	Ded.	\$20	Ded.		fter Ded.
Maximum Visits Per			with PT & OT			d with PT & OT	-		ed with PT &	-		2		2		ral only
Skilled Nursing		\$0	20% after		0% after	20% after			ter Ded. 45		20% after	20% after	20% after	20% after		fter Ded.
Maximum Visits Per Mental Health Care		\$0	20 20% after		0% after	20 20% after			ter Ded.		20% after	20 40% after	20% after	20 40% after		45 fter Ded.
Substance Abuse Treatment		\$0 \$0	20% after		0% after	20% after			ter Ded.		20% after	40% after	20% after	40% after		fter Ded.
Prescription Drugs		¢10) /¢20		¢1,	<u> </u>	1	¢10/¢40	after Ded.	f	¢1∩/¢	40/\$90	¢10/¢	40/490	\$4/\$15/\$4	0/\$80/20%/2
		\$10)/\$20		\$10	0/\$40		\$10/\$40	arter Ded.		\$10/\$	40/\$80	\$10/\$	40/\$80		0%
RX Riders/Details	Census	Current	Renewal	Censu	S Current	Renewal	Census	Current	Renewal		Prop	osed	Prov	posed		\$200, \$300 posed
Rates Employee	6	\$485.70	\$575.63	0	\$453.33	\$537.92	2	\$376.11	\$448.06			7.81		0.20		33.15
Employee + One	5	\$1,068.59	\$1,266.44	6	\$906.61	\$1,075.79	7	\$843.77	\$1,005.18			26.75		4.47		96.25
Family	13	\$1,408.68	\$1,669.50	3	\$1,238.63	\$1,469.76	19	\$937.49	\$1,116.83			83.44		30.59		91.16
Estimated Annual Premium			#########		#########			########				892.56		872.52		,059.60
Difference in Annual Premium			\$59,033.88			\$20,501.64			\$56,174.76		\$79,5		\$46,5	15.00	\$463,	408.56
Percentage Difference			18.52%			18.66%			19.13%		11.	01%	6.4	14%	4.	80%
Combined Current			357.52		4=		ı	A= 2=2	(* 106.55)		A-	(4=6.1)	4=	(400=)	A B C C C	(40.55)
DA 152 Hl O		\$5,858	\$1,049.98		\$5,858	\$597.46		\$5,858	(\$480.86)		\$5,858	(\$724)	\$5,858	(\$935)	\$5,858	(\$660)
PA 152 Hard Caps		\$12,250	\$2,947.28		\$12,250	\$659.48		\$12,250	(\$187.84)		\$12,250	\$71 (\$574)	\$12,250	(\$436) (\$1,300)	\$12,250	(\$295) (\$1,601)
Additional Notes		\$15,975	\$4,058.77 PPLY WITH COPAYS		\$15,975	\$1,661.89 PPLY WITH COPAYS		\$15,975	#############		\$15,975	(\$574) PLY WITH COPAYS	\$15,975	(\$1,208) PLY WITH COPAYS	\$15,975	(\$1,681) PPLY WITH COPAYS
*PLANS PRIOR TO 2	014 DC			HE OO			DDI V DI	DUCTIBLE CO	NSUBANCE AND CO	OΡΔ						TTET WITH COPATS

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

BCBS PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. THESE ARE TOTAL REPLACEMENT RATES. ALL EMPLOYEES TO A SINGLE PLAN.

10/2/14



Medical Cost Analysis Effective 7/1/2014

					CUR	RENT						SELF FUNDED	\$30,000 SI	PECIFIC STOP	LOSS, 12/12
Medical Plan Design		PRIORITY I	HEALTH POS		PRIORITY I	HEALTH POS		PRIORITY	HMO HSA				ASR BI	ENEFITS	
Network		Priority I	h Option 1 Health HMO		Priority H	v Option 2 lealth HMO			1250 ealth HMO			0% sicians Care		0, 0% sicians Care	\$1250, 0% HAP/Physicians Care
× 5 1		In-Network	Out-of-Network		In-Network	Out-of-Network		In-Ne	twork		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Your Deductible Individual Family		\$0 \$0	\$0 \$0		\$250 \$500	\$500 \$1,000			250 500		\$0 \$0	\$100 \$200	\$250 \$500	\$500 \$1,000	\$1,250 \$2,500
Your Coinsurance		0%	20%		0%	20%		o	%		0%	20%	0%	20%	0%
Coinsurance Maximum Out of Pocket Maximum*			\$2500/\$500			\$3000/\$600		\$2000	/\$4000		\$6350/\$12,	\$2500/\$500 n/a	\$6350/\$12,	\$3000/\$600 n/a	\$2000/\$4000
Preventive Services							1	Ψ2000,	γ ψ+000		\$03307\$12,	11/ a	\$0330/\$12,	11/ a	Ψ2000/ Ψ4000
Health Maintenance Exa	m 	Covered	20% after 20% after		Covered	20% after 20% after			ered		Covered	20% after 20% after	Covered	20% after 20% after	Covered
PCP/Specialist Office Calls		\$10	Ded.		\$20	Ded.		0% aft	er Ded.		\$10	Ded.	\$20	Ded.	0% after Ded.
Urgent Care		\$10	20% after Ded.		\$30	20% after Ded.		0% aft			\$10	20% after Ded.	\$50	20% after Ded.	0% after Ded.
Emergency Room		\$25	\$25		\$150	\$150		0% aft	er Ded.		\$25	\$25	\$150	\$150	0% after Ded.
In Hospital Care In Patient Copay / Cap		\$0 \$0	20% after \$0		0% after \$0	20% after \$0		0% aft \$	er Ded. O		\$0 \$0	20% after \$0	0% after \$0	20% after \$0	0% after Ded. \$0
OutPatient Services Advanced Imaging		\$0	20% after		0% after	20% after		0% aft	er Ded.		\$0	20% after	0% after	20% after	0% after Ded.
OutPatient Surgery		\$0	20% after		0% after	20% after		0% aft			\$0	20% after	0% after	20% after	0% after Ded.
Pre/Post Maternity Services		\$10 (6X)	Ded. 20% after Ded.		Ded. \$20 (6X)	Ded. 20% after Ded.			0		\$10 (6X)	Ded. 20% after Ded.	Ded. \$20 (6X)	Ded. 20% after Ded.	0% after Ded.
Physical, Speech & Occup. Maximum Visits Per		\$10 50 combine	50% after d w/Chiro - 50		\$20 50 combine	50% after d w/Chiro - 50		0% aft	er Ded. ed w/Chiro -		\$10 50 combined	50% after	\$20 50 combined	50% after	0% after Ded. 30 combined w/Chiro - 3
Year			ST			ST		30	ST			ST		ST	ST
Chiropractic Treatment		\$10	50% after Ded.		\$20	50% after Ded.		0% aft	er Ded.		\$10	50% after Ded.	\$20	50% after Ded.	0% after Ded.
Maximum Visits Per		50 combine	d with PT & OT		50 combined	with PT & OT		30 combine	ed with PT &		50 combined	with PT & OT	50 combined	with PT & OT	30 combined with PT & O
Skilled Nursing		\$0	20% after		0% after	20% after		0% aft	er Ded.		\$0	20% after	0% after	20% after	0% after Ded.
Maximum Visits Per			120			20			5			20		20	120
Mental Health Care Substance Abuse Treatment		\$0 \$0	20% after 20% after		0% after 0% after	20% after 20% after		0% aft 0% aft			\$0 \$0	20% after 20% after	0% after 0% after	20% after 20% after	0% after Ded. 0% after Ded.
Prescription Drugs		\$1	0/\$20		\$10)/\$40	-	\$10/\$40	after Ded.		\$10)/\$20	\$10)/\$40	\$10/\$40 after Ded.
RX Riders/Details	Concur			Conque	Con	uu a sa t	Conque	C	ro nh			Duers and 1	Maximuma	to 14 Manth	of Duomium)
Rates Employee	Census 6		urrent 85.70	Census O		7 rent 53.33	Census 2		rent 6.11			Proposed (ts 14 Months on 18.28	or Premium)
Employee + One	5		068.59	6		06.61	7							79.60	
Family	13	The state of the s	408.68	3		38.63	19							79.60	
Estimated Annual Premium		\$318	,839.88		\$109	866.60		\$293,	651.04					990.56	
Difference in Annual Premium										\$135,633.04 18.78%					
Percentage Difference		¢722	2,357.52											78% mentation Fee	
Combined Current		\$5,858	(\$29)		\$5,858	(\$418)		\$5,858	(\$1,344)			\$5,858	φ2300 imple	mentation ree	\$241.78
PA 152 Hard Caps		\$12,250	\$573		\$12,250	(\$1,371)		\$12,250	(\$1,3 11) (\$2,125)			\$3,030 \$12,250			\$705.20
SE Hard Supp		\$15,975	\$929		\$15,975	(\$1,112)		\$15,975	(\$4,725)			\$15,975			(\$3,020.03)
Additional Notes		,	APPLY WITH COPAYS		,	PPLY WITH COPAYS			(. ,)						

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

ASR PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. RATES SHOWN ARE STRICTLY ILLUSTRATIVE AND SHOULD NOT BE ASSUMED TO BE FINAL. PLAN INCLUDES TERMINAL LIABILITY



Medical Cost Analysis Effective 7/1/2014

Medicai Cost Alialysis Ellec	.,,,	PRIORITY HEALTH POS PRIORITY HEALTH				RENT						Th	HREE PLAN OP	TIONS ALLOW	VED	
Medical Plan Design		PRIORITY H	EALTH POS		1			PRIORITY	HMO HSA		AETN	A PPO		A PPO		NA PPO
Fisched Fian Beelgn			Option 1			Option 2			1250			Option 1		Option 2		1250
Network			ealth HMO			lealth HMO			lealth HMO			tna		etna		etna
		In-Network	Out-of-Network		In-Network	Out-of-Network		In-Ne	etwork		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Your Deductible		•	40		# 250	# 500			250		Φ.Ο.	4100	# 250	# 500	41.250	410.000
Individual		\$0 \$0	\$0 \$0		\$250 \$500	\$500 \$1,000			,250		\$0 ¢0	\$100 \$200	\$250 \$500	\$500	\$1,250	\$10,000
Family			\$0			\$1,000			,500		\$0			\$1,000	\$2,500	\$20,000
Your Coinsurance		0%	20%		0%	20%		()%		0%	20%	0%	20%	0%	50%
Coinsurance Maximum			\$2500/\$500			\$3000/\$600										
Out of Pocket Maximum*								\$2000	/\$4000		\$500/\$100	\$2500/\$500	\$500/\$100	\$3000/\$600	\$3250/\$65	\$20,000/\$40
Preventive Services																
Health Maintenance Exa	m	Covered	20% after		Covered	20% after		Cov	vered		Covered	20% after	Covered	20% after	Covered	50% after 50% after
PCP/Specialist Office Calls		\$10	20% after Ded <u>.</u>		\$20	20% after		0% af	ter Ded.		\$10	20% after Ded.	\$20	20% after Ded.	0% after Ded.	
Urgent Care		\$10	20% after		\$30	Ded. 20% after		00% of	ter Ded.		\$0	20% after	\$50	20% after	0% after	Ded. 50% after
orgent care		\$10	Ded.		\$50	Ded.		0% ai	ter bed.		ΦU	Ded.	\$50	Ded.	Ded.	Ded.
Emergency Room		\$25	\$25		\$150	\$150		0% af	ter Ded.		\$25	\$25	\$150	\$150	0% after Ded.	0% after Ded.
In Hospital Care	1	\$0	20% after	1	0% after	20% after	1	0% af	ter Ded.		\$0	20% after	0% after	20% after	0% after	50% after
In Patient Copay / Cap		\$0	\$0		\$0	\$0			\$O		\$0	\$0	\$0	\$0	\$0	\$0
OutPatient Services																
Advanced Imaging		\$0	20% after		0% after	20% after		0% af	ter Ded.		\$0	20% after	0% after	20% after	0% after	50% after
OutPatient Surgery		\$0	20% after		0% after	20% after		0% af	ter Ded.		\$0	20% after	0% after	20% after	0% after	50% after
Pre/Post Maternity		440 (0)()	Ded. 20% after		Ded.	Ded. 20% after					\$0 Pre/\$10	Ded. 20% after	Ded. \$0 Pre/\$20	Ded. 20% after	Ded. 0% after	Ded. 50% after
Services		\$10 (6X)	Ded.		\$20 (6X)	Ded.			0		Post	Ded.	Post	Ded.	Ded.	Ded.
Physical, Speech & Occup.		\$10	50% after		\$20	50% after			ter Ded.		\$10	20% after	\$20	20% after	0% after	50% after
Maximum Visits Per			l w/Chiro - 50			d w/Chiro - 50			ed w/Chiro -		60 Cor	mbined	60 Co	mbined	60 C	ombined
Year		1	ST 50% after			ST 50% after) ST			20% after		20% after	0% after	50% after
Chiropractic Treatment		\$10	Ded.		\$20	Ded.		0% af	ter Ded.		\$10	Ded.	\$20	Ded.	Ded.	Ded.
Maximum Visits Per		50 combined	with PT & OT		50 combined	I with PT & OT		30 combine	ed with PT &		2	.0	2	20		20
Skilled Nursing		\$0	20% after		0% after	20% after			ter Ded.		\$0	20% after	0% after	20% after	0% after	50% after
Maximum Visits Per			20			20			45			20		20		120
Mental Health Care		\$0	20% after		0% after	20% after			ter Ded.		\$0 *0	20% after	0% after	20% after	0% after	50% after
Substance Abuse Treatment		\$0	20% after	-	0% after	20% after		U% af	ter Ded.	-	\$0	20% after	0% after	20% after	0% after	50% after
Prescription Drugs		\$10	/\$20		\$10)/\$40		\$10/\$40	after Ded.		\$10/\$	20/\$35	\$10/\$	40/\$60	\$10/\$40/	\$60 after Ded.
RX Riders/Details																
	Census			Census			Census		Renewal			osed		osed		posed
Employee	6	\$485.70	\$575.63	0	\$453.33	\$537.92	2	\$376.11	\$448.06			8.73		2.05		05.74
Employee + One	5	\$1,068.59	\$1,266.44	6	\$906.61	\$1,075.79	7	\$843.77	\$1,005.18			3.42		0.44		25.12
Family Estimated Appual Promium	13	\$1,408.68 #########	\$1,669.50 #########	3	\$1,238.63 #########	\$1,469.76 #########	19	\$937.49 #########	\$1,116.83 ###########		· · · · · · · · · · · · · · · · · · ·	00.60		90.93 825.16		001.77
Estimated Annual Premium Difference in Annual Premium		***************************************	\$59,033.88		***************************************	\$20,501.64		******	\$56,174.76			207.36 3 2.52)		825.16 41.44)		,651.40 000.36
Percentage Difference			18.52%			18.66%			19.13%			61%		59%		.02%
Combined Current		\$722.	357.52			10.0070			1011070			Combined		683.92		.52%
		U70 arter	O70 aitei	070	U70 arter	O70 ai tei	070	O70 arter	Dod	Ī	\$5,858	(\$1,073)	\$5,858	(\$1,513)	\$5,858	(\$2,189)
PA 152 Hard Caps		∩-\0 Sy\เคเ	ก-\0 ஆ(rei	∿t%r	∩-⁄ฏ.8цгеі	∩-⁄ฏ&ปุเคเ 	∿t%r oftor	∩-⁄2งมูเคเ	0-y0 8yrei		\$12,250	(\$929)	\$12,250	(\$1,925)	\$12,250	(\$3,549)
		∩.⁄gg(rei	o.⁄vgyrei	The after	∩29 Styrei	oxy sylei	The after	୦୬ ୧୯	02/201/Fe1		\$15,975	(\$368)	\$15,975	(\$1,684)	\$15,975	(\$3,954)
Additional Notes		DEDUCTIBLES AP	PLY WITH COPAYS		DEDUCTIBLES AI	PPLY WITH COPAYS						PH HIGH OPTION		PH LOW OPTION		O PH HSA OPTION
*PLANS PRIOR TO	2014 D	O NOT APPLY CO	DEATMENTS TO	THE OO	D MAYIMI IM NEV	N 2014 PLANS	APPLY D	EDITICTIBLE CO	INSURANCE AND	COPAYME	NTS (INCLUDIN	C PHARMACY) TO	THE OOP MAXIMI	IM LINI ESS OTHE	PWISE NOTED	

