

# Cost Summary - Southgate Community Schools

Renewal Period: 01/01/2018 - 12/31/2018

Group / Division	Enrolled	Current Premium	Renewal Premium	% Difference
790688 Priority Health - HMO HSA 1350	228	\$226,876.27	\$258,563.91	13.97%
790688 Priority Health - HSA POS 1350	4	\$3,826.95	\$4,362.38	13.99%
790688 Priority Health - HSA PPO 1350	29	\$33,731.63	\$35,713.42	5.88%
2B3000F Total Health Care - HMO 3000	3	\$1,409.55	\$1,543.98	9.54%
2B100A Total Health Care - HMO 250	12	\$12,637.98	\$13,182.45	4.31%
<b>Monthly Medical Sub Total Cost</b>		<b>\$278,482.38</b>	<b>\$313,366.14</b>	<b>12.53%</b>
234470 SunLife - Life/AD&D	405	\$1,840.32	\$1,840.32	0.00%
234470 SunLife - Long Term Disability	375	\$4,360.77	\$4,360.77	0.00%
<b>Monthly Total Premium</b>		<b>\$284,683.47</b>	<b>\$319,567.23</b>	
<b>Monthly Difference</b>			<b>\$34,883.76</b>	
<b>Annualized Total Premium</b>		<b>\$3,416,201.59</b>	<b>\$3,834,806.71</b>	<b>12.25%</b>
<b>Annualized Difference</b>			<b>\$418,605.12</b>	

Premium and enrollment are based on most currently available invoice.

# Priority Health Medical Renewal - Southgate Community Schools

Renewal Period: 01/01/2018 - 12/31/2018

**Current**

**Renewal**

Group Number: 790688

HMO HSA 1350

<b>HSA Maximum Contribution</b>
2017: \$3,400 Indiv./ \$6,750 Family
2018: \$3,450 Indiv./ \$6,900 Family
Catch up: Age 55+ : \$1,000

**Deductible:**  
**Coinsurance:** \$1300/2600 (Aggregate)  
**Coinsurance Maximum:** 100%  
**Out of Pocket Maximum:**<sup>1</sup> None

**In Network**  
**\$1350/2700 (Aggregate)**  
 100%  
 None

**Office Visit Copay:** Subject to ded/coins.  
**Specialist Office Visit Copay:** Subject to ded/coins.  
**Chiropractic Office Visit Copay:** Subject to ded/coins: 30 visits max.  
**Urgent Care Copay:** Subject to ded/coins.  
**Emergency Room Copay:** Subject to ded/coins.

**In Network**  
**\$2000/4000 (Aggregate)**  
 Subject to ded/coins.  
 Subject to ded/coins.  
 Subject to ded/coins: 30 visits max.  
 Subject to ded/coins.  
 Subject to ded/coins.

**Prescription Drug Benefit:**  
 Subject to ded. then:  
 \$10 Generic  
 \$20 Preferred  
 \$40 Nonpreferred  
 Mail Order 2x

**Subject to ded. then:**  
 \$10 Generic  
 \$20 Preferred  
 \$40 Nonpreferred  
 Mail Order 2x

<b>Total Rate</b>	55	\$442.99	\$504.86	13.97%
Single	48	\$995.09	\$1,134.07	13.97%
Two Person	125	\$1,237.98	\$1,410.89	13.97%
Family	228	\$226,876.27	\$258,563.91	13.97%
<b>Sub Total</b>				
<b>Monthly Estimated Taxes / Fees</b>		Included	Included	
<b>Monthly Premium</b>		\$226,876.27	\$258,563.91	
<b>Annual Premium</b>		\$2,722,515.24	\$3,102,766.92	
<b>Difference</b>			\$380,251.68	13.97%

**A.M. Best Ratings A- (Excellent)**  
<sup>1</sup>Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs. Aggregate (Non-Embedded) Deductible & Out of Pocket Maximum: No individual family members deductible or out of pocket is considered satisfied until the family deductible or Out of Pocket amount has been met. One person can satisfy entire family deductible.



