



RENEWAL QUOTE

Group Name: Southgate Community School District
 Effective Date: 1/1/2019
 Marketing Rep: Janet Hirth
 Broker ID: M2430
 Broker: KAPNICK & COMPANY INC
 Address: 333 INDUSTRIAL DR, ADRIAN, MI 48221

Date Prepared: 9/25/2018

Benefit Plan:	Current Benefits		Renewal Period		Alternative 1 Benefits		Alternative 2 Benefits		Alternative 3 Benefits	
	Non-Grandfathered		Non-Grandfathered		Non-Grandfathered		Non-Grandfathered		Non-Grandfathered	
Grandfathered Status										
Base Benefit Design	Basic \$250/\$100		Basic \$250/\$100		Basic \$250/\$100		Basic \$250/\$100		Basic \$250/\$100	
Rx Benefit Option*	\$15/\$30 Rx		\$15/\$30 Rx		\$10/\$40/\$60/25% Rx					
Vision	Yes		Yes		Yes		Yes		Yes	
Hearing	Yes		Yes		Yes		Yes		Yes	
DME/Orthotics/Prosthetics	Yes		Yes		Yes		Yes		Yes	
Skilled Nursing Facility	Yes		Yes		Yes		Yes		Yes	
Elective Abortion	No		No		No		No		No	
Physician Office Visit Copay	\$20 OV		\$20 OV		\$20 OV		\$20 OV		\$20 OV	
Emergency Room Copay	\$100 ER		\$100 ER		\$100 ER		\$100 ER		\$100 ER	
Urgent Care Copay	\$40 UC		\$40 UC		\$40 UC		\$40 UC		\$40 UC	
Domestic Partner Rider	Excluded		Excluded		Excluded		Excluded		Excluded	
<u>Calculated Rates</u>										
Single	\$562.09		Plan Not Available		\$628.32					
Employee & Dependent	\$1,171.12		Plan Not Available		\$1,309.12					
Family	\$1,489.92		Plan Not Available		\$1,665.37					
Approximate average taxes & fees included per member per month										
Insurer Provider Assessment					\$2.40					
Comparative Effectiveness Research					\$0.00					
Health Insurer Fee					\$0.00					
Total PMPM					\$2.40					

*All renewal non-Grandfathered plans are subject to a combined medical/Rx maximum out-of-pocket

Total Health Care USA reserves the right to adjust final rates if any assumptions or information provided during the quoting process changes or is incorrect. Final rates will be determined by Total Health Care USA underwriting based on actual group enrollment and participation.



RENEWAL QUOTE

MEC

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Benefit Plan:

	<u>Current Benefits</u> Non-Grandfathered	<u>Renewal Period</u> Non-Grandfathered	<u>Alternative 1 Benefits</u> Non-Grandfathered	<u>Alternative 2 Benefits</u>	<u>Alternative 3 Benefits</u>
Grandfathered Status					
Base Benefit Design	Basic \$3,000 Deductible	Basic \$3,000 Deductible	Basic \$3,000 Deductible		
Rx Benefit Option*	\$30/\$50 Rx	\$30/\$50 Rx	\$10/\$50/\$80/30% Rx		
Vision	Yes	Yes	Yes		
Hearing	Yes	Yes	Yes		
DME/Orthotics/Prosthetics	Yes	Yes	Yes		
Skilled Nursing Facility	Yes	Yes	Yes		
Elective Abortion	No	No	No		
Physician Office Visit Copay	\$30 OV	\$30 OV	\$30 OV		
Emergency Room Copay	\$200 ER	\$200 ER	\$200 ER		
Urgent Care Copay	\$60 UC	\$60 UC	\$60 UC		
Domestic Partner Rider	Excluded	Excluded	Excluded		
<u>Calculated Rates</u>					
Single	\$378.10	Plan Not Available	\$447.01		
Employee & Dependent	\$787.78	Plan Not Available	\$931.36		
Family	\$1,002.16	Plan Not Available	\$1,184.82		
Approximate average taxes & fees included per member per month					
Insurer Provider Assessment			\$2.40		
Comparative Effectiveness Research			\$0.00		
Health Insurer Fee			\$0.00		
Total PMPM			\$2.40		

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