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

AETNA PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. AETNA REQUIRES A GATEKEEPER EMPLOYER APPLICATION IN ORDER TO GUARANTEE RATES.



Medical Cost Analysis Effective 7/1/2014

Medicai Cost Analysis Effect		, .,			CUR	RENT						TH	REE PLAN OP	TIONS ALLOW	/ED	
Medical Plan Design		PRIORITY H	IEALTH POS			EALTH POS		PRIORITY	HMO HSA		AFTN	A PPO		A PPO		NA PPO
in booigin			Option 1			Option 2			1250		PPO High			Option 2		1250
Network			lealth HMO			lealth HMO			ealth HMO		_	tna		etna		vetna
		In-Network	Out-of-Network	1	In-Network	Out-of-Network		In-Ne	twork		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Your Deductible			**		40-0	4-00						44.00				***
Individual		\$0	\$0 \$0		\$250	\$500			250		\$0 \$0	\$100	\$250	\$500	\$1,250	\$10,000
Family		\$0	\$0		\$500	\$1,000			500		\$0	\$200	\$500	\$1,000	\$2,500	\$20,000
Your Coinsurance		0%	20%		0%	20%		0	%		0%	20%	0%	20%	0%	50%
Coinsurance Maximum			\$2500/\$500			\$3000/\$600										
Out of Pocket Maximum*								\$2000	/\$4000		\$500/\$100	\$2500/\$500	\$500/\$100	\$3000/\$600	\$3250/\$65	\$20,000/\$40
Preventive Services																
Health Maintenance Exam	n	Covered	20% after		Covered	20% after		Cov	ered		Covered	20% after	Covered	20% after	Covered	50% after
PCP/Specialist Office Calls		\$10	20% after		\$20	20% after		0% aft	er Ded.		\$10	20% after	\$20	20% after	0% after	50% after
		410	Ded. 20% after		400	Ded. 20% after		00/ 6			•	Ded. 20% after	# 50	Ded. 20% after	Ded. 0% after	Ded. 50% after
Urgent Care		\$10	Ded.		\$30	Ded.		0% aft	er Ded.		\$0	Ded.	\$50	Ded.	Ded.	Ded.
Emergency Room		\$25	\$25		\$150	\$150		0% aft	er Ded.		\$25	\$25	\$150	\$150	0% after Ded.	0% after Ded.
In Hospital Care		\$0	20% after	1	0% after	20% after		0% aft	er Ded.		\$0	20% after	0% after	20% after	0% after	50% after
In Patient Copay / Cap		\$0	\$0		\$0	\$0			50 Ed.		\$0	\$0	\$0	\$0	\$0	\$0
OutPatient Services			Ψ0			Ψ0		1			Ψ.	Ψ3	— • • • • • • • • • • • • • • • • • • •	Ψ.	4 °	Ψ3
Advanced Imaging		\$0	20% after		0% after	20% after		0% aft	er Ded.		\$0	20% after	0% after	20% after	0% after	50% after
OutPatient Surgery		\$0	20% after		0% after	20% after		0% aft	er Ded.		\$0	20% after	0% after	20% after	0% after	50% after
Pre/Post Maternity			Ded. 20% after		Ded.	Ded. 20% after					\$0 Pre/\$10	Ded. 20% after	Ded. \$0 Pre/\$20	Ded. 20% after	Ded. 0% after	Ded. 50% after
Services		\$10 (6X)	Ded.		\$20 (6X)	Ded.		4	50		Post	Ded.	Post	Ded.	Ded.	Ded.
Physical, Speech & Occup.		\$10	50% after		\$20	50% after		0% aft	er Ded.		\$10	20% after	\$20	20% after	0% after	50% after
Maximum Visits Per		50 combined	d w/Chiro - 50			d w/Chiro - 50		30 combine	ed w/Chiro -		60 Cor			mbined		ombined
Year		9	ST 50% after		;	ST 50% after		30	ST		00 001	20% after	00 00	20% after	0% after	50% after
Chiropractic Treatment		\$10	Ded.		\$20	Ded.		0% aft	er Ded.		\$10	Ded.	\$20	Ded.	Ded.	Ded.
Maximum Visits Per		50 combined	I with PT & OT		50 combined	with PT & OT		30 combine	ed with PT &		2	0	2	20	Dea.	20
Skilled Nursing		\$0	20% after	1	0% after	20% after		0% aft	er Ded.		\$0	20% after	0% after	20% after	0% after	50% after
Maximum Visits Per		1	20		1	20		4	1 5		12	20		20		60
Mental Health Care		\$0	20% after		0% after	20% after			er Ded.		\$0	20% after	0% after	20% after	0% after	50% after
Substance Abuse Treatment		\$0	20% after		0% after	20% after		0% aft	er Ded.		\$0	20% after	0% after	20% after	0% after	50% after
Prescription Drugs		\$10)/\$20		\$10)/\$40		\$10/\$40	after Ded.		\$10/\$	20/\$35	\$10/\$	40/\$60	\$10/\$40/	\$60 after Ded.
RX Riders/Details																
Rates	Census		Renewal	Census			Census		Renewal		Prop			osed		posed
Employee	6	\$485.70	\$557.89	0	\$453.33	\$521.48	2	\$376.11	\$434.59		\$39			2.05		07.19
Employee + One	5	\$1,068.59	\$1,227.41	6	\$906.61	\$1,042.91	7	\$843.77	\$974.96		\$94			0.44		28.59
Family	13	\$1,408.68	\$1,618.05	3	\$1,238.63	\$1,424.84	19	\$937.49	\$1,083.26			00.60		90.93		006.60
Estimated Annual Premium		#########			##########	#######################################		#######################################	#########			207.36		825.16		3,078.92
Difference in Annual Premium Percentage Difference			\$47,388.60 14.86%			\$16,517.16 15.03%			\$45,659.04 15.55%			32.52) 61%		41.44) 59%		127.88 .51%
Combined Current		\$722	357.52			13.03%			13.3370			Combined		111.44		.33%
Combined Culterit		U70 arter	O70 ai tei	U70	070 arter	O70 arter	U70	070 aitei	O70 arter		\$5,858	(\$1,073)	\$5,858	(\$1,513)	\$5,858	(\$2,171)
PA 152 Hard Caps		0.20 Style1	ი-%ფ.rei	∿t⅓r	ი- <u>%</u> ფქrei	୦-% ଅଧ୍ୱ <i>r</i> ∈ı	∿t%r	ი- <u>%</u> ფქილ	ი- <u>%</u> ფֈreı		\$12,250	(\$929)	\$12,250	(\$1,925)	\$12,250	(\$3,507)
oz na a oupo		റഎയുന്ദ	റ.20 sylfei	√5%°	୦.% ଅଧ୍ୱାଳା -	റഎയുrei	∿5%°	o.‰gu¦rei	୦୬% ଅଧ୍ୟଳ		\$15,975	(\$368)	\$15,975	(\$1,684)	\$15,975	(\$3,896)
Additional Notes		Dod DEDUCTIBLES AP	PPLY WITH COPAYS	ofter	DEDUCTIBLES AI	PPLY WITH COPAYS	after	Dod	Dod			PH HIGH OPTION		PH LOW OPTION		O PH HSA OPTION
*PLANS PRIOR TO 2	014 D			THE OO			APPLY D	EDUCTIBLE COL	NSURANCE AND	COPAYM						

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

AETNA PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. THESE ARE GATEKEEPER RATES AND GUARANTEED.

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.



Medical Cost Analysis Effective 7/1/2014

		CUR	RENT				<u> </u>	RENEWAL	L OPTIONS			
Medical Plan Design		PRIORITY H	EALTH POS		PRIORITY F	HEALTH POS		PRIORITY H	HEALTH POS		PRIORITY I	HEALTH POS
			Option 2)% -\$250			0% -\$500	i '		0% -\$500
Network			ealth HMO			lealth HMO			Health HMO	4		Health HMO
Your Deductible		In-Network	Out-of-Network		In-Network	Out-of-Network		In-Network	Out-of-Network		In-Network	Out-of-Network
Individual		\$250	\$500		\$250	\$500		\$500	\$1,000		\$500	\$1,000
Family		\$500	\$1,000		\$500	\$1,000		\$1,000	\$2,000		\$1,000	\$2,000
Your Coinsurance		0%	20%		0%	30%		0%	20%		0%	30%
Coinsurance Maximum			\$3000/\$600			\$3000/\$6000			\$3000/\$6000			\$3000/\$6000
Out of Pocket Maximum*			\$30007\$000		\$6350/\$12,7			\$6350/\$12,7		'	\$6350/\$12.7	\$12,700/\$25
Preventive Services					φοσσο, φ. Ε.,.	Ψ12,100, Ψ20,		Ψ σ σ σ σ γ τ Ε γ ι	Ψ12,100/Ψ20,	1	φοσον φ. ε.μ.	Ψ.Ε.,: σσ, φΕσ
Health Maintenance Exa	m	Covered	20% after		Covered	30% after Ded.		Covered	20% after Ded.		Covered	30% after Dec
PCP/Specialist Office Calls		\$20	20% after		\$20	30% after Ded.		\$15	20% after Ded.		\$15	30% after Dec
rcr/specialist Office Calls		\$20	Ded.		\$20	30% arter Deu.		\$13	20% arter Deu.		\$13	30% arter Dec
Urgent Care		\$30	20% after Ded.		\$30	30% after Ded.		\$25	20% after Ded.		\$25	30% after Ded
Emergency Room		\$150	\$150		\$150	\$150		\$100	\$100		\$100	\$100
In Hospital Care		0% after Ded.	20% after		0% after Ded.	30% after Ded.		0% after Ded.	20% after Ded.	'	0% after Ded.	30% after Ded
In Patient Copay / Cap		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0
OutPatient Services												
Advanced Imaging		0% after Ded.	20% after		0% after Ded.	30% after Ded.		0% after Ded.	20% after Ded.		0% after Ded.	30% after Ded
OutPatient Surgery		0% after Ded.	20% after		0% after Ded.	30% after Ded.		0% after Ded.	20% after Ded.		0% after Ded.	30% after Ded
Pre/Post Maternity		\$20 (6X)	Ded. 20% after		\$20 (6X)	30% after Ded.		\$15 (6X)	20% after Ded.		\$15 (6X)	30% after Ded
Services Physical Speech & Occup		\$20	Ded. 50% after		\$20	50% after Ded.		\$15	50% after Ded.	-	\$15	50% after Ded
Physical, Speech & Occup. Maximum Visits Per			w/Chiro - 50		·							
Year		S	T		50 combined	w/Chiro - 50 ST		50 combined	w/Chiro - 50 ST		50 combined	w/Chiro - 50 ST
Chiropractic Treatment		\$20	50% after		\$20	50% after Ded.		\$15	50% after Ded.		\$15	50% after Ded
Maximum Visits Per		50 combined	Ded. with PT & OT		50 combined	d with PT & OT		50 combined	d with PT & OT		50 combined	d with PT & OT
Skilled Nursing		0% after Ded.	20% after			30% after Ded.	-		20% after Ded.			30% after Ded
Maximum Visits Per			20% arter			20 arter bed.			20 arter bed.			20 arter bed
Mental Health Care		0% after Ded.	20% after			30% after Ded.			20% after Ded.			30% after Ded
Substance Abuse Treatment		0% after Ded.	20% after		0% after Ded.	30% after Ded.		0% after Ded.	20% after Ded.		0% after Ded.	30% after Ded
Prescription Drugs		\$10	/\$40		\$1(0/\$50		\$10	0/\$50		\$10	0/\$50
RX Riders/Details												
Rates	Census	Current	Renewal		Pro	posed		Pro	posed		Pro	posed
Employee	0	\$453.33	\$521.48			17.90			99.39	'		98.13
Employee + One	6	\$906.61	\$1,042.91		\$1,0	35.75		\$99	98.73	'	\$99	96.21
Family	3	\$1,238.63	\$1,424.84		\$1,4	15.06		\$1,3	364.48	'	\$1,3	861.04
Estimated Annual Premium		\$109,866.60	\$126,383.76		\$125	,516.16			,029.84			,724.56
Difference in Annual Premium			\$16,517.16			649.56			163.24			357.96
Percentage Difference			15.03%			.24%			.16%	4		88%
		\$5,858	\$400.18		\$5,858	\$357.22		\$5,858	\$135.10		\$5,858	\$120
PA 152 Hard Caps		\$12,250	\$264.92		\$12,250	\$179.00		\$12,250	(\$265.24)		\$12,250	(\$295)
		\$15,975	\$1,122.85		\$15,975	\$1,005.49		\$15,975	\$398.53		\$15,975	\$357
Additional Notes *PLANS PRIOR TO 2014 DO NOT A	ADDI V CO	DEDUCTIBLES API	PLY WITH COPAYS	JFW 2014 D			NCE AN			ACY) T		

OTHERWISE NOTED.