# Priority Health Medical Renewal with Options - Southgate Community Schools

Renewal Period: 01/01/2018 - 12/31/2018

Group Number: 790688

	Deductible	Co-Insurance	Embedded Co-Insurance	Out of Pocket Maximum <sup>1</sup>	OV <sup>2</sup> /Spec <sup>3</sup> /UC <sup>4</sup> /ER <sup>5</sup> /AI <sup>6</sup>	Prescription Drug Plan	Medical Rx Rates	Monthly Premium	Annual Premium	% Increase Over Current Plan Design	
Current eff. 01/2017	Priority Health HMO HSA 1300 In Network	Aggregate \$1300/2600	100%	None	Aggregate \$2000/4000	OV/Spec/UC/ER/AI Subject to ded./coins.	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	\$442.99 \$995.09 \$1,237.98	\$226,876.27	\$2,722,515.24	
Renewal eff. 01/2018	Priority Health HMO HSA 1350 In Network	Aggregate \$1350/2700	100%	None	Aggregate \$2000/4000	OV/Spec/UC/ER/AI Subject to ded./coins.	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	\$504.86 \$1,134.07 \$1,410.89	\$258,563.91	\$3,102,766.92	13.97%
Option 1	Priority Health HMO HSA 1500 In Network	Aggregate \$1500/3000	100%	None	Aggregate \$3000/6000	OV/Spec/UC/ER/AI Subject to ded./coins.	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	\$486.54 \$1,092.92 \$1,359.68	\$249,179.86	\$2,990,158.32	9.83%
Option 2	Priority Health HMO HSA 2000 In Network	Aggregate \$2000/4000	100%	None	Aggregate \$4000/8000	OV/Spec/UC/ER/AI Subject to ded./coins.	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	\$449.64 \$1,010.02 \$1,256.56	\$230,281.16	\$2,763,373.92	1.50%

A.M. Best Ratings A- (Excellent)

<sup>1</sup>Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

<sup>2</sup>HMO/POS: OV = Primary Care Physician (PCP); <sup>3</sup>HMO/POS: Spec. = Specialist, When referred; <sup>4</sup>UC = Urgent Care; <sup>5</sup>ER = Emergency Room; <sup>6</sup>AI = Advanced Imaging

Rates include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

# Priority Health Medical Renewal - Southgate Community Schools

Renewal Period: 01/01/2018 - 12/31/2018

**Current**

**Renewal**

Group Number: 790688  
HSA POS 1350

<b>HSA Maximum Contribution</b>
2017: \$3,400 Indiv./
\$6,750 Family
2018: \$3,450 Indiv./
\$6,900 Family
<b>Catch up: Age 55+:</b>
\$1,000

<b>Deductible:</b>	In Network \$1300/2600 (Aggregate)	Out-of-Network \$3000/6000 80/20%	In Network \$1350/2700 (Aggregate)	Out-of-Network \$3000/6000 80/20%
<b>Coinsurance:</b>	100%	80/20%	100%	80/20%
<b>Coinsurance Maximum:</b>	None	None	None	None
<b>Out of Pocket Maximum:<sup>1</sup></b>	\$2000/4000 (Aggregate)	\$4000/8000	\$2000/4000 (Aggregate)	\$4000/8000
<b>Office Visit Copay:</b>	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.
<b>Specialist Office Visit Copay:</b>	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.	Subject to ded/coins.
<b>Chiropractic Office Visit Copay:</b>	Subject to deductible/coins.;	Subject to deductible/coins.;	Subject to deductible/coins.;	Subject to deductible/coins.;
	30 visits max:	30 visits max:	30 visits max:	30 visits max:
<b>Urgent Care Copay:</b>	Subject to deductible/coins.	Subject to deductible/coins.	Subject to deductible/coins.	Subject to deductible/coins.
<b>Emergency Room Copay:</b>	Subject to deductible/coins.	Subject to deductible/coins.	Subject to deductible/coins.	Subject to deductible/coins.
<b>Prescription Drug Benefit:</b>	Subject to ded, then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	Subject to ded, then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	Subject to ded, then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	Subject to ded, then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x