PRIORITY OPTIONS DO NOT INCLUDE HEARING BENEFITS.



Medical Cost Analysis Effective 7/1/2014

		CURF	RENT					RENEWAL	. OPTIONS			
Medical Plan Design		PRIORITY H	EALTH POS		PRIORITY H	EALTH HMO	F	PRIORITY H	EALTH HMO		PRIORITY HE	ALTH HMO
Network		POS High Priority He	ealth HMO		Priority H	\$0 Ded. lealth HMO		Priority H	50 Ded. (1) ealth HMO		100% \$25 Priority He	alth HMO
Varia Dadinatible		In-Network	Out-of-Network		In-Ne	etwork		In-Ne	twork	-	In-Net	work
Your Deductible Individual Family		\$0 \$0	\$0 \$0			50 50			250 600		\$2. \$5	
Your Coinsurance		0%	20%)%		0	%		09	%
		0,0							,,,,		0.	, 0
Coinsurance Maximum Out of Pocket Maximum*			\$2500/\$500		\$6350/	\$12,700		\$6350/	\$12,700		\$6350/\$	\$12 700
Preventive Services					\$05507	Ψ12,700		Ψ03307	Ψ12,700	_	Ψ0330/4	712,700
Health Maintenance Exar	n	Covered	20% after		Cov	rered		Cov	ered		Cove	ered
PCP/Specialist Office Calls		\$10	20% after		\$	10		\$	10		\$2	.0
Urgent Care		\$10	Ded. 20% after Ded.		\$	20		\$	20		\$3	0
Emergency Room		\$25	\$25		\$	50		\$	50		\$10	00
In Hospital Care In Patient Copay / Cap						50 50			er Ded. 60		0% afte \$0	
OutPatient Services Advanced Imaging		\$0	20% after \$0 0% after Ded.				er Ded.		0% afte	er Ded.		
OutPatient Surgery		\$0	20% after			60		0% aft	er Ded.		0% afte	er Ded.
Pre/Post Maternity Services		\$10 (6X)	20% after Ded.		\$10	(6X)		\$10	(6X)		\$20	(6X)
Physical, Speech & Occup. Maximum Visits Per Year		\$10 50 combined S	50% after w/Chiro - 50		50 combined	10 I w/Chiro - 50 ST	5	0 combined	10 I w/Chiro - 50 ST		\$2 50 combined S	w/Chiro - 50
Chiropractic Treatment		\$10	50% after			10			10		\$2	
Maximum Visits Per		50 combined	Ded. with PT & OT			with PT & OT	5		with PT & OT		50 combined	
Skilled Nursing Maximum Visits Per		\$0 12	20% after		9	50 20		0% aft	er Ded. 20		0% afte	er Ded.
Mental Health Care Substance Abuse Treatment		\$0 \$0	20% after 20% after		9	0 0 0		0% aft	er Ded. er Ded.		0% afte 0% afte	er Ded.
Prescription Drugs		\$10.	/\$20		\$10)/\$20		\$10/\$	40/\$80		\$15/\$5	50/\$80
RX Riders/Details												
	Census		Renewal			oosed			osed		Propo	
Employee Employee + One	6 5	\$485.70 \$1,068.59	\$575.63 \$1,266.44			6.48 02.31			2.50 05.55		\$484 \$1,06	
Family	ა 13	\$1,068.59	\$1,669.50			84.96			57.40		\$1,00 \$1,40	
Estimated Annual Premium		\$318,839.88	,			738.92			867.40		\$317,9	
Difference in Annual Premium			\$59,033.88			99.04			27.52		(\$853	
Percentage Difference			18.52%		12.	51%			16%		-0.2	7%
		\$5,858	\$1,049.98		\$5,858	\$700.18		\$5,858	\$172.42		\$5,858	(\$45)
PA 152 Hard Caps		\$12,250	\$2,947.28		\$12,250	\$2,177.72		\$12,250	\$1,016.60		\$12,250	\$539
		\$15,975	\$4,058.77		\$15,975	\$3,044.29		\$15,975	\$1,513.57		\$15,975	\$884
Additional Notes *PLANS PRIOR TO 2014 DO NOT APP		DEDUCTIBLES APP										

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.



Medical Cost Analysis Effective 7/1/2014

Medical Cost / Mary 515 Effect			RENT			REN	IEWAL OPTIONS			
Medical Plan Design		PRIORITY H	EALTH POS	PRIORITY H	EALTH HMO	PRIO	RITY HEALTH HMO		PRIORITY H	EALTH HMO
Network		Priority H	Option 1 ealth HMO	Priority H	\$0 Ded. lealth HMO		% \$250 Ded. (1) riority Health HMO		Priority H	50 Ded. (2) ealth HMO
Your Deductible		In-Network	Out-of-Network	In-Ne	etwork		In-Network	+ $+$	In-Ne	twork
Individual Family		\$0 \$0	\$0 \$0		0 60		\$250 \$500			250 600
Your Coinsurance		0%	20%	c)%		0%		0	%
Coinsurance Maximum Out of Pocket Maximum*			\$2500/\$500	\$6350/	(\$12,700	\$	6350/\$12,700		\$6350/	\$12,700
Preventive Services					, , , , ,		, ,	1		. ,
Health Maintenance Exa	m	Covered	20% after	Cov	vered		Covered		Cov	ered
PCP/Specialist Office Calls		\$10	20% after Ded.	\$	10		\$10		\$	20
Urgent Care		\$10	20% after Ded.	\$	20		\$20		\$	30
Emergency Room		\$25	\$25	\$	50		\$50		\$1	00
In Hospital Care In Patient Copay / Cap				\$0 \$0		0% after Ded. \$0			er Ded. 60	
OutPatient Services Advanced Imaging		\$0	20% after	9	0		0% after Ded.		0% aft	er Ded.
OutPatient Surgery		\$0	20% after Ded.		\$O		0% after Ded.		0% aft	er Ded.
Pre/Post Maternity Services		\$10 (6X)	20% after Ded.	\$10	(6X)		\$10 (6X)		\$20	(6X)
Physical, Speech & Occup. Maximum Visits Per			50% after I w/Chiro - 50	50 combined	10 d w/Chiro - 50	50 co	\$10 mbined w/Chiro - 50		50 combined	<mark>20</mark> I w/Chiro - 50
Year			ST 50% after		ST		ST			ST
Chiropractic Treatment		\$10	Ded.		10	F0	\$10			20
Maximum Visits Per Skilled Nursing		\$0 combined	with PT & OT 20% after		I with PT & OT		mbined with PT & OT 0% after Ded.			with PT & OT er Ded.
Maximum Visits Per		1	20% arter		20		120			.er beu. 20
Mental Health Care		\$0	20% after		\$0		0% after Ded.			er Ded.
Substance Abuse Treatment		\$0	20% after		\$O		0% after Ded.			er Ded.
Prescription Drugs		\$10)/\$20	\$10	0/\$50		\$10/\$50		\$10	/\$50
RX Riders/Details Rates	Census	Current	Renewal	Dror	posed		Proposed		Dron	osed
Employee	6	\$485.70	\$557.89		1.53		\$481.55			9.43
Employee + One	5	\$1,068.59	\$1,227.41		25.42		\$1,059.46			32.79
Family	13	\$1,408.68	\$1,618.05		83.59		\$1,396.94			61.49
Estimated Annual Premium		\$318,839.88			795.40		\$316,161.84			158.80
Difference in Annual Premium			\$47,388.60	\$16,9	55.52		(\$2,678.04)		(\$10,6	81.08)
Percentage Difference			14.86%		32%		-0.84%			35%
		\$5,858	\$837.10	\$5,858	\$280.78	\$5,8			\$5,858	(\$224.42)
PA 152 Hard Caps		\$12,250 \$15,975	\$2,478.92	\$12,250	\$1,255.04	\$12,			\$12,250	\$143.48
			\$3,441.37	\$15,975	\$1,827.85	\$15,9	975 \$788.05		\$15,975	\$362.65

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

10/2/14



Medical Cost Analysis Effective 7/1/2014

					CUR	RENT							SELF FUNI	DED 12/12		
Medical Plan Design		PRIORITY H	HEALTH POS		PRIORITY I	HEALTH POS		PRIORITY	HMO HSA			GE	RBER LIFE IN	SURANCE (EB	3SO)	
			n Option 1			w Option 2			1250			30,000 stop				\$40,000 stop
Network			lealth HMO Out-of-Network			Health HMO Out-of-Network		Priority H	ealth HMO twork			gna Out-of-Network		gna Out-of-Network		igna vork Only
Your Deductible		III IVCCWOIK	Out of Network		III IVCCWOIK	Jour of Network	-	111110	CWOIK		III NCCWOIR	Tout of Network	III NCCWOIR	Jour of Network	iii ivetv	VOIR Only
Individual Family		\$0 \$0	\$0 \$0		\$250 \$500	\$500 \$1,000			250 500		\$0 \$0	\$100 \$200	\$250 \$500	\$500 \$1,000		,250 ,500
Your Coinsurance		0%	20%		0%	20%		0	%		0%	20%	0%	20%		0%
Coinsurance Maximum			\$2500/\$500			\$3000/\$600						\$2500/\$500)	\$3000/\$600		
Out of Pocket Maximum*								\$2000	/\$4000		\$6350/\$12,		\$6350/\$12,			/\$4000
Preventive Services																
Health Maintenance Exar	m	Covered	20% after		Covered	20% after		Cov	ered		Covered	20% after	Covered	20% after	Cov	/ered
PCP/Specialist Office Calls		\$10	20% after		\$20	20% after		0% aft	er Ded.		\$10	20% after Ded.	\$20	20% after	0% af	ter Ded.
Urgent Care		\$10	Ded. 20% after Ded.		\$30	Ded. 20% after Ded.		0% aft	er Ded.		\$10	20% after Ded.	\$50	Ded. 20% after Ded.	0% af	ter Ded.
Emergency Room		\$25	\$25		\$150	\$150		0% aft	er Ded.		\$25	\$25	\$150	\$150	0% af	ter Ded.
In Hospital Care		\$0	20% after		0% after	20% after		0% aft	er Ded.		\$0	20% after	0% after	20% after	0% af	ter Ded.
In Patient Copay / Cap		\$0	\$0		\$0	\$0			0		\$0	\$0	\$0	\$0		\$O
OutPatient Services																
Advanced Imaging		\$0	20% after 20% after		0% after 0% after	20% after 20% after		0% aft			\$0	20% after 20% after	0% after 0% after	20% after 20% after		ter Ded.
OutPatient Surgery		\$0	Ded.		Ded.	Ded.		0% aft	er Ded.		\$0	Ded.	Ded.	Ded.	0% af	ter Ded.
Pre/Post Maternity Services		\$10 (6X)	20% after Ded.		\$20 (6X)	20% after Ded.		\$	0		\$10 (6X)	20% after Ded.	\$20 (6X)	20% after Ded.	0% af	ter Ded.
Physical, Speech & Occup.		\$10	50% after		\$20	50% after		0% aft			\$10	50% after	\$20	50% after		ter Ded.
Maximum Visits Per Year			d w/Chiro - 50 ST			d w/Chiro - 50 ST		30 combine	ST			s w/cniro - 50 ST		s w/cniro - 50 ST		d w/Chiro - 30 ST
Chiropractic Treatment		\$10	50% after		\$20	50% after		0% aft			\$ 10	50% after	\$20	50% after		ter Ded.
•			Ded. d with PT & OT			Ded. d with PT & OT		30 combine			·	Ded.	1	Ded. I with PT & OT		
Maximum Visits Per		\$0	20% after		0% after	20% after		0% aft			\$0	20% after	0% after	20% after		ter Ded.
Skilled Nursing Maximum Visits Per			20% arter 20			20% arter			5			20% arter		20% arter		20
Mental Health Care		\$0	20% after		0% after	20% after		0% aft			\$ 0	20% after	0% after	20% after		ter Ded.
Substance Abuse Treatment		\$0	20% after		0% after	20% after		0% aft	er Ded.		\$0	20% after	0% after	20% after		ter Ded.
Prescription Drugs		\$10	0/\$20		\$1	0/\$40		\$10/\$40	after Ded.		\$10)/\$20	\$10)/\$40	\$10/\$40	after Ded.
RX Riders/Details																
The state of the s	Census			Census		irrent	Census		rent			(Maximum)		(Maximum)		(Maximum)
Employee	6		35.70	0		53.33	2	\$37				1.53		70.92		60.95
Employee + One Family	5 13		068.59 08.68	6 3		06.61 238.63	7 19	\$84 \$03	3. <i>77</i> 7.49			57.11 56.26		55.86 54.54		35.90 26.82
Estimated Annual Premium	13		,839.88	3		,866.60	19		651.04			753.32		185.36		193.36
Difference in Annual Premium		Ψ510	,000.00		Ψ103	,000.00		Ψ233,	331.01)86.56)		81.24)		542.32
Percentage Difference												.65%		08%		.17%
Combined Current		_	357.52									Combined		132.04		11%
		\$5,858	(\$29)		\$5,858	(\$418)		\$5,858	(\$1,344)		\$5,858	(\$199)	\$5,858	(\$207)	\$5,858	(\$326)
PA 152 Hard Caps		\$12,250	\$573		\$12,250 \$15,075	(\$1,371) (\$1,112)		\$12,250	(\$2,125) (\$4,725)		\$12,250 \$15,075	(\$1,965) (\$2,100)	\$12,250	(\$1,980) (\$3,131)	\$12,250	(\$2,219)
Additional Notes		\$15,975	\$929 PPLY WITH COPAYS		\$15,975	(\$1,112) APPLY WITH COPAYS		\$15,975	(\$4,725)		\$15,975	(\$2,100) PH HIGH OPTION	\$15,975	(\$2,121) PH LOW OPTION	\$15,975	(\$2,453) O PH HSA OPTION
*DLANS PRIOR TO 201	4.50.1			000.14			LV DEDI	ICTIDI E CON ICI	IDANIOS AND COD	43/0 (END						O PH HSA OPTION

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

GERBER LIFE PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. RATES SHOWN ARE STRICTLY ILLUSTRATIVE AND SHOULD NOT BE ASSUMED TO BE FINAL. RATES WILL BE UNDERWRITTEN.



Medical Cost Analysis Effective 7/1/2014

Medicai Cost Analysis Effect	., , ,	, 1, 2017			CURI	RENT					SELF FII	NDED LEVEL	PREMIUM \$3	35.000 SPECIF		SERVICES GROUP, INC.	
Medical Plan Design		PRIORITY H	EALTH POS		1	EALTH POS		PRIORITY	HMO HSA	SELF FUNDED LEVEL PREMIUM \$35,000 SPECIFIC STOP LOSS, 12/21 COMMERCE BENEFITS GROUP							
Network		POS High	Option 1 ealth HMO		POS Low	/ Option 2 lealth HMO		HSA	1250 lealth HMO			, 0% finity	\$25	5 0, 0% ofinity	\$125	5 0, 0% finity	
			Out-of-Network			Out-of-Network			etwork			Out-of-Network		Out-of-Network		vork Only	
Your Deductible Individual Family		\$0 \$0	\$0 \$0		\$250 \$500	\$500 \$1,000			250 500		\$0 \$0	\$100 \$200	\$250 \$500	\$500 \$1,000		,250 ,500	
Your Coinsurance		0%	20%		0%	20%			9%		0%	20%	0%	20%)%	
Coinsurance Maximum			\$2500/\$500			\$3000/\$600						\$2500/\$500		\$3000/\$600			
Out of Pocket Maximum*			\$2300/\$300			\$3000/\$600		\$2000	/\$4000			\$2300/\$300		\$3000/\$600		/\$4000	
Preventive Services								Ψ2000	, 4 . 6 6 6						\$2000	,, ф 1000	
Health Maintenance Exar	m	Covered	20% after		Covered	20% after		Cov	rered		Covered	20% after	Covered	20% after	Cov	/ered	
PCP/Specialist Office Calls		\$10	20% after		\$20	20% after		0% aft	er Ded.		\$10	20% after	\$20	20% after	0% af	ter Ded.	
·			Ded. 20% after			Ded. 20% after						Ded. 20% after		Ded. 20% after			
Urgent Care		\$10	Ded.		\$30	Ded.		0% aft	er Ded.		\$10	Ded.	\$50	Ded.	0% af	ter Ded.	
Emergency Room		\$25	\$25		\$150	\$150		0% aft	er Ded.		\$25	\$25	\$150	\$150	0% af	ter Ded.	
In Hospital Care		\$0	20% after		0% after	20% after	1	0% aft	er Ded.		\$0	20% after	0% after	20% after	0% af	ter Ded.	
In Patient Copay / Cap		\$0	\$0		\$0	\$0		9	80		\$0	\$0	\$0	\$0		\$ 0	
OutPatient Services								004				000/		0004			
Advanced Imaging		\$0	20% after 20% after		0% after 0% after	20% after 20% after			er Ded.		\$0	20% after 20% after	0% after 0% after	20% after 20% after		ter Ded.	
OutPatient Surgery		\$0	Ded.		Ded.	Ded.		0% aft	er Ded.		\$0	Ded.	Ded.	Ded.	0% af	ter Ded.	
Pre/Post Maternity Services		\$10 (6X)	20% after Ded.		\$20 (6X)	20% after Ded.		9	50		\$10 (6X)	20% after Ded.	\$20 (6X)	20% after Ded.	0% af	ter Ded.	
Physical, Speech & Occup. Maximum Visits Per		\$10	50% after I w/Chiro - 50		\$20	50% after			ter Ded.		\$10	50% after	\$20	50% after		ter Ded.	
Year			i w/chiro - 50 ST			d w/Chiro - 50 ST			ed w/Chiro -) ST			ST		ed w/Chiro - 50 ST		a w/Chiro - 30 ST	
Chiropractic Treatment		\$10	50% after		\$20	50% after		1	er Ded.		\$10	50% after	\$20	50% after		ter Ded.	
•		_	Ded.			Ded.					1	Ded.	1	Ded.			
Maximum Visits Per			with PT & OT			with PT & OT	1		ed with PT &					d with PT & OT			
Skilled Nursing Maximum Visits Per		\$0	20% after 20		0% after	20% after 20			ter Ded. 15		\$0	20% after 20	0% after	20% after 120		ter Ded. 20	
Mental Health Care		\$0	20% after		0% after	20% after			er Ded.		\$0	20% after	0% after	20% after		ter Ded.	
Substance Abuse Treatment		\$0	20% after		0% after	20% after			er Ded.		\$0	20% after	0% after	20% after		ter Ded.	
Prescription Drugs		\$10)/\$20		\$10)/\$40	1	\$10/\$40	after Ded.		\$10)/\$20	\$1	0/\$40	\$10/\$40	after Ded.	
RX Riders/Details						., .						., ,	, ,	.,	1		
	Census			Census			Censu		Renewal			oosed		posed		oosed	
Employee	6	\$485.70	\$557.89	0	\$453.33	\$521.48	2	\$376.11	\$434.59			26.87		98.42		30.55	
Employee + One	5	\$1,068.59	\$1,227.41	6	\$906.61	\$1,042.91	7	\$843.77	\$974.96			39.16		96.80		11.57	
Family	13	\$1,408.68	\$1,618.05	3	\$1,238.63	\$1,424.84	19	\$937.49	\$1,083.26			38.06		088.60		23.94	
Estimated Annual Premium		#########	#########		#########	#########		#########				221.60		,559.20		083.40	
Difference in Annual Premium			\$47,388.60 14,86%			\$16,517.16 15.03%			\$45,659.04			618.28) .11%		,307.40) 2.11%		5 <mark>67.64)</mark> .11%	
Percentage Difference Combined Current		\$722	14.86% 357.52			13.03%			15.55%			Combined		1,864.20		.11%	
Combined Current		\$5,858	\$837.10		\$5,858	\$400.18		\$5,858	(\$642.50)		\$5,858	(\$735)	\$5,858	(\$1,077)	\$5,858	(\$1,891)	
PA 152 Hard Caps		\$12,250	\$2,478.92		\$12,250	\$264.92		\$12,250	(\$550.48)		\$12,250	(\$980)	\$12,250	(\$2,688)	\$12,250	(\$3,351)	
		\$15,975	\$3,441.37		\$15,975	\$1,122.85		\$15,975	#########		\$15,975	(\$1,119)	\$15,975	(\$2,912)	\$15,975	(\$6,088)	
Additional Notes			PLY WITH COPAYS			PPLY WITH COPAYS						PH HIGH OPTION		O PH LOW OPTION		PH HSA OPTION	

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

ASR PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. RATES SHOWN ARE STRICTLY ILLUSTRATIVE AND SHOULD NOT BE ASSUMED TO BE FINAL. PLAN INCLUDES TERMINAL LIABILITY

This is not a contract, it is intended as an easy to read summary. Additional limitations & exclusions may apply to services. Rates are subject to change based on the carriers underwriting process & final enrollment documents. Rates generated are based on the census provided to Strategic Services Group. Any change to the census data will affect the rates.