<b>Total Rate</b>	1	\$461.79	\$526.40	13.99%
Single	1	\$1,037.32	\$1,182.45	13.99%
Two Person	2	\$1,290.52	\$1,471.08	13.99%
Family	1	\$3,826.95	\$4,362.38	13.99%
<b>Sub Total</b>	4	Included	Included	
<b>Monthly Estimated Taxes / Fees</b>		\$3,826.95	\$4,362.38	
<b>Monthly Premium</b>		\$45,923.40	\$52,348.56	
<b>Annual Premium</b>			\$6,425.16	13.99%
<b>Difference</b>				

**A.M. Best Ratings A - (Excellent)**  
<sup>1</sup>Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs. Aggregate (Non-Embedded) Deductible & Out of Pocket Maximum: No individual family members deductible or out of pocket is considered satisfied until the family deductible or Out of Pocket amount has been met. One person can satisfy entire family deductible.



# Priority Health Medical Renewal with Options - Southgate Community Schools

Renewal Period: 01/01/2018 - 12/31/2018  
Group Number: 790688

	Co- Deductible Insurance	Embedded Co- Insurance Maximum	Out of Pocket Maximum <sup>1</sup>	OV <sup>2</sup> /Spec <sup>3</sup> /UC <sup>4</sup> /ER <sup>5</sup> /AI <sup>6</sup>	Prescription Drug Plan	Medical Rx Rates	Monthly Premium	Annual Premium	% Increase Over Current Plan Design		
Current eff. 01/2017	Priority Health HSA POS 1300 In Network Out of Network	Aggregate \$1,300/2600 \$3000/6000	100% 80/20%	None None	Aggregate \$2000/4000 \$4000/8000	OV/Spec/UC/ER/AI Subject to ded./coins.	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	\$461.79 \$1,037.32 \$1,290.52	\$3,826.95	\$45,923.40	
Renewal eff. 01/2018	Priority Health HSA POS 1350 In Network Out of Network	Aggregate \$1,350/2700 \$3000/6000	100% 80/20%	None None	Aggregate \$2000/4000 \$4000/8000	OV/Spec/UC/ER/AI Subject to ded./coins.	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	\$526.40 \$1,182.45 \$1,471.08	\$4,362.38	\$52,348.56	13.99%
Option 1	Priority Health HSA POS 1500 In Network Out of Network	Aggregate \$1,500/3000 \$3000/6000	100% 80/20%	None None	Aggregate \$3000/6000 \$6000/12,000	OV/Spec/UC/ER/AI Subject to ded./coins.	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	\$510.18 \$1,146.01 \$1,425.74	\$4,227.94	\$50,735.28	10.48%
Option 2	Priority Health HSA POS 2000 In Network Out of Network	Aggregate \$2000/4000 \$3500/7000	100% 80/20%	None None	Aggregate \$4000/8000 \$5500/11,000	OV/Spec/UC/ER/AI Subject to ded./coins.	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	\$471.28 \$1,058.64 \$1,317.04	\$3,905.60	\$46,867.20	2.06%

A.M. Best Rating: A- (Excellent)

<sup>1</sup>Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

<sup>2</sup>PPO: OV = Office Visit; <sup>3</sup>Spec. = Specialist; <sup>4</sup>UC = Urgent Care; <sup>5</sup>ER = Emergency Room; <sup>6</sup>AI = Advanced Imaging