10/2/14



Medical Cost Analysis Effective 6/1/2014

Network Your Deductible Individual Family Your Coinsurance Coinsurance Maximum Out of Pocket Maximum* Preventive Services Health Maintenance Exam PCP/Specialist Office Calls Urgent Care Emergency Room In Hospital Care In Patient Copay / Cap OutPatient Services Advanced Imaging OutPatient Surgery Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment \$0 Pric In-Netv \$0 Pric In-Netv \$0 Post In-Netv \$0 Pric In-Netv \$10 P	\$2500/\$500 red 20% after 20% after Ded. 20% after \$25 20% after \$0 20% after \$0 20% after 20% after 20% after Ded.	POS Le	20% after Ded. 20% after Ded. \$150 20% after \$0 20% after 20% after Ded. 20% after		PRIORITY HMO HSA HSA 1250 Priority Health HMO In-Network \$1,250 \$2,500 0% \$2000/\$4000 Covered 0% after Ded. 0% after Ded. 0% after Ded. 0% after Ded. \$0 0% after Ded. \$0 0% after Ded. \$0 0% after Ded. \$0 0% after Ded. \$0	\$500 \$ 20% \$2500/\$50 \$50 \$6350/\$12, \$12, Covered Not \$20 40 \$20 \$150 20% after 40 \$0 20% after 40 20% after 40 Ded.	\$500 \$1,000 40%	\$B 50 Blue Cross B In-Network \$500 \$1,000 20% \$2500/\$500 \$6350/\$12, Covered \$20 \$150 20% after \$0 20% after 20% after Ded.	\$ PPO DO (ECM) Blue Shield PPO Out-of-Network \$1,000 \$2,000 40% \$5000/\$10,0 \$12,700/\$25 Not Covered 40% after Ded. 40% after Ded. \$150 40% after \$0 40% after \$0 40% after Ded. \$100	\$2300/ \$2300/ \$2300/ \$2300/ \$2300/ \$2300/ \$20% afti 20% afti 20% afti 20% afti 20% afti	9% HSA e Shield HMO work 800 600 % \$4600 ered er Ded. er Ded. er Ded. 0
Network Your Deductible Individual Family Your Coinsurance Coinsurance Maximum Out of Pocket Maximum* Preventive Services Health Maintenance Exam PCP/Specialist Office Calls Urgent Care Emergency Room In Hospital Care In Patient Copay / Cap OutPatient Services Advanced Imaging OutPatient Surgery Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$0 Prive In-Netv \$0 Prive In-Netv \$0 Over \$0 Cover \$10 \$0 \$0 \$10 \$0 \$10 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	## Second	\$250 \$500 \$500 0% Covered \$20 \$30 \$150 0% after 0% after Ded.	\$500 \$1,000 20% \$3000/\$600 20% after 20% after Ded. 20% after Ded. \$150 20% after Ded. \$150 20% after Ded. \$150 20% after Ded. \$150 20% after		Priority Health HMO In-Network \$1,250 \$2,500 0% \$2000/\$4000 Covered 0% after Ded. 0% after Ded. 0% after Ded. 0% after Ded. \$0 0% after Ded. \$0 0% after Ded. \$0 0% after Ded.	Solution	\$500 \$1,000 40% \$00/\$10,0 ,700/\$25, t Covered 0% after Ded. \$150 0% after \$0 0% after \$0 0% after \$0 0% after	\$500 \$1,000 20% \$2500/\$500 \$6350/\$12, Covered \$20 \$20 \$150 20% after \$0 20% after 20% after Ded.	\$1,000 \$2,000 40% \$5000/\$10,0 \$12,700/\$25 Not Covered 40% after Ded. 40% after Ded. \$150 40% after \$0 40% after 40% after	\$1,; \$2,0 \$2300,0 \$2300,0 Cove 20% aft 20% aft 20% aft 20% aft	e Shield HMO work 300 600 % \$4600 ered er Ded. er Ded. er Ded. or Ded.
Your Deductible Individual Family Your Coinsurance Coinsurance Maximum Out of Pocket Maximum* Preventive Services Health Maintenance Exam PCP/Specialist Office Calls Urgent Care Emergency Room In Hospital Care In Patient Copay / Cap OutPatient Services Advanced Imaging OutPatient Surgery Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$0 \$0 \$0 \$0 \$0 \$0 \$10 \$0 \$10 \$0 \$	\$0 \$0 \$20% \$2500/\$500 ed 20% after 20% after Ded. 20% after Ded. 5 \$25 20% after \$0 20% after \$0 20% after \$0 20% after \$0 20% after \$0 20% after \$0 20% after \$0 400 after \$0 5 \$25	\$250 \$500 0% Covered \$20 \$30 \$150 0% after 0% after Ded.	\$500 \$1,000 20% \$3000/\$600 20% after 20% after Ded. 20% after Ded. \$150 20% after \$0 20% after Ded. \$150 20% after Ded. \$150 20% after		\$1,250 \$2,500 0% \$2000/\$4000 Covered 0% after Ded. 0% after Ded. 0% after Ded. 0% after Ded. \$0 0% after Ded. \$0	In-Network Out- \$250	\$500 \$1,000 40% \$000/\$10,0 \$,700/\$25, t Covered 0% after Ded. \$150 0% after \$0 0% after \$0 0% after \$0 0% after	In-Network	\$1,000 \$2,000 40% \$5000/\$10,0 \$12,700/\$25 Not Covered 40% after Ded. 40% after Ded. \$150 40% after \$0 40% after \$0	1n-Ne \$1,; \$2,; 20 \$2300, Cov 20% aff 20% aff 20% aff \$20% aff	swork 300 600 % \$4600 ered er Ded. er Ded. er Ded. er Ded.
Your Deductible Individual Family Your Coinsurance Coinsurance Maximum Out of Pocket Maximum* Preventive Services Health Maintenance Exam PCP/Specialist Office Calls Urgent Care Emergency Room In Hospital Care In Patient Copay / Cap OutPatient Services Advanced Imaging OutPatient Surgery Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$0 \$0 \$0 \$0 \$0 \$10 \$10 \$10 \$1	\$0 \$0 20% \$2500/\$500 ed 20% after 20% after Ded. 20% after Ded. \$25 20% after \$0 20% after 20% after 20% after Ded. 20% after Ded.	\$250 \$500 0% Covered \$20 \$30 \$150 0% after 50 0% after Ded.	\$500 \$1,000 20% \$3000/\$600 20% after 20% after Ded. \$150 20% after \$0 20% after \$0 20% after \$0 20% after		\$1,250 \$2,500 0% \$2000/\$4000 Covered 0% after Ded. 0% after Ded. 0% after Ded. 0% after Ded. \$0 0% after Ded. 0% after Ded.	\$250 \$500 \$ 20% \$2500/\$50 \$50 \$6350/\$12, \$12, Covered Not \$20 \$20 \$150 20% after 40 \$0 20% after 40 20% after 40 Ded.	\$500 \$1,000 40% 000/\$10,0 0,700/\$25, t Covered 0% after Ded. 0% after Ded. \$150 0% after \$0 0% after \$0 0% after	\$500 \$1,000 20% \$2500/\$500 \$6350/\$12, Covered \$20 \$150 20% after \$0 20% after 20% after Ded.	\$1,000 \$2,000 40% \$5000/\$10,0 \$12,700/\$25 Not Covered 40% after Ded. 40% after Ded. \$150 40% after \$0 40% after	\$1,; \$2, 20 \$2300, Cov 20% aff 20% aff 20% aff \$	\$300 \$600 % \$4600 ered er Ded. er Ded. er Ded.
Individual Family Your Coinsurance Coinsurance Maximum Out of Pocket Maximum* Preventive Services Health Maintenance Exam PCP/Specialist Office Calls Urgent Care In Patient Copay / Cap OutPatient Services Advanced Imaging OutPatient Surgery Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$0 \$0 \$0 \$0 \$10 \$10 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	\$0 20% \$2500/\$500 ed 20% after 20% after Ded. 20% after Ded. 5 \$25 20% after \$0 20% after 20% after 20% after 20% after Ded.	\$500 0% Covered \$20 \$30 \$150 0% after \$0 0% after 0% after Ded.	\$1,000 20% \$3000/\$600 20% after 20% after Ded. 20% after Ded. \$150 20% after \$0		\$2,500 0% \$2000/\$4000 Covered 0% after Ded. 0% after Ded. 0% after Ded. 0% after Ded. \$0 0% after Ded. \$0 0% after Ded. 0% after Ded. \$0	\$500 \$ 20% \$2500/\$50 \$50 \$6350/\$12, \$12, Covered Not \$20 40 \$20 \$150 20% after 40 \$0 20% after 40 20% after 40 Ded.	\$1,000 40% 000/\$10,0 ,700/\$25, after Ded. \$150 0% after Ded. \$150 0% after \$0 0% after \$0 0% after Ded.	\$1,000 20% \$2500/\$500 \$6350/\$12, Covered \$20 \$150 20% after \$0 20% after 20% after Ded.	\$2,000 40% \$5000/\$10,0 \$12,700/\$25 Not Covered 40% after Ded. 40% after Ded. \$150 40% after \$0 40% after \$0 40% after	\$2,0 \$2300,0 Cove 20% aft 20% aft 20% aft 20% aft	\$4600 ered er Ded. er Ded. er Ded.
Your Coinsurance Coinsurance Maximum Out of Pocket Maximum* Preventive Services	\$0 20% \$2500/\$500 ed 20% after 20% after Ded. 20% after Ded. 5 \$25 20% after \$0 20% after 20% after 20% after 20% after Ded.	\$500 0% Covered \$20 \$30 \$150 0% after \$0 0% after 0% after Ded.	\$1,000 20% \$3000/\$600 20% after 20% after Ded. 20% after Ded. \$150 20% after \$0		\$2,500 0% \$2000/\$4000 Covered 0% after Ded. 0% after Ded. 0% after Ded. 0% after Ded. \$0 0% after Ded. \$0 0% after Ded. 0% after Ded. \$0	\$500 \$ 20% \$2500/\$50 \$50 \$6350/\$12, \$12, Covered Not \$20 40 \$20 \$150 20% after 40 \$0 20% after 40 20% after 40 Ded.	\$1,000 40% 000/\$10,0 ,700/\$25, after Ded. \$150 0% after Ded. \$150 0% after \$0 0% after \$0 0% after Ded.	\$1,000 20% \$2500/\$500 \$6350/\$12, Covered \$20 \$150 20% after \$0 20% after 20% after Ded.	\$2,000 40% \$5000/\$10,0 \$12,700/\$25 Not Covered 40% after Ded. 40% after Ded. \$150 40% after \$0 40% after \$0 40% after	\$2,0 \$2300,0 Cove 20% aft 20% aft 20% aft 20% aft	\$4600 ered er Ded. er Ded. er Ded.
Your Coinsurance Coinsurance Maximum Out of Pocket Maximum* Preventive Services	20% \$2500/\$500 ed 20% after 20% after Ded. 20% after Ded. \$25 20% after \$0 20% after \$0 20% after 20% after 20% after 20% after Ded. 20% after Ded. 20% after Ded. 20% after Ded.	Covered \$20 \$30 \$150 0% after \$0 0% after 0% after Ded.	20% \$3000/\$600 20% after 20% after Ded. 20% after Ded. \$150 20% after \$0 20% after 20% after Ded. 20% after		0% \$2000/\$4000 Covered 0% after Ded. 0% after Ded. 0% after Ded. 0% after Ded. \$0 0% after Ded. \$0 0% after Ded. 0% after Ded.	20% \$2500/\$50 \$50 \$6350/\$12, \$12, Covered Not \$20 \$20 \$150 20% after \$0 20% after 20% after Ded.	40% 100/\$10,0 1,700/\$25, t Covered 10% after 10% after 10% after 20% after 30 10% after	20% \$2500/\$500 \$6350/\$12, Covered \$20 \$150 20% after \$0 20% after 20% after Ded.	40% \$5000/\$10,0 \$12,700/\$25 Not Covered 40% after Ded. 40% after Ded. \$150 40% after \$0 40% after 40% after	20% aft 20% aft 20% aft 20% aft 20% aft 20% aft	% (\$4600 ered er Ded. er Ded. er Ded. er Ded. or Ded.
Coinsurance Maximum Out of Pocket Maximum* Preventive Services	\$2500/\$500 red 20% after 20% after Ded. 20% after \$25 20% after \$0 20% after \$0 20% after 20% after 20% after Ded.	Covered \$20 \$30 \$150 0% after 0% after Ded.	\$3000/\$600 20% after 20% after Ded. 20% after Ded. \$150 20% after \$0 20% after 20% after 20% after 20% after		\$2000/\$4000 Covered 0% after Ded. 0% after Ded. 0% after Ded. \$0 0% after Ded. \$0 0% after Ded. 0% after Ded.	\$2500/\$50 \$50 \$6350/\$12, \$12, Covered Not \$20 \$20 \$150 20% after 40 \$0 20% after 40 20% after 40 20% after 40 Ded.	00/\$10,0 ,700/\$25, t Covered 0% after Ded. 0% after Ded. \$150 0% after \$0 0% after Down after	\$2500/\$500 \$6350/\$12, Covered \$20 \$20 \$150 20% after \$0 20% after 20% after Ded.	\$5000/\$10,0 \$12,700/\$25 Not Covered 40% after Ded. 40% after Ded. \$150 40% after \$0 40% after 40% after	\$2300, Cove 20% aft 20% aft 20% aft \$ 20% aft	ered er Ded. er Ded. er Ded. er Ded. er Ded.
Out of Pocket Maximum* Preventive Services	20% after 20% after 20% after Ded. 20% after Ded. \$25 20% after \$0 20% after 20% after 20% after Ded.	\$20 \$30 \$150 0% after \$0 0% after 0% after Ded.	20% after 20% after Ded. 20% after Ded. \$150 20% after \$0 20% after 20% after Ded. 20% after		Covered 0% after Ded. 0% after Ded. 0% after Ded. \$0 0% after Ded. \$0 0% after Ded. 0% after Ded.	\$6350/\$12, \$12, Covered Not \$20 \$20 \$150 20% after 40 \$0 20% after 40 20% after 40 Ded.	t Covered of after Ded. of after Ded. s150 of after \$0 of after Ded. of after bown after bown after Ded. of after Ded. of after Ded.	\$6350/\$12, Covered \$20 \$20 \$150 20% after \$0 20% after 20% after Ded.	\$12,700/\$25 Not Covered 40% after Ded. 40% after Ded. \$150 40% after \$0 40% after \$0 40% after 40% after 40% after	Cove 20% aft 20% aft 20% aft \$ 20% aft	ered er Ded. er Ded. er Ded. er Ded.
Preventive Services Health Maintenance Exam PCP/Specialist Office Calls Urgent Care Emergency Room In Hospital Care In Patient Copay / Cap OutPatient Services Advanced Imaging OutPatient Surgery Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Mental Health Care Substance Abuse Treatment Soverices Cover \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	20% after Ded. 20% after Ded. 5 \$25 20% after \$0 20% after 20% after 20% after Ded. 20% after Ded. 20% after Ded. 20% after Ded.	\$20 \$30 \$150 0% after \$0 0% after 0% after Ded.	20% after Ded. 20% after Ded. \$150 20% after \$0 20% after 20% after Ded. 20% after		Covered 0% after Ded. 0% after Ded. 0% after Ded. \$0 0% after Ded. \$0 0% after Ded. 0% after Ded.	Covered Not \$20 \$20 \$150 \$20% after \$0 \$20% after \$0 \$20% after \$0 \$20% after \$00 \$20% after \$000 \$20% after \$0000 \$20% after	t Covered 0% after Ded. 0% after Ded. \$150 0% after \$0 0% after 0% after Ded.	Covered \$20 \$20 \$150 20% after \$0 20% after 20% after Ded.	Not Covered 40% after Ded. 40% after Ded. \$150 40% after \$0 40% after 40% after	Cove 20% aft 20% aft 20% aft \$ 20% aft	ered er Ded. er Ded. er Ded. er Ded. or Ded.
Health Maintenance Exam PCP/Specialist Office Calls Urgent Care Emergency Room In Hospital Care In Patient Copay / Cap OutPatient Services Advanced Imaging OutPatient Surgery Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Mental Health Care Substance Abuse Treatment Solver State \$10 \$25 \$10 \$25 \$10 \$25 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$1	20% after Ded. 20% after Ded. 5 \$25 20% after \$0 20% after 20% after 20% after Ded. 20% after Ded. 20% after Ded. 20% after Ded.	\$20 \$30 \$150 0% after \$0 0% after 0% after Ded.	20% after Ded. 20% after Ded. \$150 20% after \$0 20% after 20% after Ded. 20% after		0% after Ded. 0% after Ded. 0% after Ded. 0% after Ded. \$0 0% after Ded. 0% after Ded. 0% after Ded.	\$20 40 \$20 40 \$150 20% after 40 \$0 20% after 40 20% after 40 Ded.	Ded. Ded. Starter Ded. \$150 Ded. \$160 Ded. Starter Ded. Ded. Ded. Ded. Ded. Ded.	\$20 \$20 \$150 20% after \$0 20% after 20% after Ded.	40% after Ded. 40% after Ded. \$150 40% after \$0 40% after 40% after 40% after	20% aft 20% aft 20% aft 20% aft \$	er Ded. er Ded. er Ded. er Ded.
PCP/Specialist Office Calls Urgent Care Emergency Room In Hospital Care In Patient Copay / Cap OutPatient Services Advanced Imaging OutPatient Surgery Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$10 \$10 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	20% after Ded. 20% after Ded. 5 \$25 20% after \$0 20% after 20% after 20% after Ded. 20% after Ded. 20% after Ded. 20% after Ded.	\$20 \$30 \$150 0% after \$0 0% after 0% after Ded.	20% after Ded. 20% after Ded. \$150 20% after \$0 20% after 20% after Ded. 20% after		0% after Ded. 0% after Ded. 0% after Ded. 0% after Ded. \$0 0% after Ded. 0% after Ded. 0% after Ded.	\$20 40 \$20 40 \$150 20% after 40 \$0 20% after 40 20% after 40 Ded.	Ded. Ded. Starter Ded. \$150 Ded. \$160 Ded. Starter Ded. Ded. Ded. Ded. Ded. Ded.	\$20 \$20 \$150 20% after \$0 20% after 20% after Ded.	40% after Ded. 40% after Ded. \$150 40% after \$0 40% after 40% after 40% after	20% aft 20% aft 20% aft 20% aft \$	er Ded. er Ded. er Ded. er Ded.
Urgent Care Emergency Room In Hospital Care In Patient Copay / Cap OutPatient Services Advanced Imaging OutPatient Surgery Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$10	Ded. 20% after Ded. \$25 20% after \$0 20% after 20% after Ded. 20% after Ded. 20% after	\$30 \$150 0% after \$0 0% after 0% after Ded.	Ded. 20% after Ded. \$150 20% after \$0 20% after 20% after Ded. 20% after		0% after Ded. 0% after Ded. 0% after Ded. \$0 0% after Ded. 0% after Ded.	\$20 \$20 \$150 20% after 40 \$0 20% after 40 20% after 40 Ded.	Ded. 0% after Ded. \$150 0% after \$0 0% after 0% after Ded.	\$20 \$150 20% after \$0 20% after 20% after Ded.	Ded. 40% after Ded. \$150 40% after \$0 40% after 40% after	20% aft 20% aft 20% aft \$ 20% aft	er Ded. er Ded. er Ded.
In Hospital Care In Patient Copay / Cap OutPatient Services Advanced Imaging OutPatient Surgery Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$25 \$0 \$0 \$10 \$10 \$10 \$10 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	Ded. \$25 20% after \$0 20% after 20% after Ded. 20% after Ded. 20% after	\$150 0% after \$0 0% after 0% after Ded.	Ded. \$150 20% after \$0 20% after 20% after Ded. 20% after	-	0% after Ded. 0% after Ded. \$0 0% after Ded. 0% after Ded.	\$150 20% after 40 \$0 20% after 40 20% after 40 Ded.	Ded. \$150 0% after \$0 0% after 0% after Ded.	\$150 20% after \$0 20% after 20% after Ded.	Ded. \$150 40% after \$0 40% after 40% after	20% aft	er Ded. er Ded.
In Hospital Care In Patient Copay / Cap OutPatient Services Advanced Imaging OutPatient Surgery Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$0 \$0 \$10 \$10 \$10 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	20% after \$0 20% after 20% after Ded. 20% after Ded.	0% after \$0 0% after 0% after Ded.	20% after \$0 20% after 20% after Ded. 20% after	_	0% after Ded. \$0 0% after Ded. 0% after Ded.	20% after 40 \$0 20% after 40 20% after 40 Ded.	0% after \$0 0% after 0% after Ded.	20% after \$0 20% after 20% after Ded.	40% after \$0 40% after 40% after	20% aft	er Ded.
In Patient Copay / Cap OutPatient Services Advanced Imaging OutPatient Surgery Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$0 \$0 \$10 \$10 \$10 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	\$0 20% after 20% after Ded. 20% after 20% after Ded. Ded.	\$0 0% after 0% after Ded.	\$0 20% after 20% after Ded. 20% after		\$0 0% after Ded. 0% after Ded.	\$0 20% after 40 20% after 40 Ded.	\$0 0% after 0% after Ded.	\$0 20% after 20% after Ded.	\$0 40% after 40% after	\$ 20% aft	0
In Patient Copay / Cap OutPatient Services Advanced Imaging OutPatient Surgery Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$0 \$0 \$10 \$10 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	\$0 20% after 20% after Ded. 20% after 20% after Ded. Ded.	\$0 0% after 0% after Ded.	\$0 20% after 20% after Ded. 20% after		\$0 0% after Ded. 0% after Ded.	\$0 20% after 40 20% after 40 Ded.	\$0 0% after 0% after Ded.	\$0 20% after 20% after Ded.	\$0 40% after 40% after	\$ 20% aft	0
Advanced Imaging OutPatient Surgery Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$0 \$0 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$	20% after Ded. 20% after Ded. Ded.	0% after Ded.	20% after Ded. 20% after		0% after Ded.	20% after 40 Ded.	0% after Ded.	20% after Ded.	40% after		er Ded.
OutPatient Surgery Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$0 \$10 \$10 \$10 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	20% after Ded. 20% after Ded. Ded.	0% after Ded.	20% after Ded. 20% after		0% after Ded.	20% after 40 Ded.	0% after Ded.	20% after Ded.	40% after		er Ded.
Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$10 (\$10	Ded. 20% after Ded.	Ded.	Ded. 20% after			Ded.	Ded.	Ded.		20% aft	
Pre/Post Maternity Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$10 (\$10	6X) 20% after Ded.		20% after		\$0	Ded. 0% Pre/ 40	Ded.	Ded.	Dea.		er Ded.
Services Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$10 50 com	Ded.	\$20 (6X)			\$0			0% Pre/ 20%	40% after	I I	
Physical, Speech & Occup. Maximum Visits Per Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$10 50 com 5						20% after	Ded.	after Ded.	Ded.	0% Pre &	20% Post
Year Chiropractic Treatment Maximum Visits Per Skilled Nursing Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment 50 com 50 co		\$20	50% after	1	0% after Ded.		0% after	20% after	40% after	20% aft	er Ded.
Chiropractic Treatment \$10 Maximum Visits Per 50 com Skilled Nursing \$0 Maximum Visits Per Mental Health Care \$0 Substance Abuse Treatment \$0	bined w/Chiro - 50	50 combin	ed w/Chiro - 50		30 combined w/Chiro -	30 combin	ned	30 co	mbined	60 consecut	ive days pe
Maximum Visits Per Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment 50 com \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$	ST 50% after		ST 50% after		30 ST		0% after	30 60	40% after	cal.	year
Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$0 \$0 \$0 \$0 \$0	Ded.	\$20	Ded.		0% after Ded.	1 \$20	Ded.	\$20	Ded.	20% aft	er Ded.
Skilled Nursing Maximum Visits Per Mental Health Care Substance Abuse Treatment \$0 \$0 \$0 \$0 \$0	bined with PT & OT	50 combin	ed with PT & OT	-	30 combined with PT &	12	Deu.	1	12 Jeu.	Referr	al only
Maximum Visits Per Mental Health Care \$0 Substance Abuse Treatment \$0		0% after		1	0% after Ded.		0% after	20% after	20% after	20% aft	
Mental Health Care \$0 Substance Abuse Treatment \$0	120	070 0.100.	120		45	120			20	4	
	20% after	0% after			0% after Ded.		0% after	20% after	40% after	20% aft	
Prescription Drugs	20% after	0% after	20% after		0% after Ded.	20% after 40	0% after	20% after	40% after	20% aft	er Ded.
Prescribuon Drugs	\$10/\$20	Φ.	10/\$40	1	\$10/\$40 after Ded.	\$10/\$40/\$	0.01	¢10/¢	340/\$80	\$4/\$15/\$40	/\$80/20%
	\$10/\$20	•	10/ \$40		\$107\$40 after Ded.	\$10/\$40/\$	POU	\$10/\$	940/\$00	0'	
RX Riders/Details		2		0						3X mopd (\$	
Rates Census Curre		Census Current	Renewal	Census		Proposed			posed	Prop	
Employee 6 \$485		0 \$453.33		2	\$376.11 \$448.06	\$525.77			03.35	\$41	
Employee + One 5 \$1,068		6 \$906.61	The second secon	7	\$843.77 \$1,005.18	\$1,261.8			208.04	\$95	
Family 13 \$1,408 Estimated Annual Premium #####		3 \$1,238.6 ########		19	\$937.49 \$1,116.83 ####################################	\$1,577.3			340.68	\$1,13	
Estimated Annual Premium Difference in Annual Premium ######		************				\$359,628. \$40.788.4			,340.68	\$349,6 \$56.00	
Percentage Difference	\$59,033.88 18.52%		\$20,501.64 18.66%		\$56,174.76 19.13%	\$40,788.4 12.79%			174.08 .65%	\$56,0°	19.72)8%
	722,357.52		10.0070		19.1370	Proposed Com			,639.80	17.7	
\$5,8	1// 17/ 1/	\$5,858	\$597.46		\$5,858 (\$480.86)		\$452	\$5,858	\$183	\$5,858	(\$887)
PA 152 Hard Caps \$12,2		\$12,250			\$12,250 (\$187.84)	· ·	52,892	\$12,250	\$2,246	\$12,250	(\$818)
PA 132 Hard Caps \$12,2 \$15,9	58 \$1,049.98	DI 7.7.3U			\$15,975 ########		52,892 52,953	\$12,230	\$2,246	\$12,230	(\$2,307)
Additional Notes DEDUCT	58 \$1,049.98 50 \$2,947.28	\$15,975			Ψ13,313 ########	□ 3 013.373 □ 30	<i>L.333</i>	1 1 1 J 2 / 3	PH LOW OPTION	COMPARED TO	(Ψ L ,3U/)

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

BCBS PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. BCBS/BCN WILL ONLY ALLOW 2 PLAN OPTIONS FOR A GROUP THIS SIZE. IF ONLY ONE PLAN SELECTED (TOTAL REPLACEMENT) RATES WILL CHANGE SIGNIFICANTLY.



Medical Cost Analysis Effective 7/1/2014

					CUR	RENT							SHARED FUN	NDED 12/12		
Medical Plan Design		PRIORITY H	IEALTH POS		PRIORITY H	IEALTH POS		PRIORITY	HMO HSA				ASR BE	NEFITS		
Network		Priority H	n Option 1 Health HMO Out-of-Network		Priority H	V Option 2 Health HMO Out-of-Network		Priority H	1250 lealth HMO		HAP/Phys	0% sicians Care Out-of-Network	HAP/Physi), 0% icians Care Out-of-Network	HAP/Phy	50, 0% sicians Care vork Only
Your Deductible Individual Family		\$0 \$0	\$0 \$0		\$250 \$500	\$500 \$1,000			250 500		\$0 \$0	\$100 \$200	\$250 \$500	\$500 \$1,000		,250 ,500
Your Coinsurance		0%	20%		0%	20%)%		0%	20%	0%	20%)%
		070			070				770		070		0,0		`	,,,,
Coinsurance Maximum Out of Pocket Maximum*			\$2500/\$500			\$3000/\$600		\$2000	/\$4000		\$6350/\$12,	\$2500/\$500 N/A	\$6350/\$12,	\$3000/\$600 N/A	\$2000	/\$4000
Preventive Services Health Maintenance Exar PCP/Specialist Office Calls Urgent Care	m	Covered \$10 \$10	20% after 20% after Ded. 20% after Ded.		Covered \$20 \$30	20% after 20% after Ded. 20% after Ded.		0% aft	ered er Ded. er Ded.		Covered \$10 \$10	20% after 20% after Ded. 20% after Ded.	Covered \$20 \$50	20% after 20% after Ded. 20% after Ded.	0% af	vered ter Ded. ter Ded.
Emergency Room		\$25	\$25		\$150	\$150		0% aft	er Ded.		\$25	\$25	\$150	\$150	0% af	ter Ded.
In Hospital Care In Patient Copay / Cap OutPatient Services		\$0 \$0	20% after \$0		0% after \$0	20% after \$0			cer Ded.		\$0 \$0	20% after \$0	0% after \$0	20% after \$0		ter Ded. \$0
Advanced Imaging		\$0	20% after		0% after	20% after		0% aft	er Ded.		\$0	20% after	0% after	20% after	0% af	ter Ded.
OutPatient Surgery		\$0	20% after		0% after	20% after		0% aft	er Ded.		\$0	20% after	0% after	20% after	0% af	ter Ded.
Pre/Post Maternity Services		\$10 (6X)	Ded. 20% after Ded.		Ded. \$20 (6X)	Ded. 20% after Ded.		9	50		\$10 (6X)	Ded. 20% after Ded.	Ded. \$0 Pre/\$20 Post	Ded. 20% after Ded.	0% af	ter Ded.
Physical, Speech & Occup. Maximum Visits Per		\$10 50 combined	50% after d w/Chiro - 50		\$20 50 combined	50% after d w/Chiro - 50		30 combine	er Ded. ed w/Chiro -		\$10 50 combined	50% after I w/Chiro - 50	\$20 50 combined	50% after		ter Ded. d w/Chiro - 30
Year			ST 50% after			ST 50% after			ST			ST 50% after	S	T 50% after		ST
Chiropractic Treatment		\$10	Ded.		\$20	Ded.			er Ded.		\$10	Ded.	\$20	Ded.		ter Ded.
Maximum Visits Per			with PT & OT			d with PT & OT			ed with PT &			with PT & OT	50 combined			with PT & OT
Skilled Nursing Maximum Visits Per			20% after 20			20% after 20		4	ter Ded. 15			20% after 20		20% after 20	1	ter Ded. 20
Mental Health Care Substance Abuse Treatment		\$0 \$0	20% after 20% after		0% after 0% after	20% after 20% after			ter Ded. ter Ded.		\$0 \$0	20% after 20% after	0% after 0% after	20% after 20% after		ter Ded. ter Ded.
Prescription Drugs RX Riders/Details		\$10)/\$20		\$10)/\$40		\$10/\$40	after Ded.		\$10)/\$20	\$10	/\$40	\$10/\$40) after Ded.
	Census	Cur	rrent	Census	Cu	rrent	Census	Cur	rent	1	Proposed (Ma	aximum 14 m)	Proposed (Ma	ximum 14 m)	Proposed (M	aximum 14 m)
Employee	6		35.70	0		3.33	2		6.11			7.23		7.97		3.77
Employee + One	5		68.59	6		06.61	7		3.77			26.09	\$88			0.22
Family	13		08.68	3	· ·	38.63	19		7.49			36.21		04.77		7.68
Estimated Annual Premium Difference in Annual Premium		\$318,	839.88		\$109	866.60		\$293,	651.04		\$419, \$100,9	783.84		257.18		850.00
Percentage Difference												66%	\$23,39 21.2	90.58 29%		98.96 .97%
Combined Current		\$722.	357.52									Combined		391.02		.67%
PA 152 Hard Caps		\$5,858 \$12,250	(\$29) \$573		\$5,858 \$12,250	(\$418) (\$1,371)		\$5,858 \$12,250	(\$1,344) (\$2,125)		\$5,858 \$12,250	\$1,309 \$63	\$5,858 \$12,250	\$358 (\$1,642)	\$5,858 \$12,250	(\$1,012) (\$4,927)
Additional Notes		\$15,975	\$929 PPLY WITH COPAYS		\$15,975	(\$1,112)		\$15,975	(\$4,725)		\$15,975	\$3,659 PH HIGH OPTION	\$15,975	\$882 PH LOW OPTION	\$15,975	(\$4,483) PH HSA OPTION
*PLANS PRIOR TO	2014 D			THE OO			ADDIV D	EDITICATION E CO	INCLIDANCE AND							ZITHISA OF HON