Rates include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

# Priority Health Medical Renewal - Southgate Community Schools

Renewal Period: 01/01/2018 - 12/31/2018

**Current**

**Renewal**

Group Number: 790688  
HSA PPO 1350

	In Network	Out-of-Network	In Network	Out-of-Network
<b>Deductible:</b>	\$1300/2600 (Aggregate)	\$3000/6000	\$1350/2700 (Aggregate)	\$3000/6000
<b>Coinsurance:</b>	100%	80/20%	100%	80/20%
<b>Coinsurance Maximum:</b>	None	None	None	None
<b>Out of Pocket Maximum:<sup>1</sup></b>	\$2000/4000 (Aggregate)	\$4000/8000	\$2000/4000 (Aggregate)	\$4000/8000

HSA Maximum Contribution
2017: \$3,400 Indiv./
\$6,750 Family
2018: \$3,450 Indiv./
\$6,900 Family

Catch up: Age 55+ : \$1,000

Office Visit Copay: Subject to ded/coins.  
 Specialist Office Visit Copay: Subject to ded/coins.  
 Chiropractic Office Visit Copay: Subject to deductible/coins.; 30 visits max;  
 Urgent Care Copay: Subject to deductible/coins.  
 Emergency Room Copay: Subject to deductible/coins.

Prescription Drug Benefit: Subject to ded. Then:  
 \$10 Generic  
 \$20 Preferred  
 \$40 Nonpreferred  
 Mail Order 2x

Total Rate	Current	Renewal	Rate Change
Single	6	\$516.24	5.88%
Two Person	9	\$1,159.63	5.88%
Family	14	\$1,442.68	5.88%
<b>Sub Total</b>	<b>29</b>	<b>\$33,731.63</b>	<b>5.88%</b>
Monthly Estimated Taxes / Fees		Included	
Monthly Premium		\$33,731.63	
Annual Premium		\$404,779.56	
Difference		\$23,781.48	5.88%

**A.M. Best Ratings A - (Excellent)**  
<sup>1</sup>Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.  
 Aggregate (Non-Embedded) Deductible & Out of Pocket Maximum: No individual family members deductible or out of pocket is considered satisfied until the family deductible or Out of Pocket amount has been met. One person can satisfy entire family deductible.



# Priority Health Medical Renewal with Options - Southgate Community Schools

Renewal Period: 01/01/2018 - 12/31/2018

Group Number: 790688

	Deductible	Co-Insurance	Embedded Co-Insurance Maximum	Out of Pocket Maximum <sup>1</sup>	OV <sup>2</sup> /Spec <sup>3</sup> /UC <sup>4</sup> /ER <sup>5</sup> /AI <sup>6</sup>	Prescription Drug Plan	Medical Rx Rates	Monthly Premium	Annual Premium	% Increase Over Current Plan Design	
Current eff. 01/2017	Priority Health HSA PPO 1300 In Network Out of Network	Aggregate \$1300/2600 \$3000/6000	100% 80/20%	None None	Aggregate \$2000/4000 \$4000/8000	OV/Spec/UC/ER/AI Subject to ded./coins.	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	\$516.24 \$1,159.63 \$1,442.68	\$33,731.63	\$404,779.56	
Renewal eff. 01/2018	Priority Health HSA PPO 1350 In Network Out of Network	Aggregate \$1350/2700 \$3000/6000	100% 80/20%	None None	Aggregate \$2000/4000 \$4000/8000	OV/Spec/UC/ER/AI Subject to ded./coins.	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	\$546.57 \$1,227.76 \$1,527.44	\$35,713.42	\$428,561.04	5.88%
Option 1	Priority Health HSA PPO 1500 In Network Out of Network	Aggregate \$1500/3000 \$3000/6000	100% 80/20%	None None	Aggregate \$3000/6000 \$6000/12,000	OV/Spec/UC/ER/AI Subject to ded./coins.	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	\$530.10 \$1,190.76 \$1,481.41	\$34,637.18	\$415,646.16	2.68%
Option 2	Priority Health HSA PPO 2000 In Network Out of Network	Aggregate \$2000/4000 \$3500/7000	100% 80/20%	None None	Aggregate \$4000/8000 \$5500/11,000	OV/Spec/UC/ER/AI Subject to ded./coins.	Subject to ded. then: \$10 Generic \$20 Preferred \$40 Nonpreferred Mail Order 2x	\$489.77 \$1,100.17 \$1,368.71	\$32,002.09	\$384,025.08	-5.13%

A.M. Best Rating: A- (Excellent)

<sup>1</sup>Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.