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

ASR PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. RATES SHOWN ARE STRICTLY ILLUSTRATIVE AND SHOULD NOT BE ASSUMED TO BE FINAL. PLAN INCLUDES TERMINAL LIABILITY



Medical Cost Analysis Effective 7/1/2014

					CURI	RENT					SHARED FU	JNDED 12/12			
Medical Plan Design		PRIORITY H	HEALTH POS		PRIORITY H	HEALTH POS		PRIORITY	HMO HSA		ASR BI	ENEFITS			
Network		Priority H	Option 1 Health HMO Out-of-Network		POS Low Option 2 Priority Health HMO In-Network Out-of-Network			HSA 1250 Priority Health HMO In-Network		HAP/Phy	, 0% HRA sicians Care Out-of-Network	HAP/Phys	0% HRA sicians Care Out-of-Networ		
Your Deductible Individual		\$0	\$ 0		\$250	\$500		\$1,2	250	\$1,500	\$5,000	\$1,500	\$5,000		
Family		\$0	\$0		\$500	\$1,000		\$2,5		\$3,000	\$10,000	\$3,000	\$10,000		
Your Coinsurance		0%	20%		0%	20%		09	6	0%	50%	0%	50%		
Coinsurance Maximum Out of Pocket Maximum*			\$2500/\$500			\$3000/\$600		\$2000/	\$4000	\$6350/\$12	\$5000/\$10, , n/a	\$6350/\$12,	\$5000/\$10 n/a		
Preventive Services Health Maintenance Exar PCP/Specialist Office Calls	n	Covered \$10	20% after 20% after		Covered \$20	20% after 20% after		Cove		Covered \$10	50% after 50% after	Covered \$20	50% after 50% after		
Urgent Care		\$10	Ded. 20% after Ded.		\$30	Ded. 20% after Ded.		0% afte		\$10	Ded. 50% after Ded.	\$20	Ded. 50% after Ded.		
Emergency Room		\$25	\$25		\$150	\$150		0% afte	er Ded.	\$25	\$25	\$150	\$150		
In Hospital Care In Patient Copay / Cap OutPatient Services		\$0 \$0	20% after \$0		0% after \$0	20% after \$0		0% afte		\$0 \$0	50% after \$0	\$0 \$0	50% after \$0		
Advanced Imaging		\$0	20% after		0% after	20% after		0% afte	er Ded.	\$0	50% after	\$0	50% after		
OutPatient Surgery		\$0	20% after Ded.		0% after Ded.	20% after Ded.		0% afte	er Ded.	\$0	50% after Ded.	\$0	50% after Ded.		
Pre/Post Maternity Services		\$10 (6X)	20% after Ded.		\$20 (6X)	20% after Ded.		\$(0	\$10 (6X)	50% after Ded.	\$20 (6X)	50% after Ded.		
Physical, Speech & Occup. Maximum Visits Per			50% after d w/Chiro - 50			50% after d w/Chiro - 50		0% afte 30 combine	d w/Chiro -		50% after d w/Chiro - 50		50% after d w/Chiro - 50		
Year Chiropractic Treatment		\$10	ST 50% after Ded.		\$20	ST 50% after Ded.		30 0% afte	er Ded.	\$10	50% after Ded.	\$20	ST 50% after Ded.		
Maximum Visits Per			with PT & OT			with PT & OT		30 combine			d with PT & OT	50 combined			
Skilled Nursing Maximum Visits Per Mental Health Care		\$0 1 \$0	20% after 20 20% after		0% after 1 0% after	20% after 20 20% after		0% afte 4. 0% afte	5	\$0 \$0	50% after 120 50% after	\$0 1 \$0	50% after 20 50% after		
Substance Abuse Treatment		\$0	20% after		0% after	20% after		0% afte		\$0	50% after	\$0	50% after		
Prescription Drugs RX Riders/Details		\$10)/\$20		\$10)/\$40		\$10/\$40	after Ded.	\$1	0/\$20	\$10)/\$40		
	Census	Cui	rrent	Census	Cui	rrent	Census	Curr	ent	Proposed (N	Maximum 14m)	Proposed (M	aximum 14m)		
Employee	6		35.70	0		33.33	2	\$376			95.65		5.82		
Employee + One Family	5 13		68.59 08.68	6 3)6.61 38.63	7 19	\$843 \$937			56.64 195.90		59.20 37.59		
Estimated Annual Premium Difference in Annual Premium	13		839.88	<u> </u>		866.60	19	\$293,6		\$832	,177.08 ,819.56	\$718,	869.34 88.18)		
Percentage Difference											.20%		48%		
Combined Current			357.52									mentation Fee			
PA 152 Hard Caps		\$5,858 \$12,250 \$15,975	(\$29) \$573 \$929		\$5,858 \$12,250 \$15,975	(\$418) (\$1,371) (\$1,112)		\$5,858 \$12,250 \$15,975	(\$1,344) (\$2,125) (\$4,725)	\$5,858 \$12,250 \$15,975	\$90 (\$3,170) (\$1,624)	\$5,858 \$12,250 \$15,975	(\$1,108) (\$4,340) (\$3,524)		
Additional Notes		,	PPLY WITH COPAYS			PPLY WITH COPAYS		\$10,010	(# 1)1 =0)	,	O TOTAL CURRENT		TOTAL CURRENT		

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

ASR PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. RATES SHOWN ARE STRICTLY ILLUSTRATIVE AND SHOULD NOT BE ASSUMED TO BE FINAL.



Medical Cost Analysis Effective 7/1/2014

		7172014	CURRENT SHARED FUNDED 12									12/18 & 12	2/24		
Medical Plan Design		PRIORITY H	EALTH POS		PRIORITY H	EALTH POS		PRIORITY	HMO HSA		ASR BENEFITS				
Network		Priority H	Option 1 ealth HMO Out-of-Network		Priority H	Option 2 ealth HMO Out-of-Network		Priority H	1250 ealth HMO twork	HAP/Phys	HRA 12/18 sicians Care Out-of-Network	HAP/Phys	HRA 12/24 sicians Care Out-of-Network		
Your Deductible Individual Family		\$0 \$0	\$0 \$0		\$250 \$500	\$500 \$1,000		\$1,	250 500	\$1,500 \$3,000	\$5,000 \$10,000	\$1,500 \$3,000	\$5,000 \$10,000		
Your Coinsurance		0%	20%		0%	20%			%	0%	50%	0%	50%		
Coinsurance Maximum Out of Pocket Maximum*		070	\$2500/\$500			\$3000/\$600			/ \$ 4000	\$6350/\$12,	\$5000/\$10, n/a	\$6350/\$12,	\$5000/\$10, n/a		
Preventive Services Health Maintenance Example 19 19 19 19 19 19 19 19 19 19 19 19 19	m	Covered	20% after 20% after		Covered	20% after 20% after			ered	Covered	50% after 50% after	Covered	50% after 50% after		
PCP/Specialist Office Calls Urgent Care		\$10 \$10	Ded. 20% after Ded.		\$20 \$30	Ded. 20% after Ded.		0% after Ded. 0% after Ded.		\$10 \$10	Ded. 50% after Ded.	\$20 \$20	Ded. 50% after Ded.		
Emergency Room		\$25	\$25		\$150	\$150		0% after Ded.		\$25	\$25	\$150	\$150		
In Hospital Care In Patient Copay / Cap OutPatient Services		\$0 \$0	20% after \$0		0% after \$0	20% after \$0		0% after Ded. \$0		\$0 \$0	50% after \$0	\$0 \$0	50% after \$0		
Advanced Imaging		\$0	20% after 20% after		0% after 0% after	20% after 20% after		0% aft	er Ded.	\$0	50% after 50% after	\$0	50% after 50% after		
OutPatient Surgery		\$0	Ded.		Ded.	Ded.		0% aft	er Ded.	\$0	Ded.	\$0	Ded.		
Pre/Post Maternity Services		\$10 (6X)	20% after Ded.		\$20 (6X)	20% after Ded.		\$	50	\$10 (6X)	50% after Ded.	\$20 (6X)	50% after Ded.		
Physical, Speech & Occup. Maximum Visits Per			50% after I w/Chiro - 50			50% after I w/Chiro - 50		30 combine	er Ded. ed w/Chiro -		50% after I w/Chiro - 50		50% after d w/Chiro - 50		
Year Chiropractic Treatment Maximum Visits Per		\$10	ST 50% after Ded. with PT & OT		\$20	ST 50% after Ded. with PT & OT		0% aft	ST er Ded. ed with PT &	\$10	50% after Ded.	\$20	ST 50% after Ded.		
Skilled Nursing Maximum Visits Per Maximum Visits Per		\$0	20% after 20		0% after	20% after		0% aft	er Ded.			50 combined with PT \$0 50% a 120			
Mental Health Care Substance Abuse Treatment		\$0 \$0	20% after 20% after		0% after 0% after	20% after 20% after		0% aft	er Ded. er Ded.	\$0 \$0	50% after 50% after	\$0 \$0	50% after 50% after		
Prescription Drugs RX Riders/Details		\$10	/\$20		\$10	/\$40		\$10/\$40	after Ded.	\$10)/\$20	\$10/\$40			
	Census			Census			Census		Renewal		(Maximum)		(Maximum)		
Employee Employee + One	6 5	\$485.70 \$1,068.59	\$575.63 \$1,266.44	0 6	\$453.33 \$906.61	\$537.92 \$1,075.79	2 7	\$376.11 \$843.77	\$448.06 \$1,005.18		3.58 6.76		33.79 '9.83		
Family	13	\$1,408.68	\$1,669.50	3	\$1,238.63	\$1,073.79	19	\$937.49	\$1,116.83		23.87		33.92		
Estimated Annual Premium Difference in Annual Premium		#########	######## \$59,033.88	_	##########	######## \$20,501.64		#########	######## \$56,174.76	\$847, \$125,3	749.24 391.72	\$853, \$130,	082.44 724.92		
Percentage Difference		A700	18.52%			18.66%			19.13%	17.	36%		10%		
Combined Current			357.52 \$1,049.98		¢ 5 050	\$597.46		¢ 5 050	(\$480.86)	¢E OEO		mentation Fee	(\$292)		
PA 152 Hard Caps		\$5,858 \$12,250 \$15,975	\$1,049.98 \$2,947.28 \$4,058.77		\$5,858 \$12,250 \$15,975	\$659.48 \$1,661.89		\$5,858 \$12,250 \$15,975	(\$480.86) (\$187.84) #########	\$5,858 \$12,250 \$15,975	\$1,145 (\$1,489) \$1,111	\$5,858 \$12,250 \$15,975	(\$2,892) (\$1,168)		
Additional Notes *PLANS PRIOR TO 2014 DO NOT APP		DEDUCTIBLES AP	PLY WITH COPAYS		DEDUCTIBLES AP	PLY WITH COPAYS				COMPARED TO	TOTAL CURRENT	COMPARED TO	TOTAL CURRENT		

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

ASR PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. RATES SHOWN ARE STRICTLY ILLUSTRATIVE AND SHOULD NOT BE ASSUMED TO BE FINAL.



Medical Cost Analysis Effective 7/1/2014

Medical Cost Allalysis Effec	0 1	, _ 0			CUR	RENT							SHARED FUN	NDED 12/18		
Medical Plan Design		PRIORITY H	EALTH POS		1	HEALTH POS		PRIORITY	' HMO HSA					ENEFITS		
Network		Priority H	n Option 1 Health HMO Out-of-Network		Priority H	v Option 2 Health HMO Out-of-Network		Priority H	. 1250 Health HMO etwork		\$0, HAP/Physi In-Network		HAP/Phys	0, 0% icians Care Out-of-Network	HAP/Phy	50, 0% sicians Care vork Only
Your Deductible			Out-or-Network	_		•					III-INGCWOIK					<u> </u>
Individual Family		\$0 \$0	\$0 \$0		\$250 \$500	\$500 \$1,000			,250 ,500		\$0 \$0	\$100 \$200	\$250 \$500	\$500 \$1,000		,250 ,500
Your Coinsurance		0%	20%		0%	20%			0%		0%	20%	0%	20%		0%
Coinsurance Maximum Out of Pocket Maximum*			\$2500/\$500			\$3000/\$600		\$2000)/\$4000		\$6350/\$12,	\$2500/\$500 N/A	\$6350/\$12,	\$3000/\$600 N/A	\$2000)/\$4000
Preventive Services Health Maintenance Exa	m	Covered	20% after 20% after		Covered	20% after 20% after		Cov	vered		Covered	20% after 20% after	Covered	20% after 20% after	Cov	vered
PCP/Specialist Office Calls		\$10	Ded.		\$20	Ded.		0% af	ter Ded.		\$10	Ded.	\$20	Ded.	0% af	ter Ded.
Urgent Care		\$10	20% after Ded.		\$30	20% after Ded.		0% af	ter Ded.		\$10	20% after Ded.	\$50	20% after Ded.	0% af	ter Ded.
Emergency Room		\$25	\$25		\$150	\$150		0% af	ter Ded.		\$25	\$25	\$150	\$150	0% af	ter Ded.
In Hospital Care In Patient Copay / Cap OutPatient Services		\$0 \$0	20% after \$0		0% after \$0	20% after \$0			ter Ded. \$0		\$0 \$0	20% after \$0	0% after \$0	20% after \$0		ter Ded. \$0
Advanced Imaging		\$0	20% after		0% after	20% after		0% af	ter Ded.		\$0	20% after	0% after	20% after	0% af	ter Ded.
OutPatient Surgery		\$0	20% after		0% after	20% after		0% af	ter Ded.		\$0	20% after	0% after	20% after	0% af	ter Ded.
Pre/Post Maternity Services		\$10 (6X)	Ded. 20% after Ded.		Ded. \$20 (6X)	Ded. 20% after Ded.		:	\$0		\$10 (6X)	Ded. 20% after Ded.	Ded. \$0 Pre/\$20 Post	Ded. 20% after Ded.	0% af	ter Ded.
Physical, Speech & Occup. Maximum Visits Per			50% after d w/Chiro - 50			50% after d w/Chiro - 50		30 combin	ter Ded. ed w/Chiro -			50% after w/Chiro - 50	\$20 50 combined	50% after I w/Chiro - 50	30 combine	ter Ded. d w/Chiro - 30
Year		_	ST 50% after			ST 50% after			O ST			T 50% after		ST 50% after		ST
Chiropractic Treatment		\$10	Ded.		\$20	Ded.			ter Ded.		\$10	Ded.	\$20	Ded.		ter Ded.
Maximum Visits Per			with PT & OT	-		d with PT & OT			ed with PT &		50 combined			with PT & OT		with PT & OT
Skilled Nursing Maximum Visits Per		\$0	20% after 20		0% after	20% after 20			ter Ded. 45		\$0	20% after 20	0% after	20% after 20		ter Ded. 20
Mental Health Care		\$0	20% after		0% after	20% after			ter Ded.		\$0	20% after	0% after	20% after		ter Ded.
Substance Abuse Treatment		\$0	20% after		0% after	20% after			ter Ded.		\$0	20% after	0% after	20% after		ter Ded.
Prescription Drugs		\$10)/\$20		\$10	0/\$40		\$10/\$40	after Ded.		\$10	/\$20	\$10	0/\$40	\$10/\$40	after Ded.
RX Riders/Details	Cars	C	D 1	Cars	0	D 1	Cara	0	D I		Dan 1	Marian	Date	(Mandana	D	(Mi
Rates Employee	Census 6	Current \$485.70	Renewal \$575.63	Census 0	\$ Current \$453.33	Renewal \$537.92	Census 2	\$376.11	Renewal \$448.06			Maximum) 5.48		(Maximum) 0.36		(Maximum) 73.32
Employee + One	5	\$1,068.59	\$1,266.44	6	\$906.61	\$1,075.79	7	\$843.77	\$1,005.18		\$1,22			49.61		21.06
Family	13	\$1,408.68	\$1,669.50	3	\$1,238.63	\$1,469.76	19	\$937.49	\$1,116.83		\$1,95			74.52		38.01
Estimated Annual Premium		#########			##########			#########				552.16		854.64		395.00
Difference in Annual Premium			\$59,033.88			\$20,501.64			\$56,174.76		\$109,7	12.28	\$25,9	88.04	\$37,7	' 43.96
Percentage Difference			18.52%			18.66%			19.13%			41%		65%		.85%
Combined Current			357.52		A= 0=0	A	1	A= 2=2	(4.10.5.55)			Combined		801.80	_	.01%
DA 153 H1-3		\$5,858	\$1,049.98		\$5,858	\$597.46		\$5,858	(\$480.86)		\$5,858	\$2,608	\$5,858	\$1,467	\$5,858	(\$178) (\$2.507)
PA 152 Hard Caps		\$12,250 \$15,075	\$2,947.28		\$12,250	\$659.48		\$12,250	(\$187.84)		\$12,250	\$2,391	\$12,250 \$15,075	\$345	\$12,250	(\$3,597) (\$3,310)
Additional Notes		\$15,975	\$4,058.77 PPLY WITH COPAYS		\$15,975	\$1,661.89 PPLY WITH COPAYS		\$15,975	#########		\$15,975 COMPARED TO 1	\$7,452	\$15,975	\$4,119 PH LOW OPTION	\$15,975	(\$2,319) O PH HSA OPTION
	2014 D			THE OC			ADDI V D	SEDITICTIBLE CO	DINCHIDANCE AND	CODAY			THE OOP MAXIMI			THI HOA OPTION

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

ASR PLANS: RATES DO NOT INCLUDE MICHIGAN CLAIMS TAX, ACA TAXES OR FEES. RATES SHOWN ARE STRICTLY ILLUSTRATIVE AND SHOULD NOT BE ASSUMED TO BE FINAL. PLAN INCLUDES TERMINAL LIABILITY



Medical Cost Analysis Effective 7/1/2014

Medical Cost Analysis Effective			RENT	RENEWA	L OPTION	
Medical Plan Design		PRIORITY	HMO HSA	PRIORITY	HMO HSA	
9		HSA	1250	HSA	2000	
Network			ealth HMO		ealth HMO	
		In-Ne	twork	In-Ne	twork	
Your Deductible		ф ₁	350	фэ	000	
Individual Family			250 500		000 000	
Your Coinsurance		ĺ ·	%	<i>'</i>	%	
			70	١	70	
Coinsurance Maximum		#2000	/ # 4000	# 4000	(#0000	
Out of Pocket Maximum*		\$2000,	/\$4000	\$4000	/\$8000	
Preventive Services Health Maintenance Exam		Cov	ered	Cov	ered	
PCP/Specialist Office Calls		0% aft	er Ded.	0% aft	er Ded.	
Urgent Care		0% aft	er Ded.	0% aft	er Ded.	
Emergency Room		0% aft	er Ded.	0% aft	er Ded.	
In Hospital Care			er Ded.		er Ded.	
In Patient Copay / Cap		\$	50	\$	0	
OutPatient Services		00/ - 6+	D d	00/ - 4	DI	
Advanced Imaging			er Ded.		er Ded.	
OutPatient Surgery Pre/Post Maternity			er Ded.		er Ded.	
Continue	ļ	\$	50	\$0		
Physical, Speech & Occup. Therapy			er Ded. w/Chiro - 30	0% after Ded.		
Maximum Visits Per Year			T W/ CIIII 0 - 30		T	
Chiropractic Treatment			er Ded.		er Ded.	
Maximum Visits Per Year		30 combined	with PT & OT	30 combined	with PT & OT	
Skilled Nursing		0% aft	er Ded.	0% aft	er Ded.	
Maximum Visits Per Year			5		5	
Mental Health Care Substance Abuse Treatment			er Ded. er Ded.		er Ded. er Ded.	
Substance Abuse Treatment	}	0% art	ei Deu.	0% art	ei Deu.	
Prescription Drugs		\$10/\$40	after Ded.	\$10/\$40	after Ded.	
RX Riders/Details						
Rates	Census		Renewal	Proposed		
Employee	2	\$376.11	\$434.59	\$385.44		
Employee + One Family	7 19	\$843.77 \$937.49	\$974.96 \$1,083.26	\$864.70 \$960.75		
Estimated Annual Premium	19	\$937.49	,	\$960.75 \$300.936.36		
Difference in Annual Premium		Ψ233,031.04	\$45,659.04	\$300,936.36 \$7,285.32		
Percentage Difference			15.55%		8%	
		\$5,858	(\$642.50)	\$5,858	(\$1,232.30)	
PA 152 Hard Caps		\$12,250	(\$550.48)	\$12,250	(\$1,873.60)	
•		\$15,975	(\$2,976.11)	\$15,975	(\$4,446.23)	
Additional Notes	1					

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.

PRIORITY OPTIONS DO NOT INCLUDE HEARING BENEFITS.



Medical Cost Analysis Effective 7/1/2014

Medical Plan Design										
The terror of the Control of the Con		POS Low		100/70	HEALTH POS 0% -\$250	100/80	HEALTH POS 0% -\$500	PRIORITY HEALTH POS 100/70% -\$500 Priority Health HMO		
Network		Priority He In-Network	Out-of-Network	Priority F In-Network	lealth HMO Out-of-Network	In-Network	Health HMO Out-of-Network	In-Network	Health HMO Out-of-Network	
Your Deductible		III IVEEWOLK	Out of Network	III IVCEWORK	out of Network	III Neework	Out of Network	III NECWORK	_ Out of Network	
Individual		\$250	\$500	\$250	\$500	\$500	\$1,000	\$500	\$1,000	
Family		\$500	\$1,000	\$500	\$1,000	\$1,000	\$2,000	\$1,000	\$2,000	
Your Coinsurance		0%	20%	0%	30%	0%	20%	0%	30%	
Coinsurance Maximum			\$3000/\$600		\$3000/\$6000		\$3000/\$6000		\$3000/\$6000	
Out of Pocket Maximum*				\$6350/\$12,7	\$12,700/\$25,	\$6350/\$12,7	\$12,700/\$25,	\$6350/\$12,7	\$12,700/\$25	
Preventive Services										
Health Maintenance Exan	m	Covered	20% after	Covered	30% after Ded.	Covered	20% after Ded.	Covered	30% after Dec	
PCP/Specialist Office Calls		\$20	20% after Ded.	\$15	30% after Ded.	\$15	20% after Ded.	\$15	30% after Dec	
Jrgent Care		\$30	20% after Ded.	\$25	30% after Ded.	\$25	20% after Ded.	\$25	30% after Dec	
Emergency Room		\$150	\$150	\$100	\$100	\$100	\$100	\$100	\$100	
In Hospital Care In Patient Copay / Cap OutPatient Services		0% after Ded. \$0	20% after \$0	0% after Ded. \$0	30% after Ded. \$0	0% after Ded. \$0	20% after Ded. \$0	0% after Ded. \$0	. 30% after Ded \$0	
Advanced Imaging		0% after Ded.	20% after	0% after Ded.	30% after Ded.	0% after Ded.	20% after Ded.	0% after Ded.	. 30% after Dec	
OutPatient Surgery		0% after Ded.	20% after Ded.		30% after Ded.		20% after Ded.		. 30% after Dec	
Pre/Post Maternity Services		\$20 (6X)	20% after Ded.	\$15 (6X)	30% after Ded.	\$15 (6X)	20% after Ded.	\$15 (6X)	30% after Dec	
Physical, Speech & Occup.		\$20	50% after	\$15	50% after Ded.	\$15	50% after Ded.	\$15	50% after Dec	
Maximum Visits Per Year		50 combined S		50 combined	w/Chiro - 50 ST	50 combined	w/Chiro - 50 ST	50 combined	w/Chiro - 50 S	
Chiropractic Treatment		\$20	50% after	\$15	50% after Ded.	\$15	50% after Ded.	\$15	50% after Dec	
Maximum Visits Per		50 combined	Ded.		d with PT & OT		d with PT & OT		d with PT & OT	
Skilled Nursing		0% after Ded.			30% after Ded.		20% after Ded.		. 30% after Dec	
Maximum Visits Per		12			20 arter bed.		20% arter bed.		120	
Mental Health Care		0% after Ded.	20% after		30% after Ded.		20% after Ded.	l l	. 30% after Dec	
Substance Abuse Treatment		0% after Ded.	20% after	0% after Ded.	30% after Ded.	0% after Ded.	20% after Ded.	0% after Ded.	. 30% after Dec	
Prescription Drugs		\$10,	/\$40	\$10/\$	\$40/\$80	\$10/	\$40/\$80	\$10/	\$40/\$80	
RX Riders/Details Rates	Census	Current	Renewal	Dree	accad	Pue	nocod	Duc	posed	
Employee	0	\$453.33	\$537.92		oosed 13.53		posed 88.89		87.70	
Employee + One	6	\$906.61	\$1,075.79		29.82		075.61		072.99	
Family	3	\$1,238.63	\$1,469.76		89.39		117.93		414.48	
Estimated Annual Premium		\$109,866.60		\$134,	,965.08	\$128	,489.40		,176.56	
Difference in Annual Premium			\$20,501.64		98.48		622.80		309.96	
Percentage Difference		4-0-0	18.66%		.84%		.95%		5.67%	
24 152 Used C		\$5,858	\$597.46	\$5,858	\$304.78	\$5,858	\$9.10	\$5,858	(\$5)	
PA 152 Hard Caps		\$12,250	\$659.48 \$1.661.80	\$12,250	\$1,307.84	\$12,250 \$15,075	\$657.32	\$12,250 \$15,075	\$626	
Additional Notes		\$15,975 DEDUCTIBLES APP	\$1,661.89	\$15,975	\$1,897.45	\$15,975	\$1,039.93	\$15,975	\$999	

*PLANS PRIOR TO 2014 DO NOT APPLY COPAYMENTS TO THE OOP MAXIMUM. NEW 2014 PLANS APPLY DEDUCTIBLE, COINSURANCE AND COPAYMENTS (INCLUDING PHARMACY) TO THE OOP MAXIMUM. UNLESS OTHERWISE NOTED.