<sup>2</sup>PPO: OV = Office Visit; <sup>3</sup>Spec. = Specialist; <sup>4</sup>UC = Urgent Care; <sup>5</sup>ER = Emergency Room; <sup>6</sup>AI = Advanced Imaging

Rates include Michigan claim taxes and mandatory fees/taxes due to the Patient Protection and Affordable Care Act (PPACA).

# Total Health Care Medical Renewal - Southgate Community Schools

Renewal Period: 01/01/2018 - 12/31/2018

## Current / Renewal

Group Number: 2B3000F

**Deductible:**  
**Coinsurance:**  
**Coinsurance Maximum:**  
**Out of Pocket Maximum:**<sup>1</sup>  
**Office Visit Copay:**  
**Specialist Office Visit Copay:**  
**Chiropractic Office Visit Copay:**  
**Urgent Care Copay:**  
**Emergency Room Copay:**

Subject to ded/coins: 30 visits max. (combined therapies)

**Prescription Drug Benefit:**  
 \$30 Generic  
 \$60 Brand  
 Mail Order 2x

<b>Total Rate</b>			
Single	2	\$345.18	\$378.10
Two Person	1	\$719.19	\$787.78
Family	0	\$914.90	\$1,002.16
<b>Sub Total</b>	3	\$1,409.55	\$1,543.98
<b>Monthly Estimated Taxes / Fees</b>		\$16.76	\$16.76
<b>Monthly Premium</b>		\$1,426.31	\$1,560.74
<b>Annual Premium</b>		\$17,115.72	\$18,728.88
<b>Difference</b>			\$1,613.16

**A.M. Best Ratings NR (Not Rated)**

<sup>1</sup>Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.  
 Total Health Care non-grandfathered plans are subject to a combined Medical/Rx maximum out-of-pocket





# Total Health Care Medical Renewal - Southgate Community Schools

Renewal Period: 01/01/2018 - 12/31/2018

## Current / Renewal

Group Number: 2B100A

HMO 250

In Network

None

100%

None

\$3000/6000

\$20

\$40

Covered in full: 30 visits max. (combined therapies)

\$40

\$100

\$15 Generic

\$30 Brand

Mail Order 2x

**Deductible:**  
**Coinsurance:**  
**Coinsurance Maximum:**  
**Out of Pocket Maximum:<sup>1</sup>**  
**Office Visit Copay:**  
**Specialist Office Visit Copay:**  
**Chiropractic Office Visit Copay:**  
**Urgent Care Copay:**  
**Emergency Room Copay:**

Prescription Drug Benefit:

Total Rate			
Single	3	\$538.87	\$562.09
Two Person	6	\$1,122.75	\$1,171.12
Family	3	\$1,428.29	\$1,489.82
<b>Sub Total</b>	12	\$12,637.98	\$13,182.45
<b>Monthly Estimated Taxes / Fees</b>		\$144.72	\$144.72
<b>Monthly Premium</b>		\$12,782.70	\$13,327.17
<b>Annual Premium</b>		\$153,392.40	\$159,926.04
<b>Difference</b>			\$6,533.64

**A.M. Best Ratings NR (Not Rated)**

<sup>1</sup>Annual out-of-pocket maximums - applies to deductibles, copays and coinsurance amounts for all covered services - including cost sharing amounts for prescription drugs.  
 Total Health Care non-grandfathered plans are subject to a combined Medical/Rx maximum out-of-pocket